

# Alliance of science that fosters new life balance

This North-first initiative has the potential to see Bradford help Guildford, hears **Mike Cowley**

If you live in Bradford, Yorkshire, then your lifespan is likely to be 19 years less than that of someone living in Guildford, Surrey. This is nothing to do with quality of healthcare, rather it is the impact of social determinants shaped by the distribution of money, power and resources.

Times, however, are changing and the North is now challenging the long-accepted differential norm by seeking to establish itself as the engine room of health innovation – initially for the benefit of deprived areas in the region, then across the UK, then throughout the rest of the world.

This is not some fuzzy political promise, but is founded in the reality of a body known as the Northern Health Science Alliance (NHSA). Formed before the Northern powerhouse initiative was even a gleam in George Osborne's eye, in many ways the NHSA set the template for what followed, in that it showed how effective collaboration could be within the region.

Just as the Chancellor's idea was to assist in rebalancing the economy, so the NHSA was set up to challenge the imbalance caused by the dominance of the "golden triangle" – Oxford, Cambridge and London – which had effectively eclipsed the health research work going on in the North.

Until the NHSA was formed in 2011, it was recognised that Northern firms in the sector were being regularly, almost routinely, overlooked in terms of deals in favour of their peers in the higher-profile and better-organised South East.

It fell to Professor Ian Jacobs – at the time vice-president of the University of Manchester and dean of its faculty of medical and human sciences, and now vice-chancellor of the University of New South Wales – to be the catalyst for the NHSA and to convince the key players of the benefits of collaboration.

Whereas the South East and Scotland had enjoyed recognition as being home to life sciences clusters, the North of

England had only been looked on in terms of major centres such as Manchester and Leeds.

The North already had, however, all the credentials to challenge what was happening elsewhere. This was shown clearly by the NHSA's initial membership, which comprised the medical schools at the formidable N8 group of universities – Newcastle, Durham, Lancaster, Leeds, Liverpool, Manchester, Sheffield and York.

Collectively, these have more than 19,000 academic staff (14.7 per cent of the UK total), with a research income of over £800 million (19.4 per cent of the UK total), and the universities being joined by the eight research-intensive NHS teaching trusts in the region ensured that here, collectively, was a force with which to be reckoned.

The North also has a burgeoning cluster of life sciences businesses – some 1,000 in all, employing more than 38,000 people and with total exports in excess of £10 billion – and the region leads the UK in terms of the number of clinical trials.

In 2012, the founding universities and NHS teaching trusts were joined by the region's four newly formed Academic Health Science Networks, which proved to be the final piece in the jigsaw in that these networks provided links to the regional academic and clinical specialities not already part of the membership.

Before the NHSA arrived on the scene, the potential of the sector was off the Government's radar, as there had been no joint representation, no voice to make its case, no organisation to be an enabler, nothing that allowed it to work coherently for the benefit of the 15 million residents of the North.

"That's why the North was being overlooked," says Dr Hakim Yadi, chief executive of the NHSA and someone who had built a high-flying career in the "golden triangle" by ensuring co-operation in the health sector across the South East.

Dr Yadi also knew that the NHS was teetering on the edge of a precipice. "With the UK spending almost 10 per cent of its GDP [gross domestic product] on health, and the US double that," he says, "you are obviously aware that this is unsustainable and that a new model for health research and innovation is needed."

Today, Dr Yadi finds himself in charge of trialling that new model in the North.



NHSA chief executive Dr Hakim Yadi: Trialling a new Northern model for health research and innovation



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The NHSA is ensuring that health research projects work across the region, using the best facilities from each of the great Northern cities. Ultimately, the aim is to decrease the time taken for innovations to reach patients. It is a new collaborative model with the potential to be rolled out across the UK to underpin the future of research in the NHS.

Under Dr Yadi's guidance, the NHSA acts as a single portal bringing together the best of what the North has to offer in terms of research, health science innovation and commercialisation. Having never previously worked north of Cambridge, the chief executive was surprised at what was happening in the North when he arrived.

"What I found were effectively eight cities prepared to put aside all their petty differences and work together, which in itself was unique," Dr Yadi recalls. "And they really wanted to do it."

Investment, as always, was the key – and in Dr Yadi the NHSA had found someone who was not only on the money but who also knew how to obtain it, having already helped UK Trade & Investment to develop a private-public sector model for delivering inward investment.

To achieve this for the North, Dr Yadi was aware that the Government of the day needed to be on-side – and the NHSA proved it had achieved that when the Chancellor announced, in the 2015 Budget, a £20m pot to fund the Connected Health Cities project as the initial stage of the Health North programme.

What this involves is the first large-scale use of information to drive reform in health, social and civic care. It is intended to remove what has become a major stumbling block in the health pathway – as anyone who has ever waited for information from a consultant to arrive at his or her GP will testify.

Rather than impose a top-down approach as has happened in the past, things will now be bottom-up with citizen juries across the North being consulted on what information they are happy to be shared – and what they are not. "This can't be done to people, it has to be done with people," as Dr Yadi puts it.

One of the key reasons that the Government has agreed that this trial should be in the North – before, potentially, rolling out the scheme across the UK – is because one of the many fields

where the region's expertise is unsurpassed is health informatics, the key discipline needed to implement the project.

"This all shows the Government has started to recognise what is going on in the North and the fact that it is contributing to the UK economy," Dr Yadi says, "and this has never happened before."

There is further endorsement in that George Freeman, the minister for life sciences, has recently taken to talking about "the golden triangle, Scotland and the North" as being the key players in his sector. However, despite the continued success of health in establishing itself as a powerhouse in the North, Dr Yadi is concerned that the lack of physical connectivity between member cities is limiting its true potential – just as for the Northern powerhouse itself.

"My concern is that there is too much emphasis on improving connectivity between the North and London such as with HS2," he says, "when what is really needed is interconnectivity between our cities up here. Manchester to Liverpool is the same distance as the Central Line on the London Underground, yet it takes so much longer to get between our cities."

"Once this has been sorted out, the quicker we will get to the stage where what we achieve in Bradford will help the people of Guildford."

■ The importance of the four recently formed Academic Health Science Networks in the North cannot be underestimated, which is why the next issue of Super North in *The Times* – to be published on March 17 – will be dedicated to the work done by the region's AHSNs and their growing impact on health in the North through innovation.

The March issue will include interviews with the chief executives, along with close scrutiny of the work done by the AHSNs in key areas such as innovation adoption, providing business assistance and support of digital health and developing a culture of innovation – along with analysis of what this all means for the future of the NHS.