LIVERPOOL HEALTH PARTNERS

Business Plan from 2018: **Executive Summary**

Version 1.2

19 December 2017

Contents

Page

Executive summary

- Background and context 3
- Key messages and decisions 4
- 90 day plan 6
- Clinical strategy and core activities 7
- Membership model 10
- Resources and governance 12
- Critical success factors 13

Background and context

Liverpool Health Partners

LHP was formed in 2012 as a strategic partnership between the main Liverpool Higher Education Institutions (University of Liverpool, Liverpool John Moores University, Liverpool School of Tropical Medicine) and the local NHS hospital trusts (Aintree, Alder Hey, Clatterbridge Cancer Centre, Royal Liverpool, Liverpool Women's, Walton Centre, Liverpool Heart and Chest, Merseycare and Liverpool CCG) in Liverpool as a virtual academic health science centre ("AHSC"). The local Academic Health Science Network (AHSN), named The Innovation Agency, is also an associate member.

Independent review of clinical research strategy by Holgate and Smyth

Liverpool's submission to receive NIHR Bio-Medical Research Centre status in 2016 was unsuccessful. Following this disappointment, the UoL commissioned an independent strategic review of clinical research in Liverpool, conducted by Professor Rosalind Smyth (University College London) and Professor Stephen Holgate (University of Southampton) in February 2017. The review team reported in April 2017 and suggested a series of recommendations to develop and improve clinical research in Liverpool.

One of the key recommendations was the need for a shared vision for clinical research to be developed between the NHS trusts and UoL. The report stressed the need to prosecute genuinely world-leading discovery science but emphasised that it had to be linked to the specific population health needs of Liverpool and Merseyside. The authors also noted the adverse impact of the historically fragmented nature of NHS provision in Liverpool and suggested that LHP could help to overcome this by promoting more collaborative working, especially through a more effective Joint Research Office.

The report noted Liverpool's traditional strengths in Pharmacogenomics and Infectious Diseases and noted some strengths in Cancer, Child Health, GI and ophthalmology. Other health areas of importance to the local population needed to be addressed more strategically. The report also recommended a review of the departmental structures within the Faculty of Health and Life Sciences at UoL and made a number of recommendations about clinical and non-clinical academic training and research culture.

A review group was convened to respond to the report's recommendations, chaired by the Vice-Chancellor and with a Task and Finish group led by Professor Tom Walley.

KPMG review: benchmarking and diagnostic report

Following on from the independent review, KPMG were commissioned in July 2017 by the LHP Board to benchmark LHP against comparator academic health science centres and make recommendations on LHP's future status and areas of activity. KPMG interviewed over 30 key stakeholders before presenting at the LHP Board meeting on 28 July. It was clear that a number of local stakeholders felt that LHP had either not been set up with sufficient clarity over its strategic aims or that it had not been successful in achieving them.

KPMG recommended that LHP's vision, strategy and plan be redeveloped so as to link its work to the population health needs in the Liverpool region. This direction would have the benefit of being consistent with the Healthy Liverpool blueprint put forward by Liverpool CCG and in the strategic direction of the Cheshire and Merseyside Sustainability and Transformation Plan developed by the NHS.

KPMG also suggested that LHP define its operating model, management and governance structures more clearly, with a management team led by a substantially full-time CEO and responsible to a supervisory board with more effective governance.

The KPMG team was then commissioned in August 2017 by the LHP Board to undertake the work with the LHP working group which has resulted in the business plan.

Key messages and decisions

LHP's mission

LHP Board and stakeholders have agreed the following mission statement for LHP:

"LHP's role is to co-ordinate the strengths of Liverpool in biomedicine and applied health research and the NHS with a single voice to support inward investment to improve health outcomes for Liverpool city and the wider region".

This statement is not substantially changed from LHP's initial vision but there is now agreement from members that the focus on population health is key. The mission also needs to be implemented more rigorously than has recently been the case, with a set of key performance indicators to hold the management to account.

Key messages and recommendations from stakeholders

- **There is strong consensus across Liverpool on the need for an entity such as Liverpool Health Partners** (LHP) to bring together the fragmented system and partners, and to bridge the gap between clinical academia, the NHS and the wider care economy to ensure that advances in research also benefit the local population in terms of health and wellbeing outcomes. Impacting population health and wellbeing needs must – for the first time - be an explicit central driving force within LHP's ambitions and strategy.
- **LHP therefore has a crucial role in building 'brand Liverpool' in clinical academic circles and beyond**: coordinating Liverpool to speak as one voice, bringing Liverpool's health brands and assets together as one coordinated hub, and marketing what Liverpool has to offer to the wider world.
- **To achieve this, stakeholders must support the research infrastructure and pipeline in Liverpool**, recognising the importance on acting together on areas for NIHR funding. LHP will set the right foundations, environment and collaborative culture for supporting this, initially by establishing a more effective unified R&D support service to save individual members' costs and duplication of governance and regulatory compliance. Research needs to be organised in accordance with HRA procedures and an effective clinical trials infrastructure established, which avoids duplication and is widely recognised for its high quality.
- **LHP's role is as an enabler and co-ordinator**. It should not undertake research activities directly but should concentrate on enabling an infrastructure to deliver the above. This will initially be a unified R&D support service, to be followed in the short term by helping to implement the recent health informatics strategy and subsequently by developing a coherent strategy for medical and clinical education across Liverpool.
- **LHP members need to focus their research in the right clinical priority areas**. The recent NIHR report on *The Future of Health* shows that future priority health areas are likely to be long-term non-communicable diseases, co-morbidities and population health more generally. All this is of great importance to Liverpool, given the significant health inequalities found in its population. LHP, in its role as a co-ordinator, therefore needs to build the foundations of an academic health science system which addresses these issues. At the same time, NIHR have stressed to us that BRC awards are made exclusively on the basis of demonstrating a critical mass of international excellence in experimental medicine (although other funding streams (e.g. CLARHC) are also likely to be important). LHP therefore needs to focus on developing or investing in real excellence in a limited number of clinical priority areas (likely to be only three or four) whilst also establishing the foundations needed for a future academic health science centre focused on its local population.

Key messages and decisions (cont.)

Key messages (continued)

- **Collaboration is critical**. None of Liverpool's health priorities can be addressed by any HEI or NHS trust or care organisation alone, given the number of specialist institutions in Liverpool. As Prof. Donal O'Donoghue noted at the Board dinner on 19 October 2017, members will need to "collaborate furiously" - the various partners may not always agree privately, but they should all be united in public behind the desire and need to collaborate. Individual Board members need to develop more effective working relationships and to understand each others' personal and professional agendas in order to do so. The greater involvement of primary care in this agenda will also be of critical importance. Collaboration further afield – in Manchester or nationally - will also be necessary in some areas, notably in cancer. LHP must also make the most of collaboration opportunities with regional and national bodies.
- **A new strategy and business plan must work towards demonstrating tangible benefits** to members and the local health and care economy within a series of distinctive timeframes from 1 April 2018. LHP's past lack of clear, tangible outcomes/benefits for members has made continued investment difficult to justify, and this needs to change. We suggest the establishment of an effective unified R&D support service as the key deliverable within the first year, with a small LHP team working closely with the NHS and HEIs involved in research. Other tasks for year 1 will include the development of a cancer strategy for Liverpool as a whole and a practical plan to implement the relevant parts of the LHP informatics strategy. The benefits of each deliverable need to be visible to members at the outset and on completion.
- **LHP should work towards a 5-10 year timeline** to allow adequate time to develop a culture of research within the care economy and its workforce, and to build real strength and critical mass in chosen academic areas linked to care delivery/applied research. Over time this should expand to involve primary care, local authorities and potentially other players such as education and police, to really impact wider wellbeing outcomes. It is likely that significant investment will need to be made by some members in senior clinical academic posts in the short term, but some parts of the strategy (notably the informatics and education plans) will not bear fruit until a medium- or long-term timeline. The likely need is for a dual strategy that converges short- and long-term objectives as investment in the selected clinical priorities areas begins to show real benefits in population health.

LHP Board decisions

The business plan has been developed iteratively with existing LHP Board members, management and wider stakeholders. The following key decisions were made by the Board on 14 December 2017:

- To adopt the mission statement and the outline strategy and business plan for LHP.
- To begin recruitment of an independent Clinical Chair and Chief Executive Officer for LHP. For both appointments, a job description and indicative salary should be prepared, head-hunters appointed and a timetable and process for appointment drawn up, all to be formally approved at the LHP Board meeting in January. The process should be delegated to a working group of the Board in the same way as the development of the LHP strategy and business plan.
- To begin the other activities set out in the 90 day plan on the following page.
- To mandate the working group to continue as set out below (next steps).

Next steps

The above activities should be carried out by the LHP working group, mandated by the Board. In addition to launching a recruitment process, the group should continue the development of the detail set out in the business plan, notably the clinical priorities and underlying projects, the membership model, the management team structure and the proposed corporate governance. The working group will need to continue meeting weekly. We believe that the LHP Board should meet monthly during the first few months of 2018 (even if by telephone/webex) so that an agreed, detailed version of this business plan is in place by 31 March 2018.

90 day plan

Critical 90 day actions

The following actions will be critical to be completed within the first quarter of 2018 in order to maintain momentum, and ensure that LHP has operationalised the new strategy ready to begin the next financial year. The suggested full programme plan is shown in section 9 of the full document (page 58).

Workstream	Activity	2017	2018	
		Q4	Q1	Q2
Team & Governance	Agree LHP strategy and business plan			
	Approve recruitment of CEO, and Independent Chair, devise job specifications and appoint search firm			
	Go to market for CEO and Independent Chair, receive applications			
	CEO and Independent Chair candidates shortlisted and interviewed			
	CEO and Independent Chair appointed (by 31 March)			
	Agreement on shape and size of LHP core team, roles & job specs			
	Implement any restructuring resulting from new core team structure above, including HR procedures. Begin and complete the recruitment to all remaining roles (including Research Lead)			
	Commission options analysis for LHP's corporate structure and related tax analysis			
	Implement new corporate structure			
	Further development and final agreement of new membership model, to begin 1 April 2018			
Clinical Priorities	Finalise the 3-4 clinical priorities for LHP			
	Appoint/ reconfirm clinical academic programme leads for each priority area			
	Clinical academic programme leads to prioritise and shortlist the projects to which LHP will provide dedicated project management support (likely to be few initially)			
	Lead a cancer strategy on behalf of the wider Liverpool region			
Core activities: Unified R&D Support Service and Clinical Trials Hub	Hold stakeholder discussions to define the vision for a unified research office to be co-ordinated by LHP, taking account of UoL emerging views and the recent draft JRO options appraisal			
Core activities: Data and informatics	Recruit or second a director of informatics and a project coordination resource. Director needs to be a visionary who can translate technology potential into a practical vision that NHS and other stakeholders can understand			
	Detailed workplan development, working with strategic partners across the system			
	Board and system agreement to begin workplan delivery			
Core activities: Communications and Marketing	Recruit a full time senior Communications Lead and assistant			

Legend: Priority activities (90 days); Activities to be conducted after first 90 days

Clinical strategy and core activities

Strategy: Clinical priorities and how LHP will deliver on its ambitions

It is important that LHP's strategy supports and is aligned with the direction of the wider health and care system – on both Liverpool city and larger footprints. To this end, LHP's clinical strategy needs to be aligned with the Cheshire and Merseyside Sustainability and Transformation Plan (STP), the Healthy Liverpool strategy, and any emerging devolution and metro mayor priorities.

Clinical priorities have been driven by the most pressing health needs within Liverpool, as well as acknowledgment of areas of research strength. These clinical priorities are presented across the life course dimension, to reflect wider system strategy to focus on early intervention and prioritise children, early years, and young people as a result. The four clinical priority areas selected are:

i. **Maternal, children's, and young people's health outcomes; and transition** – maternal, early years, childhood, and young persons' outcomes as a key predictor of healthy outcomes and lives through the rest of the life course. This is critically linked with the second priority area.

ii. **Health inequalities and chronic conditions** – supporting healthy lives throughout the life course including ageing, linked to Liverpool's most pressing health issues such as mental health, respiratory, CVD, obesity, diabetes, arthritis, musculoskeletal disorders, vascular issues, effects of stroke and epilepsy.

iii. **Cancer** - a significant population issue for Liverpool, with poor morbidity outcomes strongly linked to health inequalities. Liverpool needs a city-wide cancer strategy which has access to the latest treatment methods and is relevant for the whole of Liverpool's population. All hospital trusts in Liverpool are involved with cancer in some way, and the strategy will need to link them more effectively, as well as developing the links into HEIs, primary care, and community care. The strategy is likely to focus on achieving local critical mass in the right areas whilst building collaboration with other cities likely to be further ahead in these areas, most obviously Manchester but also other centres of excellence across the country.

iv. **Infection and pharmacology** – focusing Liverpool's world-class strengths in these areas on domestic, NHS issues including: sepsis, anti-microbial resistance, hospital/community-acquired and global infection, therapeutics, stratified medicine and clinical pharmacology.

Clearly the above list covers a huge number of different health areas affecting the population. We believe that Liverpool, through LHP, needs to take this opportunity to build the foundations of an academic health science system that will make a significant contribution to improving the above areas over the next 5-10 years. At the same time, LHP will need to decide which are the initial key areas requiring focus so as to maintain or achieve critical mass in the shorter term (1-3 years) to maximise funding opportunities.

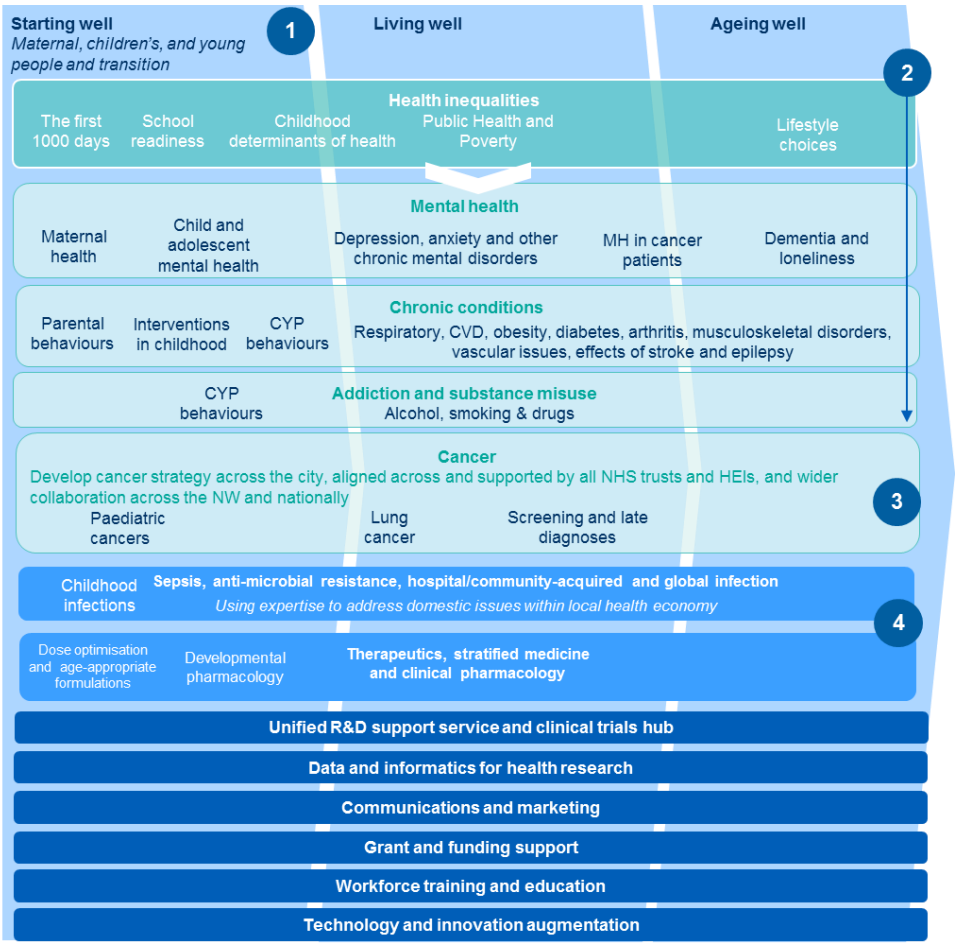
LHP will support members to deliver collaborative research projects within these areas, by coordinating relevant interest, expertise and experience from across the system. Specific projects will need to be selected based on selected clinical focus and a transparent criteria (TBD). LHP will also need to decide where to invest in building up capability within Liverpool, and where Liverpool should work collaboratively with leading centres nationally to address and support Liverpool's population health needs e.g. joining with Manchester on the Cancer priority.

Members need to commit to supporting the selected clinical priorities, and should seek commitment within their own organisations to support LHP's strategy and the projects that will be selected to deliver the priorities, and to reflect links and/or alignment to LHP's strategy within their own research strategies.

Note: We are aware that the working group set up to implement the findings of the Independent Strategic Clinical review has established a initial draft set of clinical priorities which are similar but slightly different in emphasis from the above. The LHP working group will need to work closely alongside the Task and Finish group, which is due to report formally in quarter 2 of 2018.

Clinical strategy and core activities (cont.)

Strategy: Clinical priorities and how LHP will deliver on its ambitions (cont.)



LHP will need to work with members to review its clinical strategy every few years based on outcomes, what it has been able to deliver within clinical areas, and in line with its business planning cycle. It is important to note that these priorities are not set in stone forever, but should be reviewed every few years to ensure their alignment with both local population health needs and local strategic priorities.

In addition, LHP will work to establish key enabling infrastructure for research collaboration:

- Unified R&D support service and clinical trials hub – bringing together all of the research and trials assets of Liverpool into a coordinated (virtual) hub, supporting better management of collaborative projects, and allowing Liverpool to be marketed more effectively as an attractive place to run deliver trials and research.
- Data and informatics for health research – pushing the agenda for using data-sharing and informatics for research purposes, and building on existing infrastructure plans to deliver this.
- Communications and marketing – communicating Liverpool's collective assets and collaborative approach to research to the wider world, including the public, industry, potential investors, and potential staff and students.
- Grant and funding support – supporting members on collaborative applications and bringing resources into Liverpool.

Clinical strategy and core activities (cont.)

Strategy: Clinical priorities and how LHP will deliver on its ambitions (cont.)

- Workforce training and education – supporting later stage translation to deliver the benefits of research for the local population, working with partners across the system to do so.
- Technology and innovation augmentation - supporting technology and innovation augmentation within new and emerging health/care research to support the care system to prepare for the challenges of the future.

These build on work already being done across the Liverpool landscape to improve clinical delivery, will help Liverpool to be a more vibrant and attractive place to do research, and are core functions that LHP must fulfil in order to support system-wide collaboration and deliver benefits to the local population's health outcomes.

Membership model

Membership model and benefits

There is broad consensus amongst members that the current membership and fee model is not fit for purpose. Whilst most members are contractually committed to pay fees to LHP at current levels until March 2020, the annual LHP budget needs to increase in order to achieve the levels of ambition discussed by members during this recent phase of work. The new suggested membership structure is split into three tiers (a fourth level could be added for potential non-Liverpool members at a later date), with members divided into tiers based on a combination of organisational footprint (size, population coverage, revenue), ability to pay, and the extent of likely benefits accruing to them. The suggested model is shown below.

Level	Suggested members	Contribution
Tier 1	▪ UoL ▪ Royal Liverpool ▪ Aintree ▪ Alder Hey	▪ Membership contribution of up to c.£0.5m (?) = perhaps £250K per org in year 1 ▪ Investment into world class academics / CIs within priority areas ▪ Contribution of clinician PA time dedicated to research ▪ Investment in clinical trials nurses to support new research in priority areas.
Tier 2	▪ Women's Hospital ▪ Clatterbridge ▪ LJMU ▪ LSTM ▪ LHCH ▪ Mersey Care ▪ Walton Centre	▪ Membership contribution of c.£100k ▪ Investment into world class academics / CIs within priority areas ▪ Contribution of PAs dedicated to research ▪ Investment in clinical trials nurses to support new research in priority areas. ▪ The scale of the above will likely be less than Tier 1 members in line with the likely lower patient numbers but all can benefit from the infrastructure that LHP will be setting up.
Tier 3	▪ CCG ▪ Liverpool City Council ▪ GP Federation	▪ Membership contribution of c.£50K. The CCG and the Council in particular are the organisations legally responsible for much of the health of the city's population and hence are likely to derive benefit from a re-launched LHP.

To show commitment to the new ways of working, allow them to become embedded, and to demonstrate benefits, members are asked for a minimum 3 year investment at this stage to the new membership model and investment amounts.

All members are likely to gain from both direct benefits to their organisations and indirectly from broader system benefits that positively impact patient outcomes, increased funding into Liverpool, and wider economic impacts. We expect that benefits are likely to be of a larger quantum for members within higher tiers.

System benefits

- Positive impact local population health outcomes by focusing collaborative research activity on local health issues. In the long term, this should broaden to include outcomes beyond health that are representative of broader wellbeing improvements (e.g. fitness for work, deprivation measures, broad early years outcomes for children, violence in the home etc.), supported by closer working with primary care, social care and other sectors such as police and education.
- Liverpool is likely to see a direct economic benefit to investing more effectively in research. Evidence shows that there is a 17 per cent annual return to the UK economy indefinitely for every £1 invested in medical research; which rises to between 24 to 28 per cent return when including the monetised benefits of a healthier population[1]. Other estimates have shown between 7 to 39 per cent per year return in perpetuity for investment in public mental health and CVD research respectively[2].

Notes:
1. Quantifying the economic impact of government and charity funding of medical research on private research and development funding in the United Kingdom, Sussex et al. BMC Medicine 201614:32 http://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-016-0564-z
2. What's it worth? Estimating the economic benefits from medical research in the UK, Health Economics Research Group, Office of Health Economics, RAND Europe. Medical Research. UK Evaluation Forum; 2008.

Membership model (cont.)

Membership model and benefits (cont.)

System benefits (cont.)

- Direct patient benefits – patients of Liverpool's NHS trusts are likely to achieve better individual health outcomes through increased access to research and clinical trials, via more research-engaged frontline staff who are able to articulate the benefits to patients. This emphasises the importance of LHP's role to promote the culture of research and staff engagement.
- Potential to improve intelligent commissioning capabilities based on improved data and informatics, which in turn is likely to impact positively on population health outcomes.
- Improved ability to attract and retain staff across the local academic, health and care economy as a result of creating a more research-focused culture: through investing in more research time within clinical roles, embedding research time into roles for new clinical appointments, and investing in leading academics and investigators to lead and support this research.

Direct benefits to organisations

All members will benefit from LHP's core activities and focus on clinical projects. These include the following:

- Tier 1 organisations are likely to benefit from significant funding grants from the NIHR and will have a direct interest in ensuring current NIHR funding is renewed (e.g. for CRFs). All members will benefit from additional NIHR funding into the Liverpool system through access to better research facilities, additional research opportunities, and additional opportunities for NHS patients to access research and trial opportunities.
- Access to capabilities and direct benefits from LHP core activities, including the proposed unified R&D support service, access to improved data and informatics capabilities (including for research purposes) across the system, better access to patients, and improving alignment between workforce training and development, research and local strategic workforce needs.
- Greater opportunities for funding for research projects and access to support/coordination for large, collaborative grant/funding applications.
- Access to dedicated resource to support research projects in LHP core clinical areas, based on prioritised focus areas and access to collaborative projects that may otherwise not have happened/been brokered.
- Bringing teaching and clinical staff closer together through better joint working, collaborations and possibly appointments. Also the potential to attract staff who will positively impact on teaching standards.

Resources and governance

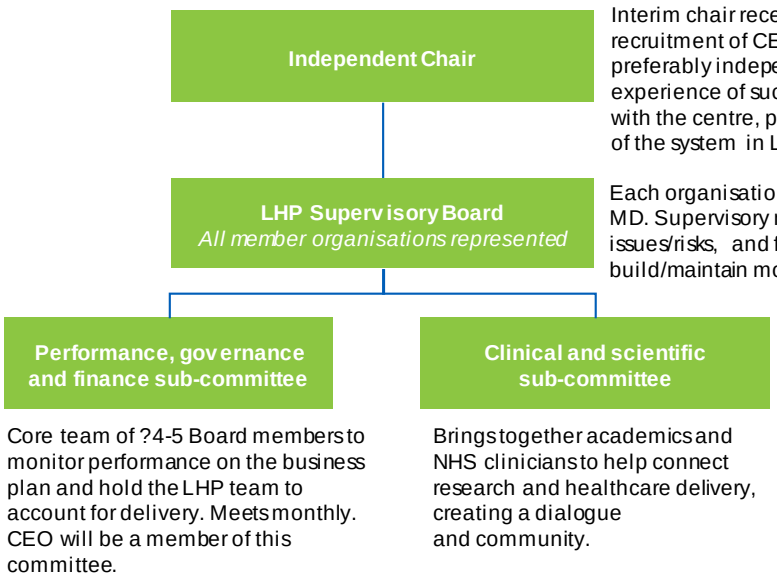
Resources: People and investment

Delivering the ambitions and activities set out will require some substantial changes to roles, capabilities, and financial investment in LHP compared to the current state. We have set out a resourcing model within the business plan that places far more emphasis on LHP's role to coordinate, influence and agitate the system. Many of the roles require strong capabilities in influencing all areas of the system (e.g. NHS frontline staff, senior leaders, academics), as well as leadership and proactivity. Critically important roles to get right that will directly impact on LHP's ability to deliver include: the CEO role, the Director of Research, and the Informatics Lead.

The additional resource requirement also has an impact on LHP's finances and the membership model. We have proposed a membership model that is based on a mixture of: members' footprints within the system and anticipated benefits to different members. We recognise that the initial commitment to this new model will require belief from members in the new strategy and business plan. Without this initial commitment, LHP will not be able to deliver on the promises of a collaborative health partnership/academic health science centre. Following establishment of the new model, LHP should be able to demonstrate more concrete benefits and returns on investment to members to support future commitments.

Governance structure

The new team structure and roles are supported by a new proposed governance structure that will provide stronger grip over LHP's delivery, agile decision-making, and thorough engagement of NHS, wider care economy, and academic colleagues. This structure will need to be supported by terms of reference that clearly set out powers, decision-making authorities, scheme of delegated powers and escalation processes.



Critical success factors

Critical success factors

There is a consensus across the system on the need for an entity such as LHP to exist, and agreement on the imperative to get this right for Liverpool in the form of LHP. LHP members now need to review the new LHP strategy and business plan on its own merits, support iteration to get to a final and agreed plan, and commit to individual members' roles within this. In order to succeed, LHP and members will need to:

- **Demonstrate upfront commitment** – We recognise that LHP has not been as successful or delivered on what members may have hoped in the past. The new strategy and business plan should represent a new era in which LHP's goals, outcomes, priorities and activities are clearly defined; and the previous failings of LHP are not used as reasons not to commit. This will require a leap of faith from members initially, but tangible progress and benefits should accrue within the first year.
- **Prioritise the key areas of focus** - see comments on pages 7 and 8.
- **Have strong leadership** – To keep LHP focused, and relentlessly drive forward progress in order to demonstrate benefits and tangible outcomes to members and the public.
- **Rapidly build trusted working relationships** – To support each other and LHP in the delivery of this plan, and to accelerate cultivation of a collaborative environment for research. This cultural shift can take a long time to build, and members will need to work concertedly on building these relationships in the first instance in order to achieve any noticeable changes.
- **Have strong governance –** LHP's key lever across the system will be influence; emphasising the importance of strong leadership. Strong grip on governance will be needed to ensure LHP members and staff adhere to the strategy and decisions made, and are consistent in their actions and messages.