NHS Commissioning Board

NHSCB/14/12/3

BOARD PAPER - NHS COMMISSIONING BOARD

Title: The design and designation of academic health science networks
Clearance: Sir Bruce Keogh, National Medical Director
Purpose of Paper: • To inform the Board about academic health science networks
Key Issues and Recommendations: *Innovation Health and Wealth*, the NHS's contribution to the Plan for Growth was launched by the Prime Minister in November 2011 and recommended that academic health science networks (AHSNs) were established to improve the identification, adoption and spread of innovation and best practice in the NHS. AHSNs will be membership bodies involving NHS commissioners and providers, universities, industry partners and other organisations and there are 15 prospective AHSNs covering all of England. A panel chaired by Sir Alan Langlands will interview all the prospective AHSNs by February 2013 and make a recommendation on designation to Sir David Nicholson, NHS Commissioning Board Chief Executive and Dame Sally Davies, Chief Medical Officer for England.
Actions Required by Board Members: • To note the work on the design and designation of AHSNs.

The design and designation of Academic Health Science Networks

Introduction

1. The design and designation of academic health science networks (AHSNs) is a key recommendation in *Innovation Health and Wealth*, which is the contribution of the NHS to the Plan for Growth and was launched by the Prime Minister in November 2011 alongside the Life Sciences' Strategy.

2. Sir David Nicholson in his foreword to Innovation Health and Wealth said "our ambition must be for an NHS defined by its commitment to innovation, demonstrated both in its support for research and its success in the rapid adoption and diffusion of the best, transformative, most innovative ideas, products, services and clinical practice."

3. He explains "This report sets out the actions we must now take to make innovation and its spread central to what we do. They are designed as an integrated set of measures that together will support the NHS in achieving a systematic change in the way the NHS operates. But they will need immediate, urgent action from all of us."

4. Innovation Health and Wealth was produced following a review of innovation in the NHS led by Sir Ian Carruthers OBE, Chief Executive of NHS South of England. It set out 31 recommendations across the following eight areas where the NHS needs to work in partnership with industry and academia:

    - reducing variation and strengthening compliance;
    - metrics and information;
    - creating a system for delivery of innovation;
    - incentives and investment;
    - procurement;
    - developing our people;
    - leadership for innovation; and
    - high impact innovations.

5. There are two specific recommendations to create a system for the delivery of innovation – that Sir David Nicholson, NHS Commissioning Board (NHS CB) Chief Executiveand Dame Sally Davies, the Chief Medical Officer for England, will oversee the creation of AHSNs, the first in 2012-13, and that there will be a Sunset Review of all NHS/Department of Health (DH) funded innovation activities and bodies to de-clutter the current complex innovation architecture. These two recommendations are linked as AHSNs will become the central focus for local innovation activity, operating in a simpler and more focused innovation landscape.

6. Sir David Nicholson asked Sir Ian Carruthers to lead the implementation of Innovation Health and Wealth and Sir Ian has led the design and designation of AHSNs and the Sunset Review, supported by Richard Gleave, Director of Programmes and Patient Experience at NHS South of England.

NHS CB objectives

7. The design and designation of AHSNs is part of the NHS CB's quality focus and its change and improvement approach. The NHS CB has statutory duties to promote research and to promote innovation and AHSNs play a central role in how these duties are exercised in the NHS.

The design and designation process for AHSNs

8. National guidance on the design and designation of AHSNs was published by the DH in June 2012. This was based on an extensive engagement with the NHS, higher educational institutions (HEIs) and industry at national and regional levels.

9. The guidance set out the first stage in the application process, which was for the NHS and HEIs to work with industry and other partners to submit an Expression of Interest in forming an AHSN. Sixteenexpressions of interest were received and a small team reviewed these. Invitations to join the group were made to NHS CB Medical, Policy, Improvement and Commissioning Directorates plus representatives from the four SHA clusters/NHS CB regions, NIHR, Public Health England, Health Education England, DH and the membership bodies for the NHS, universities and industry.

10. Following a submission to Sir David Nicolson and Dame Sally Davies, it was agreed that all but one of the submissions should proceed to making a full application for 1 October 2012. The submission from Essex covered too small a population and it was agreed that it would be assimilated into neighbouring AHSN applications. The final configuration is well aligned with clinical senates and local education and training boards. The goal set out by the work on clinical senates was an 80% alignment and, given the nesting principle, a much greater degree of alignment has been achieved. Each expression of interest received specific feedback and general feedback on all submissions was shared.

11. The applications were reviewed in October 2012 by a team with the same invitation list as reviewed the expressions of interest, with the addition of the NHS Trust Development Authority. Sir Ian Carruthers and Richard Gleave met each AHSN application team in November 2012 to give specific feedback on their application.

12. A panel will interview each AHSN application team and make recommendations to Sir David Nicholson and Dame Sally Davies on whether and when to award a licence for the AHSN to become operational. The panel will be chaired by Sir Alan Langlands (Chair of HEFCE) and include Sir John Bell (Life Science Adviser to the Prime Minister), Sir Ian Carruthers (Chief Executive of NHS South), Russell Hamilton (Director of Research and Development, DH), Peter Ellingworth (Chief Executive of the ABHI) and Carol Blount (Director of NHS Partnerships, ABPI). Interviews will be held between 3 December 2012 and 18 February 2013, following which an announcement will be made.

The purpose and form of academic health science networks

13. AHSNs are a systematic delivery mechanism for the local NHS, universities, public health and social care to work with industry to transform the identification, adoption and spread of proven innovations and best practice. They are partnership organisations in which the partners are committed to working together to improve the

quality and productivity of health care resulting in better patient outcomes and population health. The national advice is that they should look to be incorporated bodies but the partners will decide on the details of the governance.

14. The aim is for universal participation by bringing together a range of organisations who are primarily focused on a defined geography, including clinical commissioning groups and providers of primary, community, secondary and tertiary NHS funded services in a defined area and higher educational institutions active in health care to work with other partners, especially industry and local government. Organisations can be affiliated with other AHSNs for national work programmes or because they are located on a boundary with patient flows going to different tertiary centres, but they need to have a prime link with their local AHSN.

15. AHSNs will play a central role in the regional and local implementation of *Innovation Health and Wealth* through aligning the work in the following areas:

- participation in research;
- driving service improvement;
- using patient-centred information to evaluate and improve;
- collaborating on education and training ;
- translating findings into practice and knowledge management; and
- wealth creation and partnering with industry, both small and medium enterprises and global companies.

16. The key areas where AHSNs will engage are:

- reducing variation in the NHS, and driving greater compliance with guidance from the National Institute for Health and Clinical Excellence, especially technology appraisals;
- working with industry, to develop and publish better innovation uptake metrics, and more accessible evidence and information about new ideas;
- local alignment of organisational, financial and personal incentives and investment to reward and encourage innovation;
- when the national review of procurement in the NHS is completed, there is likely to be a role for AHSNs in making the NHS a better place to do business;
- bringing about a major shift in culture within the NHS, and developing our people by 'hard wiring' innovation into training and education for managers and clinicians;
- providing regional leadership and supporting the leadership in innovation at other levels of the NHS, setting clearer priorities for innovation, and sharpening local accountability; and
- identifying and then supporting the adoption of high impact innovations in the NHS.

17. AHSNs will also support delivery of the Life Sciences Strategy, especially in its work on research participation where five specific goals have been set out:

- an AHSN-wide system to manage research participation and performance:
- increased opportunities for patients to participate in clinical research:
- increased recruitment of patients to non-commercial and commercially-funded clinical research by constituent NHS providers;
- timely payment of treatment costs for patients through the NHS commissioning system; and

- proactive support for life sciences industry research and development.

18. The NHS CB will work with partners to designate AHSNs. The designation will lead to a five year licence which is based on an assessment that the proposed partners have designed a "fit for purpose" network and that they can demonstrate that they will be central in the local delivery of key recommendations in Innovation Health and Wealth.

19. In addition to the licence, the NHS CB will draw up a formal agreement or contract with each AHSN that sets out the funding from the NHS CB to the AHSN and the resulting deliverables. This will detail both funding directly from the NHS CB and the local matched resources from local partners (which is also ultimately funding from the NHS CB). This work directly links with the Sunset Review, which is the parallel recommendation in *Innovation Health and Wealth.*

20. AHSNs are being designed locally as the route by which regional support will be given to statutory NHS bodies and their partners in the delivery of *Innovation Health and Wealth* and the NHS's commitments to government about the Plan for Growth. In addition to local priorities, AHSNs are focusing on three nationally identified issues in their first few months:

- improving participation in clinical trials;
- working with small and medium enterprises; and
- compliance with National Institute for Health and Clinical Excellence's published technology appraisals.

AHSNs and the transition

21. Important linkages have been made between the design of AHSNs and the design of other parts of the NHS:

- National Institute for Health Research (NIHR): The Chief Medical Officer's research and development team have been closely involved at all stages of the design work on AHSNs. AHSNs will be expected to interact with NIHR biomedical research centres and units and to work closely with the NIHR clinical research networks, for which a new structure and governance framework is being introduced which will take into account AHSN design work and the collaborations for leadership in applied health research and care, the contracts for which have been extended to enable AHSN Boards (or nascent boards) to play a role in endorsing applications in the next funding competition.
- Department of Health: The next designation process for academic health science centres, which the CMO will lead, will require applicants to demonstrate active, productive involvement in AHSNs.
- Health Education England: The national guidance is explicit about the linkages between local education and training boards and AHSNs and the proposed footprints have good coterminosity between the two. This is a key area that local stakeholders are working on.
- Public Health England: AHSNs have a role in improving patient outcomes and population health and discussions are in progress with Public Health England about how to support the development of AHSNs in relation to public and population health and engagement with local authorities.
- NHS Trust Development Authority: Discussions have taken place on how AHSNs will support NHS Trusts in meeting the national requirements in implementing the

recommendations of Innovation Health and Wealth and the NHS Trust Development Authority has been brought into the designation process.

- The new Improvement Body and NHS Leadership Academy: AHSNs will support the local adoption and spread of innovative new service models developed by the new Improvement Body and work closely with NHS Leadership Academy regional delivery partners.
- Strategic clinical networks and senates: discussions have been held about the complementary roles of AHSNs and the strategic clinical networks and senates.

Board assurance

22. AHSNs will play the central role in supporting the NHS in the local delivery of *Innovation Health and Wealth*. Thus the designation process has been developed so that it provides an assurance to the NHS CB about the readiness of AHSNs to become operational in quarter one 2013-14. If the panel do not feel that individual AHSNs are ready to be designated, then this will be their recommendation to Sir David Nicholson and Dame Sally Davies and contingency arrangements, such as the identification of an interim host pending a resubmission of the AHSN application, would be put in place. The initial assessment from the feedback meetings is that all AHSN application teams are making good progress towards being ready for an interview with the panel.

Resource implications

23. AHSNs will have a contract with the NHS CB that will specify the funding that the AHSN will receive, and the local contributions to funding that the AHSN membership will contribute, and the outputs/outcomes that the AHSN will deliver. The Sunset Review is identifying funding streams within the NHS to contribute to the proposed national funding streams to local AHSNs.

Legal Implications

24. The national guidance explained the governance model for each AHSN is a local decision for its membership but suggested that an incorporated body working in the public interest may be the most appropriate form. AHSN application teams have been provided with generic advice on the options on legal forms that the AHSN may decide to adopt and the governance systems that it needs to put in place. The NHS CB will need to have a formal legally binding relationship with AHSNs that are incorporated bodies.

Equality and diversity

25. The national guidance on the design and designation of AHSNs highlighted the need for AHSNs to address equalities and seek to reduce inequalities that cannot be justified and to meet the requirements of the Equalities Act.

Communication

26. All AHSNs have highlighted the work that they are doing to engage with patients and the public in designing their local model.

27. An announcement on the designation of AHSNs will be made once the decisions have been made following all the planned interviews in February 2013.

Recommendation

28. The Board is asked to note the progress made with design and designation of AHSNs.

Sir Bruce Keogh
National Medical Director
December 2012