<table>
<thead>
<tr>
<th>Title</th>
<th>Oxford Academic Health Science Network</th>
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<td>Status</td>
<td>A paper outlining the current work on the preparation on an Expression of Interest to become the Oxford Academic Health Science Network following receipt of the final guidance on 21 June 2012</td>
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<td>History</td>
<td>Previous discussion at Strategic Partnership Board and with potential partners</td>
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<td>Lead(s)</td>
<td>Sir Jonathan Michael, Chief Executive</td>
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Summary

1. The paper reports on a recent meeting between potential members of an Oxford Academic Health Science Network, the issue of the final guidance for the Academic Health Science Networks (AHSNs) and the work now underway to complete the required Expression of Interest by 20 July 2012.

2. Potential members have been asked to confirm their wish to be part of the EoI and to identifying their local CCGs, HEIs and any other relevant organisations and to have local discussions with them as to whether they would be interested to join such an AHSN and willing to have their name associated with the preliminary Expression of Interest.

3. A small group will be established in the OUH involving the MSD and the BRC to draft a preliminary expression for review.

Recommendation

1. The Board is asked to consider the above and to endorse the inclusion of the Oxford University Hospitals NHS as a member of the proposed Oxford Academic Health Science Network in the Expression of Interest.

2. The Board is asked to note that the outcome of the EoI is due on 3 August and the next phase will involve the development of a much more detailed prospectus for submission by 30 September, 2012. This work will also be coordinated within the Trust, working with colleagues from across the potential Network.
3. The OUH hosted a meeting of a significant number of NHS providers (acute, community and mental health) from Oxfordshire, Buckinghamshire, Berkshire and in addition from providers from outside the traditional Thames Valley including those in Milton Keynes, Northamptonshire, Wiltshire, Gloucestershire and South Warwickshire. Bedford Hospitals, Royal Berkshire FT and Heatherwood and Wexham Park FT representatives were not able to attend but indicated their strong support to the initiative.

4. The meeting was held just in advance of the final guidance being issued on 21 June (attached as Appendix A) but the opportunity was taken to discuss the potential nature of an AHSN. Topics covered included the following:

4.1. The importance of building on strong local networks and partnerships within natural health communities and the need to maintain and develop existing clinical and research networks.

4.2. The potential footprint for an AHSN and the potential for membership of more than one; membership of AHSNs would have a resource implication for organisations.

4.3. The importance of flexibility in terms of existing networks and partnership relationships so that these could be maintained, particularly in relation to clinical services, patient flows and research.

4.4. Integration of all aspects of care – acute, primary and community and mental health – and with the development of stronger links with social care, was agreed to be essential.

4.5. Clear objectives for the partnership and a mechanism for monitoring delivery of those objectives should be stated; suggested key areas for focus were agreed to be:

4.5.1. Reducing variations in care across the partnership and improving the patient experience;

4.5.2. Developing collaborative working between individuals and organisations in support of the above; developing and investing in staff and ensuring the transfer of good practice and learning;

4.5.3. Integration of all aspects of health and social care.

4.6. All present were extremely positive about the value and importance of research and the recent focus on clinical and translational research within the NHS through NIHR funding. All present expressed a strong wish to develop research links and work across the network (and the clinical research networks) and recognised that strong and more formal links through a partnership should be a means of simplifying and expediting participation in research programmes and for the translation of research outcomes and innovation.

4.7. The potential for AHSCs to be embedded within AHSNs was considered and it was noted that the health, academic and social care providers within Oxfordshire were in the process of establishing the Oxford Academic Health Consortium which would then be in a position to submit an application to...
become an AHSC during 2013 for accreditation from 1 April 2014. Those present indicated that this would be a positive step to be supported.

4.8. Membership was discussed and it was agreed that consideration should be given to the inclusion of councils in relation to social care provision and also to social enterprise organisations and enterprise partnerships. In addition, the involvement of patient groups should also be considered as it would be important to develop patient engagement.

4.9. The importance of developing and widening local partnerships was recognised: for example, links with schools and education would be best done at local level.

4.10. Funding streams (£10m pa) were considered although it was noted that some of this was likely to be existing money, perhaps already within bodies now subject to sunset reviews.

5. Governance arrangements were briefly discussed and the expectation for a Partnership Board and supporting structures, particularly to monitor delivery of objectives and specific projects, was noted. Further discussions would need to take place on this once the final guidance had been received and the virtual group had been established.

Next steps

6. The deadline for the submission of the EoI is Friday 20th July. The submission is expected to be no more than two sides of A4 but it is also expected to:

“set out the overall vision, strategic goals and key deliverables, and the proposed footprint, membership and affiliated partners of the AHSN. Plans for the linkages with the NIHR clinical research infrastructure, including Clinical Research Networks and CLAHRCs and the shadow Local Education and Training Boards should be described.”

7. All organisations have now been asked to review the guidance, provide a contact to become part of the virtual steering group for the EoI, and to start discussions within their own communities with potential members from clinical commissioners, higher education, social care/councils, social enterprises, industry groups and other organisations. In addition, the organisations have been asked to consider the internal endorsement process for inclusion in the EoI which will be coordinated within the Trust.

8. Specific contact has also been made with Oxford Brookes University, the Oxfordshire Clinical Commissioning Group, and the University of Oxford. A small group involving the Medical Sciences Division and the BRC will be established to draft the EoI for consideration by the wider network; comments have been requested from potential members by 13 July so that the final version can then be prepared.

Recommendation

9. The Board is asked to consider the above and to endorse the inclusion of the Oxford University Hospitals NHS as a member of the proposed Oxford Academic Health Science Network in the Expression of Interest.
10. The Board is asked to note that the outcome of the EoI is due on 3 August and the next phase will involve the development of a much more detailed prospectus for submission by 30 September, 2012. This work will also be coordinated within the Trust, working with colleagues from across the potential Network.

Sir Jonathan Michael, Chief Executive