

## Academic Health Science Networks

**For:** Information

**Summary:** This report briefs the Board on KSS application to become an Academic Health Science Network.

**Action:** *The Board is asked to note the report*

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**Notes:**

<b>Trust objective:</b>	Please list number and statement this paper relates to. <i>The Board Committees support the achievement of delivering high quality of care</i>
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<b>Legal:</b>	What are the legal considerations and implications linked to this item? Please name relevant act  <i>There will be an opportunity to become a founding member of an AHSN</i>
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<b>Regulation:</b>	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission  <i>None</i>
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<b>Date</b>	August 2012
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<b>Audience</b>	Trust Board Members

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Innovation Health and Wealth (Ian Caruthers, DoH, 2011) describes a number of challenges the NHS faces in the dissemination of good and innovative practice so that it is available to all patients, and challenges around generation of wealth. It also offers potential solutions, one of which is the creation of a series of Academic Health Science Networks (AHSN) across England. These networks would be legally constituted and promote the collaborative working of health care providers, academia and industry to deliver several functions including: research participation, translating research and learning into practice, education and training, service improvement, information management and wealth creation. It is not mandated that these networks replace HIEC, innovation hubs or other bodies charged with similar goals although it is expected that links with these and with education groups (eg LETB) should be described within an application.

The networks would be based on a population footprint of approximately 3.5-5million and new funding would be available to them from the DH. The principles of how this money would be awarded are not finalised, but of the 12-18 AHSNs envisaged, the indicative funds available are £10M per year for each, for the five year period of initial licensing.

Expressions of interest to form an AHSN have been sought, the closing date for which was the 20<sup>th</sup> June 2012. Kent, Surrey and Sussex have put forward an expression of interest and a steering group has been set up to garner support for the application, and write the formal application the closing date for which is 30<sup>th</sup> September. Wessex to our West, and King's Partners to our north have also submitted applications. Each of these EOI has explicitly stated a desire to work with its geographical neighbours. Initial guidance was that all acute providers would need to be members of a network with CCGs needing to aspire to be members. The latest iteration of advice has been that all providers need to aspire to belong.

Within the application suggestions around governance of the AHSN need to be made. That firm expectations of governance mechanisms or structures have not been set suggests that preferred models may emerge through the application process. KSS bid is based on the model that University College London Partners has used – a limited company in which all members have an equal vote. In UCLP all members do not pay an equal share of the costs (with the late joiners paying less than the founder members to make late joining more attractive). UCLP has a board which comprises the CEO of all member organisations and a steering group. It has a Chair and an Accountable Officer. It is the latter which looks at bids to improve service delivery, or other aspects of health care, assesses them for feasibility and importance and then supports, rejects, or suggests improvements to their roll out across the 17 member organisations.

The expression of interest and the organisations who have thus far pledged support to the bid is attached as **APPENDIX 1**.

## **APPENDIX 1: Expression of Interest**

### **Expression of interest for the Kent Surrey and Sussex Academic Health Science Network**

Organisations from across the health, academic, and industry sectors in Kent Surrey and Sussex (KSS) have come together and wish to express their interest in forming an Academic Health Science Network.

#### **The vision, strategic goals and key deliverables**

Our vision is to create an active, member driven network which enables the identification, adoption and diffusion of best practice and innovation across Kent Surrey and Sussex.

Our strategic goals are:-

1. To improve the health and wellbeing of our population, maximising the dividend from research, development and evaluation.
2. To contribute to innovation and the advancement of healthcare practice, locally and nationally.
3. To generate wealth for our region and UK plc by supporting and pulling through health innovations into practice.

Our key deliverables for the development of the AHSN include:-

1. the integration and development of our constituent groups and collaborative culture.
2. the integration within the network of AHSNs and establishment of close collaboration including the agreement of joint workplans where appropriate, with our neighbouring AHSNs of South London and Wessex.
3. the agreement of our priorities, plan and additional funding to be leveraged.

We have engaged with over seventy stakeholder organisations to date. We have the express commitment to the AHSN of all HEIs and healthcare providers in the area. A design group has been established to develop our application for September. Initial discussions have identified our ageing population and associated health and healthcare challenges (eg dementia, LTCs) as a key theme for our AHSN, as well as the opportunity to build on the local expertise in using innovative assistive technologies and community based solutions (eg the Whole System Demonstrator site in Kent).

#### **Footprint:**

Significant consideration has been given by stakeholders to the issues determining and agreeing our footprint. We have a significant population with many characteristics and issues in common. We have powerful HEIs with excellent capabilities in research and training. The Kent Surrey Sussex AHSN will be **coterminous** with the boundaries of our **Deanery, Comprehensive Local Research Networks, Local Education & Training Board**, local offices of the National Commissioning Board, the majority of current clinical networks, **Senates**, Health and Wellbeing Boards and **Local Authorities**. We are complete and coherent in the great majority of services provided to our population.

There are significant tertiary referral patient flows into London from Surrey and Kent. We have an explicit agreement with the proposed South London AHSN to work openly and collaboratively across our boundary.

Our population of some 4.75 million and our good transport connections ensure that on one hand we are large enough to achieve economies of scale and on the other not so large as to prevent meaningful partnerships developing between all network members.

Significantly for KSS we are nested within the richest group of health technology companies in Europe and we have three nationally recognised science and business parks (Surrey Research Park, Kent Science Park and Sussex Innovation Centre). These have a track record of supporting companies involved in the commercialisation of a wide range of sciences, including social science, technologies, health related activities and engineering. Representatives from small, medium and large enterprises and trade associations have already expressed their interest in working with KSS AHSN. The CEO of South East Health Technologies Alliance (SEHTA) (Medilink), and Chairman of the Ethical Medicines Industry Group (EMIG) have been closely involved with discussions on developing our local AHSN.

### **Building the KSS AHSN.**

Partners in the KSS AHSN represent providers of NHS services, Clinical Commissioning Groups (CCG), Local Authorities (LA), higher educational institutes (HEIs) and representatives from industry. In creating a local AHSN, partners will build on the existing relationships and infrastructure and avoid the creation of new parallel processes or added layers. Where opportunities arise through closer alignment we will simplify structures and process through sharing and reducing support mechanisms.

### **Core functions**

The core function of our AHSN is to ensure the identification, adoption and spread of innovations and best practice in healthcare. Our AHSN will further develop the capability of delivering wide scale change. It will also support service based and translational research across the area.

To achieve this we will build on the success of various initiatives already in place across the area. A leading example of these is our award winning “Enhancing Quality and Recovery” (EQ) programme. This innovative programme is a clinician led, evidence based and data driven, quality improvement programme. EQ places a high premium on collaborative working so that clinical teams work more effectively and “best practice” is shared to reduce variations in outcomes and experience. The programme has already achieved significant reductions in mortality and lengths of stay across the three counties through improving compliance with best clinical practice. We are using this team to deliver on the High Impact Innovations initiative, and will build its capacity to deliver on a range of other issues including NICE implementation, patient engagement, and patient information.

The core function will be led by a group comprising health, academia and industry and will lead development on issues relating to the three key functions of ‘service improvement’, ‘translating research into practice’, and ‘information’ as described in the policy document.

### **Other key functions and levers**

To develop a comprehensive approach to our AHSN we will also work closely with three other existing groups, each taking the lead on one function as described below.

- Collaboration on Education and Training. Our shadow Local Education and Training Board is leading on discussions to develop a comprehensive approach to the requirements of an AHSN. We will work with our LETB and HEIs to develop a skilled and flexible healthcare workforce for the future and more widely a cultural strength in collaboration and innovation.

- Promoting participation in research. Opportunities to participate in research are in need of significant development. Consideration will be given to pump prime specific areas of research that reflect greatest patient and population need. We will need to attract researchers to our valuable, research naïve, and stable population. We will build on the successes of the clinical trials unit (Surrey) and clinical research facility (Brighton) and our established strengths including the niche and deep investment in established programmes in aging, neurology, dementia, inflammation and infection; the genomic research. The existing European-focused infrastructure in the HEIs, the Health and Europe Centre and South East Health Technologies Alliance will facilitate enhanced engagement with EU framework funding streams and partners.
- Wealth creation. The KSS Partnership for Innovation in Health has brought together health, academia, and industry over the last two years. We will develop this group to advise on wealth creation. The group will review a range of issues including development of the culture and leadership necessary to support the challenges described in Innovation Health and Wealth, exploitation of industry networks and knowledge, management of intellectual property. KSS AHSN partners have significant experience of managing Small Business Research Initiatives. We are well placed to provide the capability and capacity to lead on future SBRIs.

### **Outline structure and governance**

The partnership has discussed and gained support for the development of a KSS AHSN with over 70 senior leaders from organisations across KSS. This includes representatives of all NHS providers, the majority of CCG leads, Local Authorities, all local higher educational institutes and industry network leaders. A list of proposed members and affiliate members is shown below.

The structure and governance arrangements are yet to be formally agreed by the members. The outline proposal is that the members will appoint a board from within the membership. They, with the chairman, will work with a management team comprising members of the four groups outlined earlier, including the LETB and CLRN groups. A core AHSN team will be represented in the management team including senior clinical and management roles.