



## ACADEMIC HEALTH SCIENCE CENTRES

### SPECIFIC THEME / WORK PROGRAMME

#### 1. DETAILS OF THE PROPOSED ACADEMIC HEALTH SCIENCE CENTRE (AHSC)

**Name of the English NHS Provider/University Partnership:**

Cambridge University Health Partners

#### 2. THEME / WORK PROGRAMME

**2.1 Name of the theme/work programme.**

Theme 2: Philanthropy

**2.2 Aims and objective of the theme/work programme.**

Our vision is that philanthropy will provide the additional investment and strategic freedom which will enable us to deliver the best possible care for our patients now and in the future, and to achieve our potential to make a global impact on human health.

The overall aims of the work programme are to achieve a step change (at least a doubling) in our income from philanthropy and to drive bottom-up imagination, engagement and creativity within our organisations.

This will be delivered through three specific workstreams:

- (1) Development of a series of visionary investment plans which would create the appropriate infrastructure and resources to deliver outstanding patient care and perform world-leading research
- (2) Creating a transparent framework for prioritising strategic investment decisions
- (3) Highly-effective fundraising.

**2.3 Description of how the proposed theme or work programme will contribute to the aims of the AHSC.**

CUHP's aim is to be world-leading in patient care, research and education. We are well placed to do this, and have an extremely strong track record. The Cambridge Biomedical Campus provides us with exceptional opportunity, but exploiting this potential will require major investment. For example, our plans for new research buildings alone involve a commitment from the University (totalling ~£155m) with a current requirement to raise ~£65m from other sources. A number of our clinical facilities clearly require major capital investment and/or replacement. The NHS organisations in CUHP are each facing tough financial challenges, and have worked hard to prioritise critical investments, including e-Hospital for CUHFT and

PHFT, and the costs associated with building a new hospital on the CBC for PHFT; they have minimal headroom for further capital spending. In this context, it is critical that we become highly-effective in raising money from other sources. An external review by Grenzebach Glier and Associates (GG+A), philanthropic management consultants, concluded that CUHP should be able to double its income from philanthropic sources. Their opinion was that we have enormous untapped potential which would be realised if we bring together our research and clinical ambitions to develop compelling narratives which convey the ability of scientists and clinicians to work together to solve important problems. This theme will be particularly powerful in promoting CUHP's approach of harnessing "bottom-up" creative engagement from across the hospitals, university, patients and the public. An exemplar of what such a vision can achieve is the Wellcome Trust-MRC Institute of Metabolic Science (IMS) led by Co-Directors Professors Sir Stephen O'Rahilly and Nick Wareham. Purpose built clinical and laboratory facilities were opened on the Biomedical Campus in 2007 and bring together research, education, prevention and patient care in the areas of obesity, diabetes and related diseases, all of which are major and increasing threats to global public health. Almost a quarter of all adults and one in five children in the UK are considered obese, and these numbers continue to increase. Obesity significantly increases the risk of developing life-threatening conditions such as Type 2 diabetes, cardiovascular, gastrointestinal, osteoarticular and reproductive diseases, reducing both quality of life and life expectancy of affected individuals. The IMS provides outstanding clinical facilities including specialised services for childhood obesity and the national referral centre for severe insulin resistance. These are fully integrated with world-leading research bringing together clinicians, laboratory and clinical scientists and epidemiologists to forge the multidisciplinary links that will improve understanding of the causes and consequences of these conditions and allow advances in basic science to be rapidly applied to improving patient care and disease prevention. Since its formation IMS scientists have made numerous discoveries identifying genetic variants and mutations that contribute to obesity, the mechanisms by which they influence behaviour and metabolism. Several of these are being investigated as potential therapies. Recently the Wellcome Trust and MRC made a joint £15m Strategic Award to the IMS, including funding for new dedicated clinical research facilities, and on 1<sup>st</sup> May the MRC Epidemiology Unit became a University Unit within the School of Clinical Medicine.

**Workstream 1:** Development of a series of visionary investment plans and a framework for prioritisation. The CUHP Board will invite applications from potential programmes which should outline a compelling vision across the tripartite mission and include realistic investment plans that would lead to the vision being realised. Potential programmes will be identified on the basis of (a) the seriousness and extent of unmet population need (b) our research strength (c) the degree to which additional investment is required based on our current facilities. CUHP has determined that it will invite initial applications for six programmes; cancer, neurosciences & mental health, heart & lung disease, infection & immunity, regenerative medicine and population health. The Board will assess the applications against specified criteria, including the extent to which the theme demonstrates strategic vision, cohesion across disciplines and involvement of the patients and public. It is envisaged that this will be an iterative process in which potential themes will refine their vision and investment plans.

**Workstream 2:** Optimising the structure of our fundraising and charitable organisations. Three of the four CUHP partners have extensive experience of fundraising in their own environments, with the Addenbrooke's Charitable Trust and Papworth Hospital Charity focussing mainly in the areas of community fundraising, whilst the Cambridge University Development Office (CUDO) has an established track record in the area of major gift fundraising. The CUHP Board's current view is that integration between the CUDO, Addenbrooke's Charitable Trust and Papworth Hospital Charity is likely to be the most effective structure in the longer term. There are a number of issues that need to be fully explored before final decisions are taken. A project is now underway to work through these issues. In the meantime the workstream is implementing measures to ensure that the fundraising operations are coordinated effectively and work together seamlessly.

**Workstream 3:** Highly-effective fundraising. This workstream will develop the ability of our staff to work with fundraising professionals to present our narratives to potential donors in the most compelling way, and will build engagement with the community and potential prospects. Ahead of the development of the completion of new investment plans, prioritisation process and the potential formation of a single CUHP Charity, the partners have identified pilot projects on which partner organisations can work together to develop their fundraising capability. The first is for a new Heart and Lung Research Institute linked to the anticipated new Papworth Hospital on the Cambridge Biomedical Campus – enabling a major expansion of cardiorespiratory research in Cambridge. Cardiorespiratory research has seen significant growth in Cambridge over the past 15 years. The University now has five British Heart Foundation (BHF) professorships and three Chairs in respiratory medicine. The creation of a new Heart and Lung Research Institute (HLRI) by the University and Papworth Hospital, to sit alongside the new Papworth Hospital which is anticipated to relocate to the Cambridge Biomedical Campus would expand this yet further. The HLRI will

provide a virtuous cycle of discovery by bringing together researchers of different disciplines – basic, clinical, population science – and adding a specialist R&D unit to cover every step in the chain from fundamental research through to drugs and devices being used in patients. The Institute will allow for significant expansion of basic and clinical research capacity, with 40% new recruitment over and above existing staff levels, as well as enable the co-location of research groups that are currently dispersed across Cambridge. The research portfolio of the HLRI will be drawn both from the University, where the cardiorespiratory research portfolio amounted to £164 million in research grants from sources that include the BHF, Medical Research Council and Wellcome Trust, and Papworth Hospital. The second is to apply a personalised approach to breast cancer treatment. Recent landmark studies from Cambridge have identified that breast cancer can be categorised into at least ten different diseases. This marks a significant step paving the way for doctors in the future to develop effective treatment plans in a much more precise way than is currently possible. In collaboration with CUDO, Addenbrooke's Charitable Trust is planning a fundraising campaign to implement this in the clinic, and support a new programme of advanced genomic analysis and individualised treatment which will form the basis of iterated trials developing targeted treatments for each category of breast cancer.

#### **2.4 Description of how the proposed theme or work programme will contribute to the further integration of research, health education and/or patient care and how this will lead to improvements in patient care.**

Expanding our philanthropic fundraising will be a major contributor to our vision of an integrated AHSC in several ways, including the following.

(1) we have often thought separately about strategic planning for clinical facilities and investments in education or research which has contributed to fragmentation. In the future, we will adopt a coherent approach that extends across the different elements of the tripartite mission. We consider that over time this will transform our ability to leverage our strengths across research, education and clinical care. Importantly, we envisage that working together to develop clear investment plans will bring early benefits in terms of integrating different communities and perspectives.

(2) we require additional capital for two main reasons. First, a number of our existing facilities are not fit for purpose, or are nearing the end of their life. Our ability to deliver will be enhanced by upgrading these to state-of-the-art facilities. Second, we wish to exploit the full potential of our campus by making major new investments, such as the new laboratory for Stem Cells and Regenerative Medicine which will aim to utilise the extraordinary recent insights into cellular plasticity for patient benefit.

#### **2.5 Description of how the theme/work programme will involve and enhance multi-disciplinary and multi-professional working.**

Our aim is for each theme to be a major driver of multi-disciplinary engagement at all stages, including developing the vision, drawing up investment plans, refining the application and contributing to fundraising.

#### **2.6 Description of leadership and key individual and organisational contributors with responsibility for delivering the theme/work programme.**

This programme is led by a CUHP Charity Project Board which is a sub-committee of the CUHP Board of Directors.

The Project Board is responsible for ensuring delivery of the theme and is chaired by Cambridge University Hospitals Chief Executive, Dr Keith McNeil.

The group comprises Chief Executive or Chairman representatives of the four CUHP partner organisations and leaders of the NHS Charities and University Development Office. In addition legal and HR advice is provided by the University of Cambridge. The Project Board is supported by a project manager.

The fundraising prioritisation group is Chaired by Stephen Bridge, Chief Executive of PHFT and attended by key individuals and fundraisers and development directors from each of the CUHP organisations and associated charities. This group is responsible for setting the criteria by which projects will be selected for joint fundraising and ensuring that projects support the CUHP aims and objectives.

