

Leeds Academic Health Partnership – renewed Partnership Agreement and two year funding extension

Date: 26 May 2021

Report of: The Chief Officer – Health Partnerships

Report to: The Director of Adults and Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

- This report relates to Leeds City Council’s membership of the Leeds Academic Health Partnership (LAHP), the partnership vehicle which brings together academic and health and care partners in the city with the mission of ‘helping people live healthier lives for longer’. This partnership is even more important in the context of post-Covid recovery. It will help ensure health and care partners continue to be best placed to engage with the research agenda and ensure that research is aligned to the city’s recovery priorities such as ‘building back fairer’.
- The purpose of the report is to seek agreement to a) formally sign off the renewed LAHP Partnership Agreement 2021-23 (Appendix A) and b) extend LCC’s 15% contribution to funding the Leeds Academic Health Partnership for a further two years in alignment with the duration of the renewed Partnership Agreement (£102,000 per annum - £204,000 total value). A decision to contribute to the LAHP between 2017-2020 was taken by Executive Board on 17th July 2017 and a further year’s extension was agreed by Adults and Health DDP in May 2020. Under article 13 of LCC’s constitution, a request to continue to be a member by signing the renewed agreement and to extend funding for a further two years is a direct consequence of Executive Board’s decision in July 2017 and therefore it is a significant operational decision and is not subject to call-in.
- To support and provide context for decision makers, the report briefly summarises the progress made by LAHP to date across four priority areas. It also sets out next steps to “scale up fast” to support the city’s recovery from the Covid-19 pandemic through the triple aims of tackling health inequalities, driving inclusive growth and improving the quality and efficacy of health and care services. It places the role of LAHP in the wider strategic context of the Best Council Plan, Health and Wellbeing and Inclusive Growth strategic priorities to create a strong economy and compassionate city which tackles poverty and reduces inequalities.

Recommendations

The Director of Adults and Health is asked to:

- a) Note the progress made by LAHP to date and the ambition to “scale up fast” to deliver real benefits for the people of Leeds over the next two years and ultimately achieve its mission of ‘helping people live healthier lives for longer’.
- b) Formally agree to sign, on behalf of Leeds City Council, the renewed LAHP Partnership Agreement 2021-23 which the Health Partnerships Team will action.
- c) Support a two year extension of the City Council’s contribution to the running costs (£102,000 per annum, total value £204,000) of the LAHP and delivery of the LAHP’s programme of work.

Why is the proposal being put forward?

- 1 Working closely with our colleagues in academia and the health sector continues to be hugely important as we recover from Covid19 and seek to do everything possible to prevent health inequalities being further exacerbated. The LAHP plays a key role in jointly shaping Leeds’s health and care economy as well as understanding what evidence tells us about how to drive forward a recovery that benefits the Leeds citizens and the way in which health and care services are delivered.
- 2 To that end, it is vital that Leeds City Council continues to be an active and leading member of the LAHP, with opportunity to align the research agenda to the city’s Covid recovery priorities. Further, LAHP will help link academia into the Joint Strategic Assessment process, being led by Leeds City Council. The JSA will ultimately shape priorities, and guide the use of resources as part of the commissioning and service strategies and plans for the city to ensure we can deliver on our ambition to be the Best City for Health and Wellbeing.

What impact will this proposal have?

Wards Affected: Citywide impact		
Have ward members been consulted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Outcomes of the decision

2.1 Over the first 5 years of its inception, the LAHP had four priorities. These four priorities form solid foundation for the next two years of ‘scaling up fast’:

- To develop ‘one workforce’ across Leeds’s health and care system: this led to the creation of the Leeds Health and Care Academy which provides skills and training based upon the best research and evidence to enable the Leeds health and care workforce to work together as if they were one team. Key projects include a programme to attract and recruit healthcare workers from parts of the city facing more social and economic challenges.
- To drive personalisation in health and care: this led to the Centre for Personalised Medicine and Health, which uses globally-leading personalised medicine and healthcare services, research, innovation and enterprise to improve the ability to prevent ill health, provide better choices to patients and deliver high quality care; speed up the development and adoption of emerging personalised medicine and health innovations, and develop new, world class research and innovation. Key projects include Arresting Cancer and Preventing Frailty.

- To transform the use of information and analytics: LAHP has been developing the Living in Leeds programme to explore how to work as a city to better use people's health and care data for research and service planning.
- To create a culture of innovation: The LAHP has a key role in attracting innovators and investors to the city, in line with inclusive economic growth ambitions. A significant development has been conceptualising and establishing a healthtech innovation system for the Leeds City Region through a Memorandum of Understanding.

2.2 The immediate impact of agreeing to sign off the renewed LAHP Partnership Agreement and further extending funding for the next two years is ensuring that the LAHP will be able to 'scale up' its activity across the four priority areas outlined above by providing the necessary staffing resource, governance and membership infrastructure.

2.3 Key areas of work which extending funding over the next two years will support include:

- Leeds Health and Care Academy: The Academy is developing the workforce pipeline and equalising the disparity in training, status and pay between health and social care staff by shaping new educational pathways such as T-Levels and apprenticeships, developing critical workforce skills such as leadership and digital capabilities, and supporting mobility and career progression across organisational boundaries
- Centre for Personalised Medicine and Health: The Centre is scaling its work with partners to innovate faster, more effectively and efficiently through early diagnoses, testing during routine care and using technological solutions. Examples of planned projects include: further developing the electronic frailty index by incorporating a machine learning analysis of blood to give an even richer understanding of frailty conditions and enable even better care and running pharmacogenomics studies to research how genes influence individual responses to medicines.
- Living in Leeds: Finalising the long-term vision and two year delivery plan for this project to make Leeds a 'research-ready' city whilst being mindful of needing to understand people's views about using their data for research and service planning. Linking data sets will help LAHP to understand more about how to treat and prevent ill health and how to better plan health and care services
- Leeds City Region Healthtech Leadership: building on the MoU to accelerate transformational improvements in health management and health care; to discover, develop and deploy healthtech innovation at scale and ultimately achieve significant inclusive economic growth. Projects include creating a network, with support from industry and large scale employers, and securing inward investments and company location into the region. We would expect to see growth in the number of new healthtech start-ups and the attraction of healthtech companies which can meet the needs of local residents and have the potential to scale their products nationally and internationally.

2.4 The impact of the 'scaling up' of strong foundations will work towards achieving the LAHP's ambitions: reducing health inequalities, driving inclusive economic growth, and improving the quality and efficiency of health and care services.

3 Inequality, diversity, cohesion and integration issues

- 3.1 The LAHP has particular focus on improving outcomes for those communities of interest who have the worst health and have been hardest hit by Covid-19, both in terms of health and income/employment opportunities. For example, LCHA will be targeting people in more deprived areas by exposing young people to a range of care settings, before guiding them to health and care higher education or careers.
- 3.2 The LAHP's ambition to 'think big, start small and scale fast' means it identifies and develops new methods, techniques, products, and services likely to make a significant difference to health and social care in Leeds. It chooses its projects in the context of the Leeds Health and Wellbeing Strategy by looking at the likely impact of projects in respect of health and social care outcomes, reduction in health inequality, potential to generate investment and / or jobs. The Leeds Health and Care Academy is an excellent example of such a spin-off project from the LAHP's unique position to bring NHS and academic partners together. The Workforce Inequalities project being very much rooted in reducing race and equality deficit issues in our workforce and ongoing service delivery and equalising the disparity in training, status and pay between health and social care staff.
- 3.3 The LAHP's work programme supports and enables the development of a population health and care management system that addresses the needs of local and segmented populations, allowing for specific targeting of at risk groups including those defined by age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. The emerging Living in Leeds programme is exploring how to work as a city to better use people's health and care data for research and service planning to ensure that the needs of communities of interest are met and inequalities can be tackled.

What consultation and engagement has taken place?

- 4 This report relates to the LAHP Partnership Agreement and funding already discussed and approved by the Executive Board in July 2017 and as such becomes a significant operational decision which is not eligible for call-in.
- 5 In May 2020, Adults and Health DDP agreed to a one year extension of funding whilst LAHP reviewed its strategic framework within its current staffing levels. The renewed LAHP Partnership Agreement and further two years of funding resulting from the LAHP review was agreed with all member partners represented on the LAHP Board including the City Council, local NHS organisations, the Yorkshire and Humber Academic Health Science Network and the Universities.

What are the resource implications?

- 6 The LAHP will continue to require an annual gross contribution of £102,000 (15% share) and thus £204,000 for the duration of the renewed partnership agreement from Leeds City Council towards total annual running costs of £683,000 for 2021/22 and 2022/23. This contribution has remained the same since the LAHP's inception in 2017. Budgeted provision of £102,000 has been made in the 2021/22 budget.
- 7 In terms of deriving value from membership of the LAHP, a key advantage is being part of joint bids with academic partners and the strong opportunity this brings to attract funding resources into the city, e.g. from the National Institute of Health Research. LAHP also has a

key role in attracting inward investment for HealthTech which will ultimately support economic growth and the overall prosperity of Leeds.

What are the legal implications?

- 8 In keeping with the partnership agreement put into place in January 2018, whilst the 2021-23 renewed agreement is legally binding, it does not establish a distinct formal legal partnership between the parties.
- 9 The agreement closely follows the previous partnership agreement which operated effectively. Signing the renewed agreement and extending funding for a further two years is a Significant Operational Decision, which is not subject to call-in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

What are the key risks and how are they being managed?

- 10 A clear acknowledgement of liabilities and outline of financial risk to is set out in the Partnership Agreement, referred to in section 11 (liability). Section 8 includes liability risks and mitigation relating to staffing.
- 11 As per the first agreement, any liabilities shall be shared between the LAHP's partners, following the Sharing Principle (LCC's 'share' is 15%). £115,000 is being kept in reserves for liabilities arising from possible staff redundancies. However, as funding for the two years covering the Partnership Agreement has been agreed by the LAHP Board, this should avoid the need to make redundancies.
- 12 Budgets are negotiated on a majority approval basis (i.e. the Council may object, but other partners could agree to increase the budget), and the Council would have to contribute its share. This is not an immediate risk as funding for the two years covering the Partnership Agreement has been agreed by the LAHP Board, on which LCC is represented and indeed chairs.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth Health and Wellbeing Climate Emergency

- 13 The three key priorities of the LAHP are to help reduce health inequalities (with a particular focus on areas and communities hardest hit by the coronavirus pandemic), drive economic growth that benefits all our communities, and improve the quality and efficiency of our health and care services. These priorities align directly with the Council Plan's commitment to create a 'Strong Economy and Compassionate City which tackles poverty and reduces inequalities'; and also commitments within Leeds Health and Wellbeing Strategy and the Leeds Inclusive Growth Strategy.
- 14 Whilst climate change is not a key driver of the work of the LAHP, it is worth noting that digital and telehealth solutions which are being developed through the LAHP (and which we have seen used to great effect during the pandemic) provide a way of reducing travel related to the NHS and other care services, for both patients and staff.

Options, timescales and measuring success

a) What other options were considered?

- 15 It is recognised within Leeds City Council and the wider health and care partnership (i.e. the Health and Wellbeing Board) that the LAHP is an effective and worthwhile partnership vehicle for bringing together the city's assets in health, care and academia. The Chief Executive of LCC is the Chair of LAHP and colleagues from Adults and Health and Economic Development take a lead role in its operational and strategic leadership.
- 16 Colleagues in Procurement were asked to review the renewed Partnership Agreement. They are content that, as the Chief Executive of LCC and other senior leaders within LCC directly involved with the LAHP are happy with how things are working in practice, that there were no issues that prevent us from continuing in the partnership and entering into the new agreement.

b) How will success be measured?

- 17 The focus of the LAHP over the next two years is to "scale fast", building on the strong foundations of work to date. The LAHP is committed to delivering real benefits for the people of Leeds, tackling health inequalities and ultimately helping to achieve the ambition for Leeds to be Best City for Health and Wellbeing by 2030. Impact of LAHP activity programmes will be measured through programme management arrangements, reporting into the LAHP Board on a regular basis and into the Health and Wellbeing Board and Executive Board annually.

c) What is the timetable for implementation?

- 18 The LAHP will continue to operate as it has been doing since 2018, with the renewed partnership agreement running from 1st April 2021 – 31st March 2023.

Appendices

- 19 A – LAHP Partnership Agreement 2021-23

Background papers

- 20 None