Reimagining the relationship between universities & the NHS

A guide for building and sustaining local, place-based collaborations

Civic University Network

NHS Confederation

Foreword

Across the UK, universities and NHS organisations work alongside a range of other critical partners to improve the health, wealth and wellbeing of their local populations. Together, we play a leading role in growing the health and care workforce of the future; carrying out ground-breaking research and innovation, supporting new businesses, striving to provide equitable access to healthcare, and improving our collective understanding of how to live longer, happier and healthier lives.

The fruits of this partnership are needed now more than ever. The pandemic has exacerbated the existing inequalities within our society and highlighted the critical inter-dependencies between health, the economy, and wider wellbeing. NHS organisations and universities share common values but also the common ability to bring real, lasting impact for communities. We are all major employers, organisations with significant procurement budgets and important reputational worth which reaches beyond our boundaries. It will not be enough for individual organisations simply to support short-term local recovery – we need to collectively create positive impact, through integrated planning and delivery across our respective areas, so that we can build back better.

By working together differently, imagine how much more place-based benefit we can bring. A more deliberate, strategically aligned approach to collaboration is more important than ever before.

Over the past 12 months, invited leaders from different sectors have reflected on how to foster more collaborative and impactful local partnerships. Aligning purposes and cross-organisational outcomes, prioritising co-development, or practising subsidiarity; this report is the culmination of those conversations and recommendations. We hope this report enables you to develop even more productive relationships within your local place – leading work that inspires, motivates, and demonstrates tangible impact – and helps to place civic partnerships at the heart of national ambitions to 'level up'. We are more certain than ever that now is the time to unlock our collective power and make a positive change.

Dame Jackie Daniel, CEO of Newcastle upon Tyne Hospitals NHS Foundation Trust
Professor Shirley Congdon, Vice Chancellor of Bradford University
Professor Steven West CBE, DL. Vice-Chancellor, President and CEO of University of the West England, Bristol

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Facilitated & produced by

Civic University Network

The Civic University Network supports universities to explore their vital role within their local society and economy. The Network shares best practice, produces resources and toolkits, and brings together those leading civic work, and supports universities to develop Civic University Agreements.

The Network is delivered by Sheffield Hallam University and supported by the National Coordinating Centre for Public Engagement, the Institute of Community Studies and partner institutions across the UK (Newcastle University, Queen Mary University of London, University of Birmingham and the University of Glasgow).

Learn more at www.civicuniversitynetwork.co.uk.

NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

Learn more at www.nhsconfed.org.

Introduction

Reimagining the relationship post-COVID, not simply resuming it

The relationship between universities and NHS organisations is one of the oldest, strongest and most valuable local partnerships in the UK, with institutions working over many years to help their local populations to be both better and better off. With the success of the COVID-19 vaccine development and roll-out, you could argue this relationship has never had a higher profile. So why the need to reimagine it?

The ongoing impact of the pandemic and the emerging focus on rebalancing the economy is prompting anchor institutions to explore their wider civic impact and better understand their role in supporting communities in place.

Universities and the NHS have played a leading and public role in the clinical, economic, cultural and social response to COVID-19. With place now at the heart of how our sectors plan and prioritise, now is the time for something different.

Rather than simply resuming our relationship where we left it, are refreshed values and new forms of collaboration, built on place-based leadership, needed post-pandemic?

> "This is about co-creating the next stage in our relationship, not convincing people of its importance"
> *University Vice Chancellor*

Successful local collaboration cannot be mandated nationally. It is nuanced, complex and must be designed to overcome changes in perspective, culture, politics, policy and personnel.

This report is intended to guide university and NHS leaders across the

UK as they influence local change. It outlines five key principles which, taken together, can help to reimagine and reinvigorate this relationship – co-creating a renewed, post-pandemic partnership that puts place first.
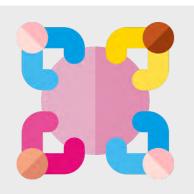
Each principle is accompanied by quotes from those who attended a series of roundtables, questions to ask as collective local leaders, and examples of innovative practice from across the UK.

As national bodies, the NHS Confederation and the Civic University Network will continue to champion, challenge and complement this relationship.

> "As the understanding and awareness of inequalities has increased, so has the sense of place and community. Our role now is to recognise why we are working together."
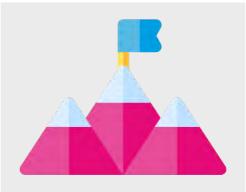> *NHS CEO*

Five principles for reimagining partnerships

1: Collaborate & co-develop consistently

Universities and NHS organisations share many common values on which to collectively build a post-COVID vision. Collaboration and co-development shouldn't be seen to drive benefits for individual institutions, but instead be the standard by which we hold each other to - consistently honest, challenging & supportive. While good governance matters in the longer term, there is a need to first focus on trust, generosity and a shared language.
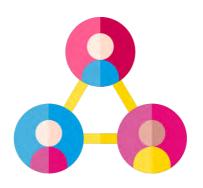
2: Recognise our role as part of an anchor network

Both universities and NHS organisations play a critical role in the local economy and society. As employers, buyers of goods and services, drivers of entrepreneurism, contributors to sustainability, and civic partners – alongside others such as further education, local government, the charity and voluntary sectors, business, and the power of community organising - we matter. Through better local networking, this anchor role needs to be explicitly recognised and the impact on communities collectively felt.

3: Commit to building the future

The actions of universities and NHS organisations today will have a significant impact on the health and wealth of tomorrow. Together, we can create initiatives which enable local economies to thrive; drive the discovery and translation of new knowledge and creativity; help to build a future workforce; and enhance health and wellbeing across communities. More than this, we have a wider societal role to challenge where policy, practice or partners fall short – leading by example and committing to building the future.

4: Prioritise inclusivity

Understanding and awareness of the stark inequalities faced by people living in the UK has increased, coupled with a stronger sense of place, identity and community. Other local partners will rightly look to universities and NHS organisations to lead on inclusivity through our words and in our actions. First we need to ensure our own work is equitable and inclusive – including access to healthcare, learning and employment opportunities, and critically, opportunities to be involved in key decision making.

5: Measure impact

At the heart of place-based leadership is the need to define and evaluate collective work within a region, share learning across sectors, and amplify real-life impact – from vaccine confidence through to everyday NHS services. The role of our universities and NHS organisations in both shaping local priorities and defining what success looks like is important. In particular, the power of our research is needed to evaluate and amplify real-life changes.

1: Collaborate & co-develop consistently

Universities and NHS organisations share many common values: they care deeply about people and better lives; excellence in service, research, teaching and outcomes; future innovation; and equity and inclusivity.

The impact of the pandemic has highlighted the opportunity and responsibility to build on shared values, collaborating in a people-centred and place-sensitive way to broaden impact. In many places there remains a lack of consistency in how NHS organisations and universities interact, with the relationship often more project- than place-led. While good governance is always vital for the long-term, there is a need for this to be underpinned by trust, generosity and a shared language across different sectors and cultures. Reimagining this relationship should build on what already exists locally and take advantage of emerging opportunities to co-develop stronger partnerships as places recover.

Systems-based working will push universities, local government and NHS organisations to collaborate in new ways within and across traditional sectoral lines. Leaders should be reflecting on the potential opportunities ahead as the policy landscape develops. The new Integrated Care Systems (ICSs) propose strategies to improve population health, and these will require the full breadth of what universities have to offer – particularly if we are to truly deliver impact-driven solutions, and not simply those familiar to the NHS. Similarly, there should be overlap between the emerging Research & Development landscape and new provider collaboratives, through which NHS organisations can operate at scale, deliver specialist care effectively and provide equal access for populations.

An important enabler for this new form of local collaboration and co-development is the power of data. Universities, NHS organisations and local government could all take a bold stance on sharing and understanding local data as the basis for a new partnership.
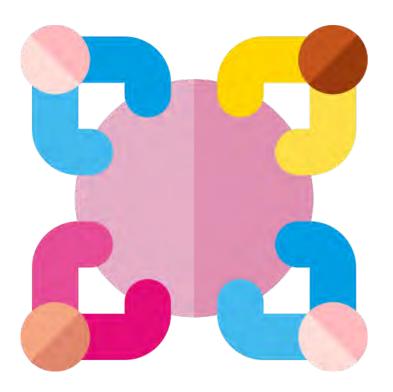
In their own words

"Often the NHS will approach management consultants, rather than local university, for innovation work. We are not seen as the 'go-to' partners. How can we change this?"

"Universities and NHS organisations need to be beacons of and advocates for the values they espouse: equality, diversity, fairness, probity and good governance. These are hugely important parts of the national psyche and international reputation. Short-termist actions in other areas of national activity are undermining this. The University-NHS axis could be really powerful. Making these principles known and understood within place is going to require some serious collaboration."

"There will be tensions in our work around the education and training pipeline. For example, some universities support the fuller goal of addressing unemployment, but others just want to produce good graduates. How can we align training, employment and place; from planning through to workforce?"

In their own words

"Our collaborative work should be governed by three tests: (1) does it scale, (2) is it good practice we want to adopt, and (3) is it a wicked issue we want to solve together?"

"A demand-led approach is critical to research. What are the problems NHS and ICSs face and how do we bring teams together in universities across our full breadth to co-create solutions?"

Taking the first step

- Is the higher and further education voice being heard in the development or delivery of your local Integrated Care System? Are their representatives part of the local (e.g.) ICS Partnerships Board?

- Does your organisation use or contribute to local Joint Strategic Needs Assessments to drive changes in policy and practice? Are populations relevant to your organisation (e.g. students) factored in?

- How involved is primary care in your local NHS-university relationship?

- Does your organisation share data, or have a data-sharing agreement with your local university, NHS Trust, or council?

Learning from others

The Lighthouse Lab UK is the biggest diagnostic lab network in British history, developed as part of the UK's national testing effort in response to COVID. The Integrated COVID Hub North East is the first of its kind in the UK and aims to deliver accurate and fast testing, cutting edge science and robust data analysis. The hub is a partnership between NHS organisations, Newcastle City Council, local universities, public health and industry.

Swansea University and the two NHS Health Boards serving the population of South-West Wales (Swansea Bay University Health Board and Hywel Dda University Health Board) have established a formal collaboration: ARCH (A Regional Collaboration for Health) to pursue place-based opportunities together. These include research, enterprise and innovation, skills and workforce, health and wellbeing, and regional approaches to service provision, transformation and recovery following COVID. ARCH was the vehicle for the University and NHS to ensure that the Swansea Bay City Region Deal, bringing over £1.3bn investment to our communities, had improving health, wealth and wellbeing of citizens at its core.

2: Recognise our role as part of an anchor network

Universities and NHS organisations both play a critical role as anchors within their local economy and society: as significant employers, buyers of goods and services, drivers of entrepreneurism, contributors to local sustainability, and civic partners. They are part of a larger anchor ecosystem with further education, local government, the charity and voluntary sectors, business, and the power of community organising.

The rollout of the COVID-19 vaccination programme has demonstrated the power of working across a local network. The UK has benefited from rapid research, translation and implementation which would not have been possible without high levels of participation, volunteering, co-leadership and coordination across a region.

Anchor networks more broadly, and the decisions their constituent parts take, will be at the heart of local economic and social recovery and should be a foundation on which the longer-term vision for population health planning is based. Understanding and adapting the ways universities and NHS organisations work together to best support, influence and deliver change should be a priority for leaders.

Employment presents a clear first step. As two of the most significant local employers, NHS organisations and universities need to be model employers that prioritise diversity and equality, offer opportunities to learn and develop, and advocate for mental wellbeing. Real action will support the immediate post-COVID recovery and develop the trust necessary to ferment longer-term local partnerships that deliver for a place.

In their own words

"To be impactful across our systems, we need to have vertical and horizontal alignment – this will ensure our collective power is harnessed."

"Universities often focus primarily on teaching hospitals, but that is not where the future of health gain will be."

"There are many barriers to going to university. As a GP, many young people are connected to surgeries and there might be more than Primary Care Networks (PCNs) could do to foster that relationship. There could be a dual role for universities and primary care in helping to create a workforce post-pandemic, and co-create practical community solutions."

"We both matter hugely to the local economy, but don't always present a joint face when talking with our partners."

Taking the first step

- Do you have local networks made up of higher education, the NHS, local government, further education, and the voluntary and community sectors?

- How much does your organisation procure locally? How does this compare to your national spend, and are there opportunities to maximise the local social value of your procurement?

- Do representatives from your university contribute actively to local Health and Wellbeing Boards? Does the NHS sit on the Local Enterprise Partnership board?

- Is your organisation a Living Wage employer?

In their own words

"Universities can create communities of health service users, yet at the same time provide anchor status as employers and educators to inspire and retain social mobility. This makes them a key asset in reducing inequality."

"The reputation of our geography matters to us and we matter to it."

Learning from others

The Coventry and Warwickshire Place Forum involves leaders from across health, care and wellbeing sectors, local NHS services and universities, NHS England and the Coventry and Warwickshire Integrated Care System. The Place Forum has developed an 'alliance concordat' to describe how partner organisations will prioritise prevention, strengthen communities and share responsibilities.

Co-chaired by Vice-Chancellor, Professor Shirley Congdon, the partnership of Bradford District and Craven anchor institutions connects academic and health and social care organisations. In bringing together leaders from across Health, Social Care, Further Education and Higher Education to work in new and different ways, the partnership's intention is to have a positive impact on health and social care recruitment, education, research and innovation, and to drive health, wellbeing and economic prosperity in Bradford District and Craven.
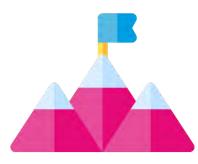
3: Commit to building the future

The actions of universities and NHS organisations today will have a significant impact on the health and wealth of communities tomorrow. Together, they can create initiatives which enable local economies to thrive; drive innovation through the discovery and translation of new knowledge and ideas; and help to build a future workforce through skills and job opportunities – both for the local population and those who choose to stay after their studies.

As successive governments experiment with varying forms of decentralisation, universities and NHS organisations have a wider societal role to challenge where policy, practice and partners could better align with public benefit.

Regional disparities in productivity across the UK are becoming ever more entrenched, manifesting in worse outcomes, poorer health, fewer qualifications and less income for many. Universities and NHS organisations could help to make the reverse a reality. Talking about global impact when local inequalities are increasing is meaningless to the communities we serve. A coordinated, mission-led focus on how innovation can support local economies and extend opportunities across communities should be central to future partnerships.

To support this, there is a need to understand and employ the leadership qualities most aligned to place-based working. Organisations need people who think beyond their institution and about the communities they serve, and programmes to support transferrable skills across sectors within a place could be key.
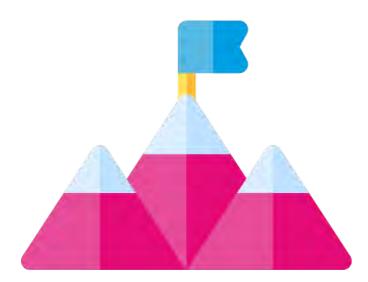
In their own words

"Social care is a critical issue, but there is no client demand for university courses due to the profession not being paid or recognised well enough – what could we do here?"

"It is vital that children and young people are involved in the decisions that large organisations make; they face critical issues in light of COVID and will bring insight and creativity into future solutions."

"We need to rethink the notions of leadership and management. What does a principle around leadership mean where role transcends university or NHS? This will be the route to shifting genuine outcomes for people,"

"Local place-based actions can create resilience against major economic forces beyond local control"

Taking the first step

- Do you have access to place- or systems-based leadership programmes, or cross-sector secondment opportunities? If not, can you co-develop them?

- How involved are you in emerging local plans related to the Levelling Up agenda?

- Are joint funding opportunities available to help address local inequalities?

- Are there opportunities for experts within your organisation to provide advice to others within your local area, helping to guide policy decisions?

Learning from others

The Frimley Leadership Programme and the Leaders in Greater Manchester programme both aim to develop place-based, collaborative forms of leadership. A report of their impact, commissioned by the NHS Leadership Academy, can be found here.

The University of Bradford, Yorkshire Universities, and the Harrogate ICS are sharing data and insight in order to develop a Workforce Observatory. This platform will help guide decisions around health and social care workforce management, including skills and learning needs.

Northampton University has been working closely with the new unitary authorities in Northamptonshire through the creation of the Integrated Care System. This has resulted in a single Research and Innovation lead for the University Hospitals of Northamptonshire (UHN) NHS Group. The Northamptonshire Director of Public Health and UHN are keen to improve the research capability and culture of staff in their organisations and the University is supporting this through its membership of the Northamptonshire Population Health Management Board Research and Innovation sub-committee.

In their own words

"The combination of identity of a place and the quality of its leadership matter. We need people who think beyond their institution, about their impact on communities. Our leaders should be transferable across a place."

"The NHS is looking at international recruitment and universities focus on international students – we can't forget local impact, local recruitment and upskilling.
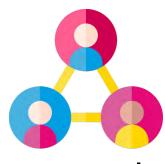
4: Prioritise inclusivity

Social justice sits at the heart of the NHS-university relationship. Both strive to provide equitable access to healthcare and education; encourage creativity and discovery; embed inclusive practice across teams; tackle discrimination and support evidence-based decisions.

Today, there is an increased understanding of the stark inequalities faced by people living in the UK, coupled with a stronger sense of place, identity and community. Universities and NHS organisations have a responsibility to ensure their work is inclusive and equitable – from access to learning and employment opportunities, to the involvement of patients, beneficiaries, and people who use their services in key decision making.

This could involve sense-checking strategic priorities with local leaders, or sharing practice and knowledge in forums which go far beyond peer-reviewed journals. It could involve acting as joint educators and employers for the local area, ensuring young people can see their routes to education and employment – through degree apprenticeships, foundation courses, partnerships with further education, or greater visibility of existing opportunities.

We must look inwards, ensuring our own organisations have the processes in place to understand how we are developing and supporting more inclusive behaviours at all levels. Others will rightly look to the NHS and to universities to model this form of leadership in the coming years.
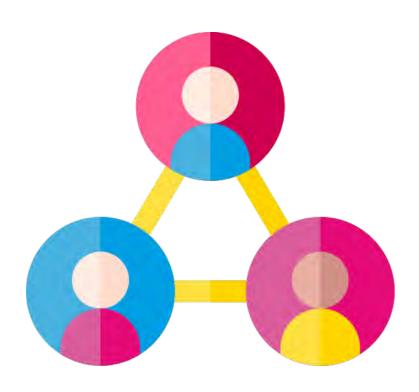
In their own words

"There is a need to consider towns that don't have universities nearby. In our town those most in need of higher education are furthest from it."

"There is a need to sense check who is part of the conversation, and ensure it is held in multiple forums in accessible ways. Too many people are not recognised for their knowledge, insight and experience."

"If we want to be best placed to support our local communities, we have to be open to tackling our more entrenched issues that we have in our own sectors and institutions in terms of equality and diversity."

"We need to reflect on our civic responsibilities and seek to truly understand them."

In their own words

"A shared commitment to equality, diversity and inclusion must be a cornerstone of our reimagined relationship."

"The acceleration of digital services has helped many people, but it sadly disadvantages a significant minority who were already disadvantaged by analogue healthcare. It's critical for us to consider digital inclusion support alongside investment in digital healthcare."

Taking the first step

● Is your organisation undertaking or contributing to research to inform local or regional policy?

● Does your organisation consult or involve a diverse range of local residents or organisations in its work and strategic decisions?

● Are there opportunities for non-traditional joint learning opportunities for local residents between your local university and NHS organisation?

● What recruitment practices are we using to increase our own diversity and understanding at all levels of our organisations?

Learning from others

Having an open, trusting dialogue between local residents and the university is a priority for Queen Mary University of London. They host an annual Festival of Communities for families in Tower Hamlets (east London), and are home to the science education centre Centre of the Cell and one of the world's largest community-based genetics research studies (East London Genes & Health).

Healthier Fleetwood aims to make a connection between the town's residents and local services and support, as a means to improve health and wellbeing. The success of this approach and its impact on health has been reflected in encouraging trends for reduced GP and A&E visits by Fleetwood residents, recognised by awards from the NHS, and extensive positive media coverage. Following the existing Fleetwood-Lancaster University partnership, a new project aims to capture the impact and reflect on personal stories of Fleetwood residents and other stakeholders, in order to develop an impact case study for replicating benefits to other UK towns.

5: Measure Impact

At the heart of place-based leadership is the need to evaluate collective work within a region, share learning across sectors, and in turn amplify impact – from vaccine confidence through to everyday NHS services.

Research has the power to evaluate and amplify real-life changes. Organisations can work together to learn, make continuous improvements, and ensure new evidence is accessible to everyone. Researchers, healthcare professionals and the public can be involved in service evaluation, bridging the gap between discoveries and everyday treatments and ensuring the benefits of research reach beyond hospitals into local communities.

Universities and NHS organisations can work with their local 'anchors' to collect, share and learn from meaningful data, and use it to develop an impactful place-based strategy with measurable targets. Not just about health, but collective environmental footprints, learning and training needs for future workforces, migration patterns, or urban planning.

Across too may sectors at present, what matters is what we measure. Together NHS organisations and universities must play a leading role in turning this way of thinking on its head - enabling local partners to narrate and evidence the story of how we have brought positive impact to our communities.
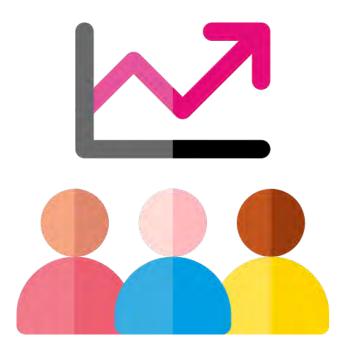
In their own words

"Whilst every Vice Chancellor or NHS CEO would argue passionately that it's an imperative to create a better place for our people, that makes it better to live and an atmosphere of positivity where we can prosper, we just aren't incentivised to do this."

"We need to work harder to make a 'living relationship' between health research and practice. It's puzzling that the role of university academics as experts at a local level has been underplayed – they have a big part to play on national and global committees, yet are not known by local partners."

"We need to focus on the long-standing structural inequalities and be humble enough to realise that research on evaluation is more beneficial than producing more evidence on what we already know."

"How do we experiment with new models of partnership? Important we have the process, space and methodology to transform new partnerships into formal structures that work."

In their own words

"Whilst we overlap in terms of how we work, we're not governed or affected by the same contexts. We need to be ambitious and come together around a shared agreed agenda and commit to it. Understand subsidiarity, embrace diversity of thought and experience, use governance that exists already rather than create something new and let's get on with it."

Taking the first step

- How does your organisation support the health and wellbeing of its localities and communities? Does your organisation have specific priorities, or measures of success? Are these shared or developed with partner organisations?

- Does your organisation undertake research into evaluation methods, to support the translation of existing evidence into effective policies?

- Does your organisation teach its staff or students about how to effectively evaluate, and translate learnings into practice?

- Have we actively shaped the local strategic economic priorities with evidence-based data?

Learning from others

The Civic University Network has developed a Civic Impact Framework to help universities to assess their civic impacts and examine how to improve, focusing on internal processes and strategies. The framework identifies seven core areas in which universities have an impact within their place, including health & wellbeing. The Health Anchors Learning Network is delivered by Innovation Unit and supported by the Health Foundation and NHS England. It aims to help NHS organisations develop their capacity and capability to maximise the economic, social and environmental impact.

The University of Northampton's Institute for Social Innovation and Impact (ISII) has established a memorandum of understanding with the Transform Research Alliance (TRA) to explore social impact measurement research for health and social care social enterprise providers, and to work with the TRA on joint PhD studentships. As part of this ongoing work, ISII has partnered with Integrated Care 24 (IC24), a health and social care social enterprise organisation, to develop a framework to measure their social impact across a number of areas, including NHS 111, Clinical Assessment Service, Face-to-Face Services, Home Visiting, Health Centres/Primary Care Hubs, and Pharmacies.

Reimagining the relationship in practice

Collaborative Newcastle is an innovative and ambitious partnership seeking to improve the health, wealth and wellbeing of everyone in Newcastle.

Unique in scope and scale, Collaborative Newcastle brings together the NHS, local government, higher education, colleges and the voluntary and community sector in the city. We're combining efforts, expertise, and resources to achieve a single, shared vision. Working collaboratively and creatively, we aim to reduce inequalities, tackle some of the big things that hold people back and provide better opportunities for all.

Building on many months of groundwork to establish joint governance and delivery structures, Collaborative Newcastle has already implemented a series of high-profile projects, created a joint leadership programme, signed a ground breaking health and care agreement, and brought budgets and teams together to try radical new things.
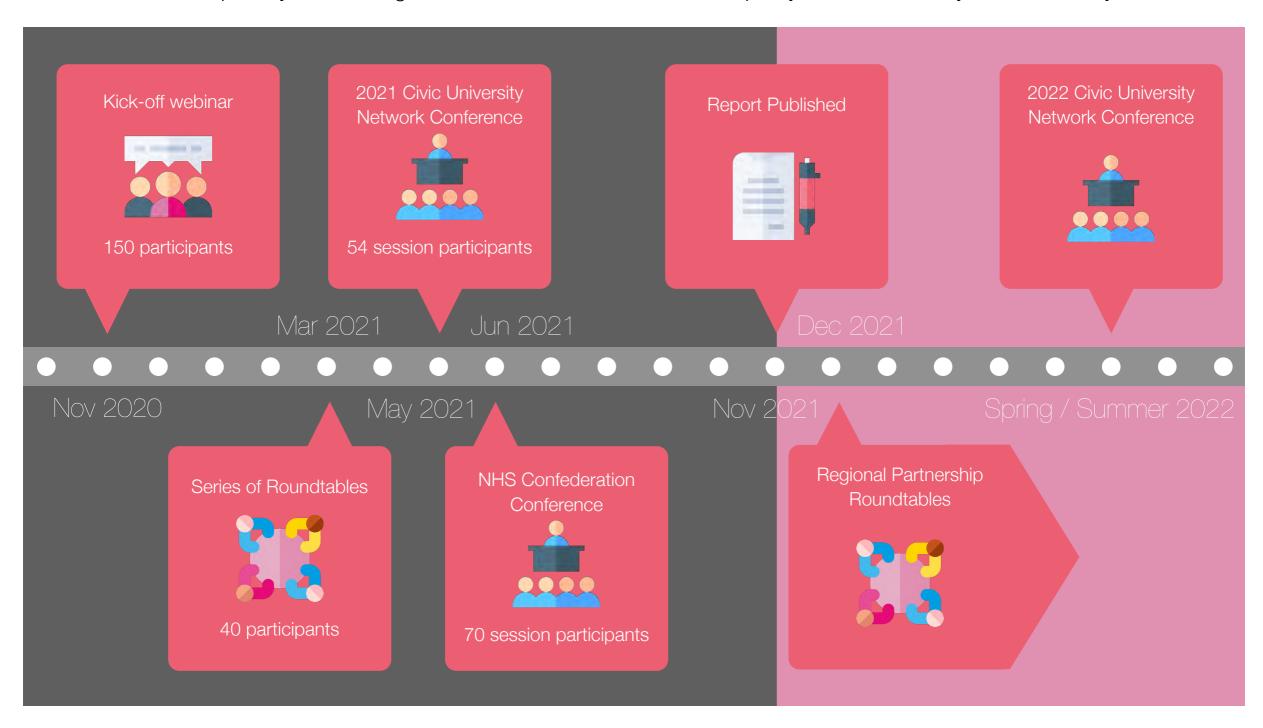

Three pillars underpin our collective work – Health and Care, Growth and Prosperity and Net Zero Newcastle – and the individual wellbeing of Newcastle residents and the wider region sits at the heart of all our collaboration.

The Collaborative Newcastle Universities Agreement, signed in July 2021, formally brings together the world-leading expertise of both Newcastle and Northumbria University. It sets out the contribution that both universities can make, working with partners across all three pillars for the benefit of communities in Newcastle and beyond.

To find out more about Collaborative Newcastle and the projects underway, visit www.collaborativenewcastle.org.

Methods

This report has been developed by university members of the Civic University Network (Queen Mary University London and Newcastle University) and the NHS Confederation. It is the product of a series of conversations with representatives of higher education, the NHS, primary care, local government, further education, health policy, and the voluntary and community sector.

Kick-off webinar

150 participants

2021 Civic University Network Conference

54 session participants

Report Published

2022 Civic University Network Conference

Mar 2021

Jun 2021

Dec 2021

Nov 2020

May 2021

Nov 2021

Spring / Summer 2022

Series of Roundtables

40 participants

NHS Confederation Conference

70 session participants

Regional Partnership Roundtables

With thanks to

Chair

Dame Jackie Daniel, CEO of Newcastle upon Tyne Hospitals NHS Foundation Trust

Vice Chairs

Professor Shirley Congdon, Vice Chancellor of Bradford University

Professor Steven West CBE, DL. Vice-Chancellor, President and CEO of University of the West England, Bristol

Roundtable participants

From organisations across the UK

Attendees of

Civic University Network and NHS Confederation conference webinars: 'Reimagining the relationship between universities and the NHS'

Facilitated by

Michael Wood, Head of Health Economic Partnerships at NHS Confederation and member of the Civic University Network Advisory Board

Professor Jane Robinson, Pro-Vice Chancellor of Engagement & Place at Newcastle University and member of the Civic University Network Partners Group

Dr Emily Burns, Director of the Centre for Public Engagement at Queen Mary University of London and member of the Civic University Network Partners Group

What next?

We invite you, as local leaders, to bring a coalition of the willing together within your place to test the principles and questions laid out in this report – with the objective of improving lives at the centre of any collaboration.

Who is best placed to lead this work, and does it matter? Individual places will have trusted sector leaders with credibility and expertise who can bring others with them, so there is a need to flex within an individual context.

How can a region evaluate its collaborative working? The prompts within this report could help you to identify high impact actions together.

What kind of people do universities and NHS organisations need to do this well, and with what knowledge? Those people may not exist within current structures, and universities and NHS organisations need to open up to new audiences.

Could this lead to a local health-based civic agreement, creating a roadmap to better health, wealth and wellbeing for your area?

We will begin to test these principles and questions within local regions, beginning with Newcastle in late 2021. If you would you like to host a regional roundtable with your anchor partners, or share examples of collaborative working within your area, please get in touch with us.

"Who should lead this? It depends. Individual places will have trusted sector leaders with credibility and expertise who can bring others with them."
NHS CEO

Civic University
Network

NHS Confederation

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