



University Alliance and UWE Bristol roundtable

Building healthy cities: the role of universities in the health ecosystem

University Alliance and UWE Bristol organised a roundtable event on the role universities in the local and regional health economy. The discussion took place in Bristol on 14 March 2016 and brought together academics, politicians, practitioners and business representatives from across the South West. It was chaired by Professor Steve West, Vice-Chancellor of UWE Bristol.

The event marked the recent publication of the University Alliance report *Building healthy cities: the role of universities in the health ecosystem* which contains a detailed case study on the Bristol City Region health and care community. This is the first report in UA's Regional Leadership series and will be followed by three further publications on skills, opportunities, and research and innovation later in the year.

The event was divided into three thematic sections drawn from the report. This document provides an overview of the discussion.

- 1. The contribution of research activity to health and wellbeing in the areas of planning, design, construction and engineering
- We need to persuade academics in other non-health specific fields that they have a role to play in public policy. The cross-cutting nature of health and wellbeing challenges requires cross-faculty working.
- To promote healthy and active lifestyles, we need to focus on the physical environment e.g. healthy spaces in which to work, walk or cycle as well as air quality and food. We also need places that are adaptable to different needs including those of an ageing population. None of this will be achieved without the involvement of planning, design, construction and engineering academics.
- Research in these areas needs to be placed in the context of practice. We need a research and innovation system, including funding, that supports and promotes interdisciplinarity and the development of a transdisciplinary knowledge base.
- Evidence is not by itself enough. Good policymaking needs delivery mechanisms – such as an effective planning regime – and political drive in order to achieve change.
- The West of England Local Enterprise Partnership is involved in the development of a Joint Spatial Plan and Transport Strategy across the four local authorities in the region. There is an opportunity for academics to feed into these long-term initiatives and a desire for that to happen. For example, a study at UWE Bristol





identified a proactive approach to planning in the German city of Freiburg – can this be replicated in Bristol?

- There was a call for universities and other actors in the local economy, such as health providers and local authorities, to learn how to be "multilingual", rather than working in their respective silos. It was suggested that one way of achieving better communication between sectors is to move people around more through secondments and joint appointments.
- There is also a case for university leadership to "nudge" planners and policymakers to adopt and apply research findings.
- Universities were urged to facilitate collective action with funding attached. This might include "sandpit" workshops aimed at addressing local health and wellbeing challenges.
- There are signs that research funders (e.g. Wellcome Trust) are looking at the built environment impact on health and wellbeing and the importance of early stage involvement in the planning and development process. These opportunities must be actively sought.
- 2. The role of universities in providing local leadership in integrating and working with other organisations to ensure health and wellbeing provision is responsive to the needs of the local population the role of universities in providing local leadership in integrating and working with other organisations to ensure health and wellbeing provision is responsive to the needs of the local population
- Leadership can be understood in different ways. In the context of health and wellbeing provision, universities can "facilitate" and "support", rather than "lead" per se.
- Universities' role in the local health economy has to be connected to existing statutory structures such as Clinical Commissioning Groups, NHS Trusts and Health and Wellbeing Boards. It is important that this relationship is transparent.
- Universities can offer a different, often longer term perspective on health and wellbeing issues. Health providers (for example) will typically be preoccupied with short-term funding or operational challenges.
- As anchor institutions that stand the test of time, universities are well placed to be custodians of long-term projects. An example is the Bristol Green Capital Partnership's Resilience Network.
- To achieve a fully integrated health and wellbeing system that addresses both short and long-term challenges, there needs to be joint ambition and the right





delivery mechanisms. Bristol is said to "struggle" with the joint ambition but there is role for universities as regional anchors to bring people and institutions together.

- Human resource needs to be shared between institutions to enhance understanding and communication. Participants agreed that there needs to be more flexibility in letting academic researchers work in a council planning department or Clinical Commissioning Group one or two days a week or go on secondment.
- 3. Teaching and educating the current and future health and care workforce
- The main topic of discussion in the final section were the forthcoming reforms to nursing, midwifery and allied health education which will move students off NHS bursaries onto loans and remove the student numbers cap.
- The reform package will mean that health and care employers will be able to increase their number of training places. It will also allow for contractual relationships with universities to be built including working across county borders and the development of apprenticeships.
- One challenge will be for regions like Bristol and the South West to remain attractive to prospective students. They could choose to study elsewhere.
- Another is around workforce planning. There will need to be data gathered from employers that enables us to identify the workforce needs of the local health economy.
- Concerns also exist around the impact on the most fragmented, hard-to-run services which already suffer skills shortages and the ability of NHS managers to deliver these reforms (due in 2017/18) alongside their day job. As one participant put it, bosses "rarely come up for air".
- A further risk is to do with the diversity of the applicant pool. Student nurses are more likely to come from disadvantaged backgrounds and typically mature entrants. The average age of a student nurse is 28. The prospect of loan debt could deter individuals with these characteristics from applying. Issues like the junior doctors' strike could compound the problem because it portrays the NHS as an unattractive career choice.
- The reforms should include thinking about the current health and care workforce as it contains individuals who will be in work for the next 20 or 30 years.
- We need to look beyond ill health models towards "generating health" in workforce planning. This requires more specialists in preventative medicine.





- Health and care practitioners and managers should be taught entrepreneurial skills. We need these sorts of competencies to sustain a free-at-the-point-of-use health service.
- 4. Towards health devolution and a longer-term thinking
- While one of the downsides of devolution "is you have less capability to deal with significant issues that used to be dealt with elsewhere", there is an opportunity for regions like the West of England to design their own blueprint.
- It might be better if health was not included in a devolution package as "we'd spend all our time making the budget work". More powers to develop a healthier built environment and transport strategy might be preferable.
- Finally, it was suggested that since a five year horizon the term of one parliament is too short. It might be helpful if universities could play a part in a royal commission on the affordability and sustainability of the health service which would inform a decades-long strategy that all parties sign up to.