

# The Future of Research in Durham and the Tees Valley

**Professor Tim Blackman**

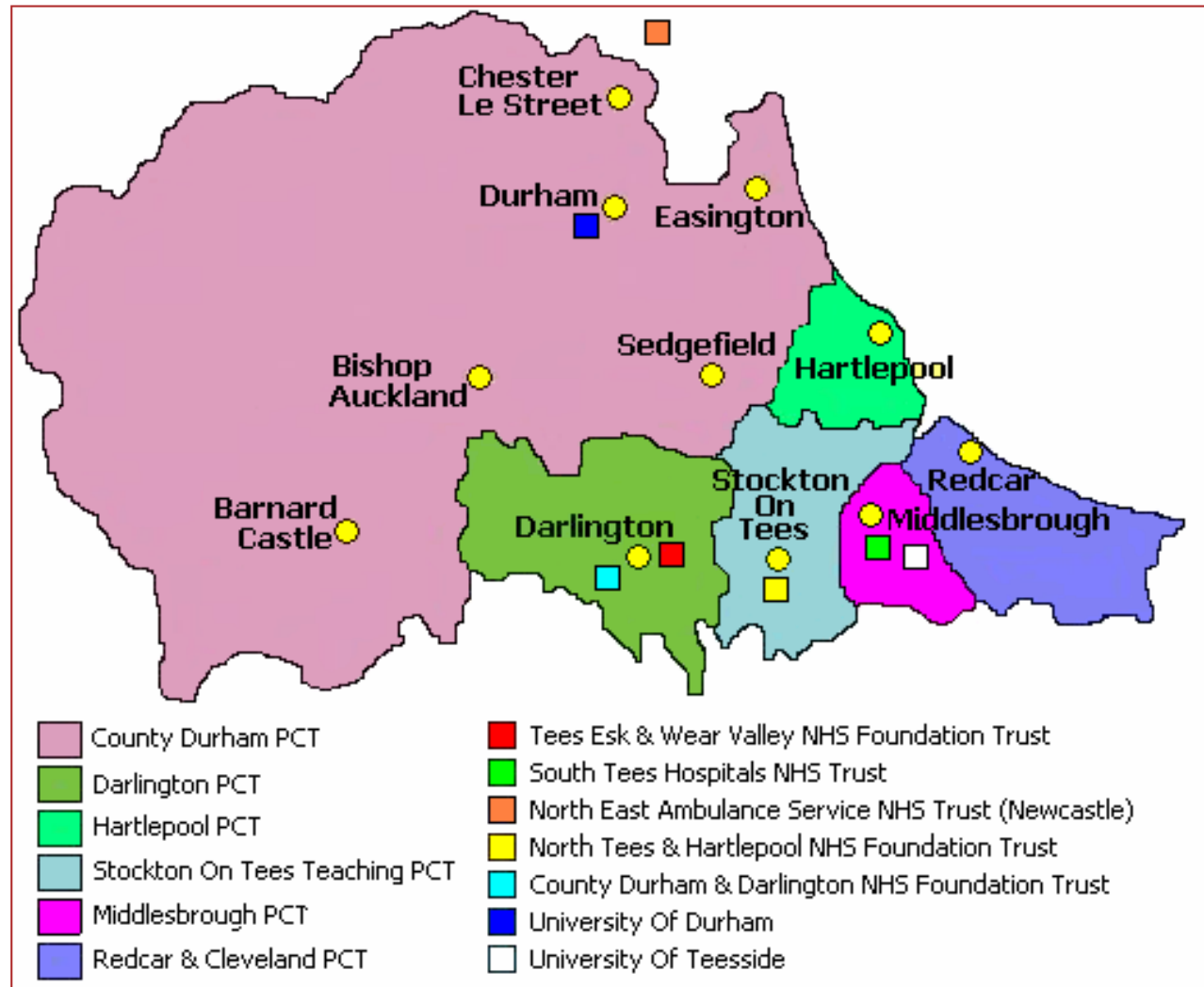
**Director, Wolfson Research Institute**

# Durham and the Tees Valley

Major urban conurbation and ex-coalfield area of 1.2m people

**An identifiable health community:**

- A CLRN area
- Health Strategy Board
- History of working together
- Many common issues



# The growing importance of R&D

**‘Much progress has been made through the NIHR in developing and funding research programmes and infrastructure in the NHS. To realise our objectives, however, this will not be sufficient ... Real commitment to research is still lacking in most NHS Trusts and this must be changed if the culture of innovation that the Health Service needs so badly is to develop.’**

Professor Sir John Bell

Chair of the Office for Strategic Coordination of Health Research

# ‘We have wasted huge opportunities to learn’

House of Commons Health Committee, 2009

## From a North East PCT:

‘We don’t know why we’re doing it right ... whether it’s due to anything we’re doing to the actual incidence of disease or whether it’s about accessibility of treatments, we don’t know ... Our message to the service providers has been to keep on doing what you’re doing!’

## From a Scottish Health Board:

‘We need to look at how are we actually going to judge whether something in fact has been a factor or whether it’s other factors. We’ve benefitted hugely from our collaboration with academics to give us that academic rigour in terms of the design of the intervention. We’ve then gone on to implement it and it’s made it easier to know as we go along which bits are working and why.’

# Outcomes and prevention

'We are a region of contrasts ...  
Services across NHS North East  
are already amongst the best in the  
country ... but the region has:

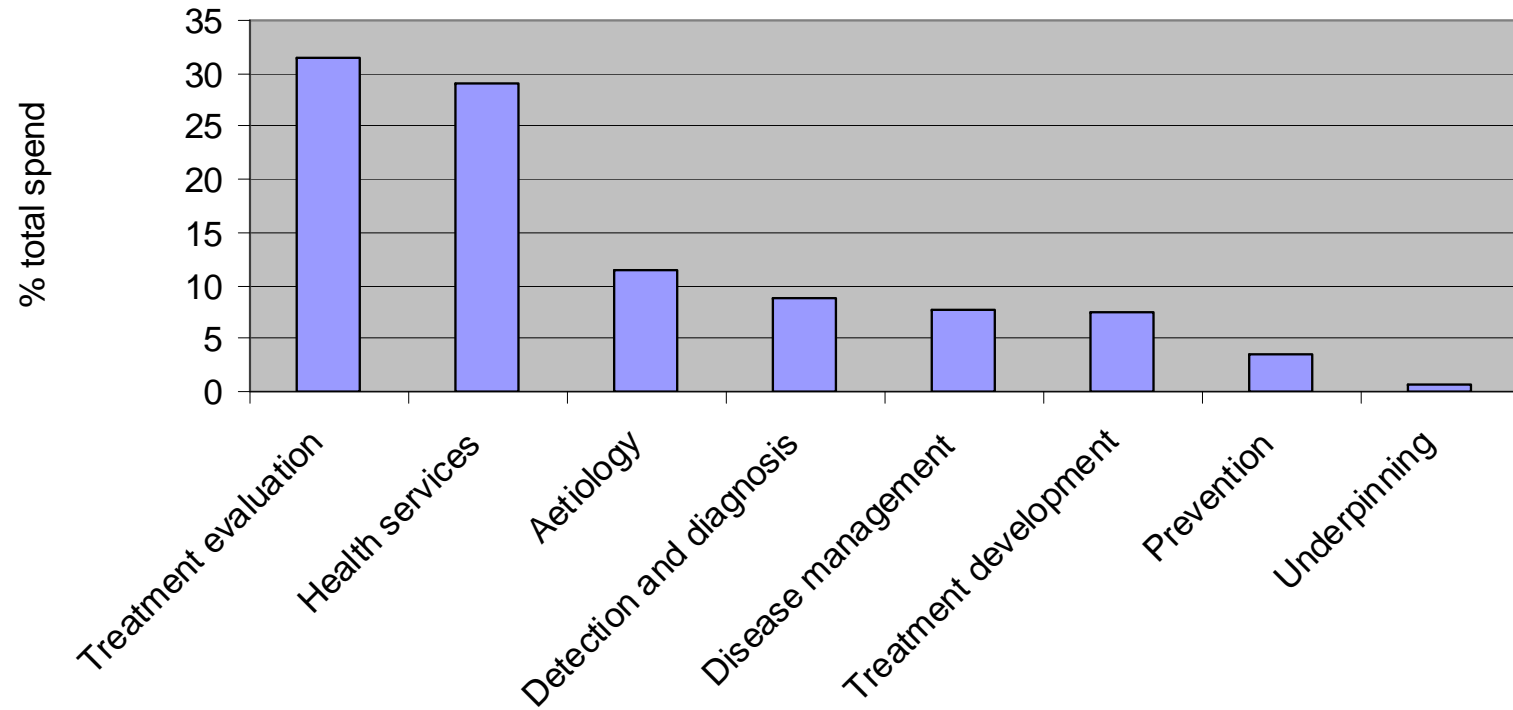
- the highest death rates in  
England
- the highest levels of illness
- the highest reported sickness  
levels
- the highest rates of cancer
- the highest levels of teenage  
pregnancy

*Our Vision, Our Future, Our North  
East NHS*

*At its core this is about a  
commitment to social justice,  
realised in early years, education  
services that are truly  
transformative, a labour market that  
does all it can to promote living  
wages and good conditions for all,  
a health service which is truly  
preventive and a society that puts  
our collective wellbeing as priority  
number one.*

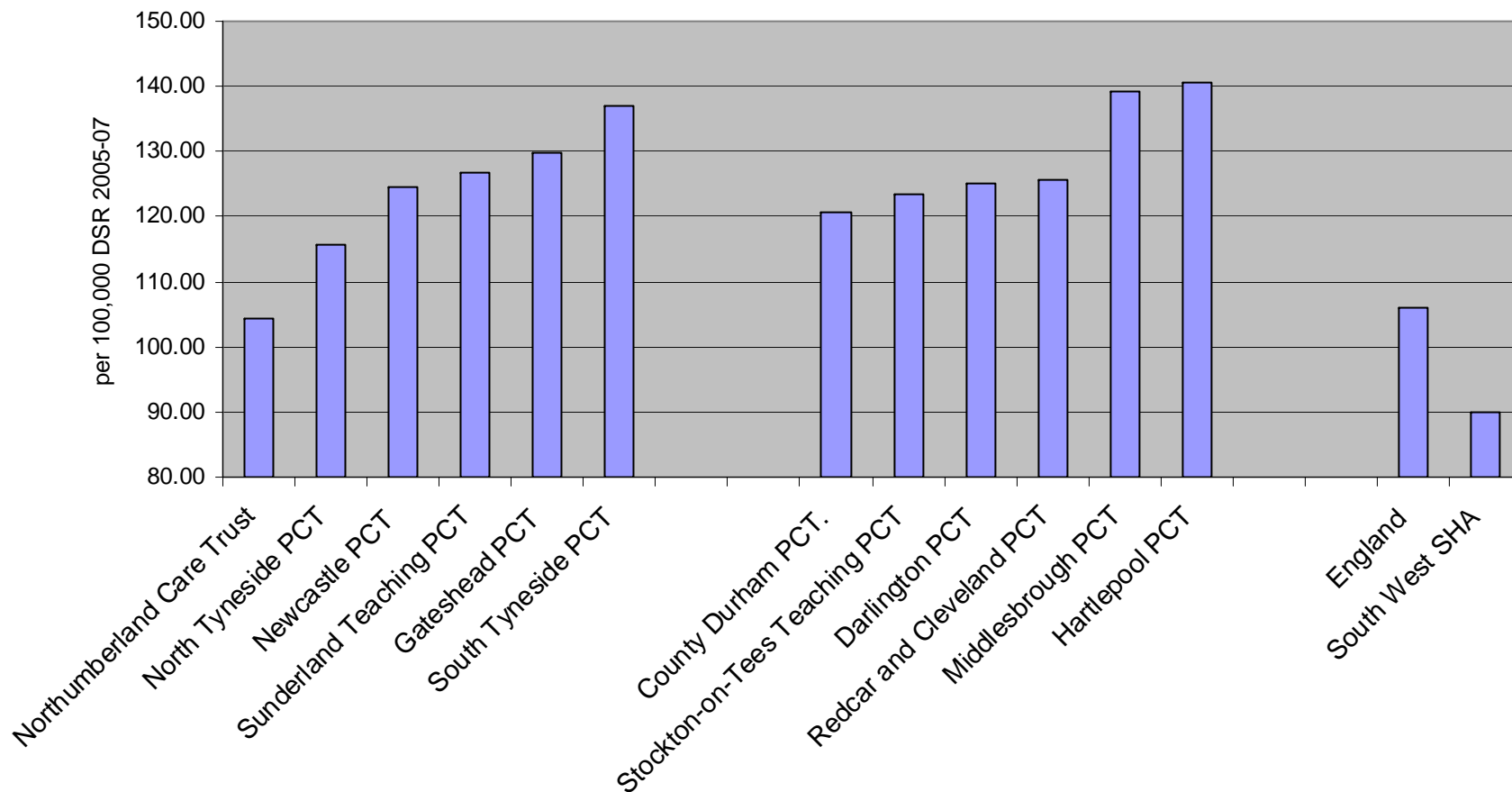
*Michael Marmot, HSJ, 2009*

## DH spend by research activity

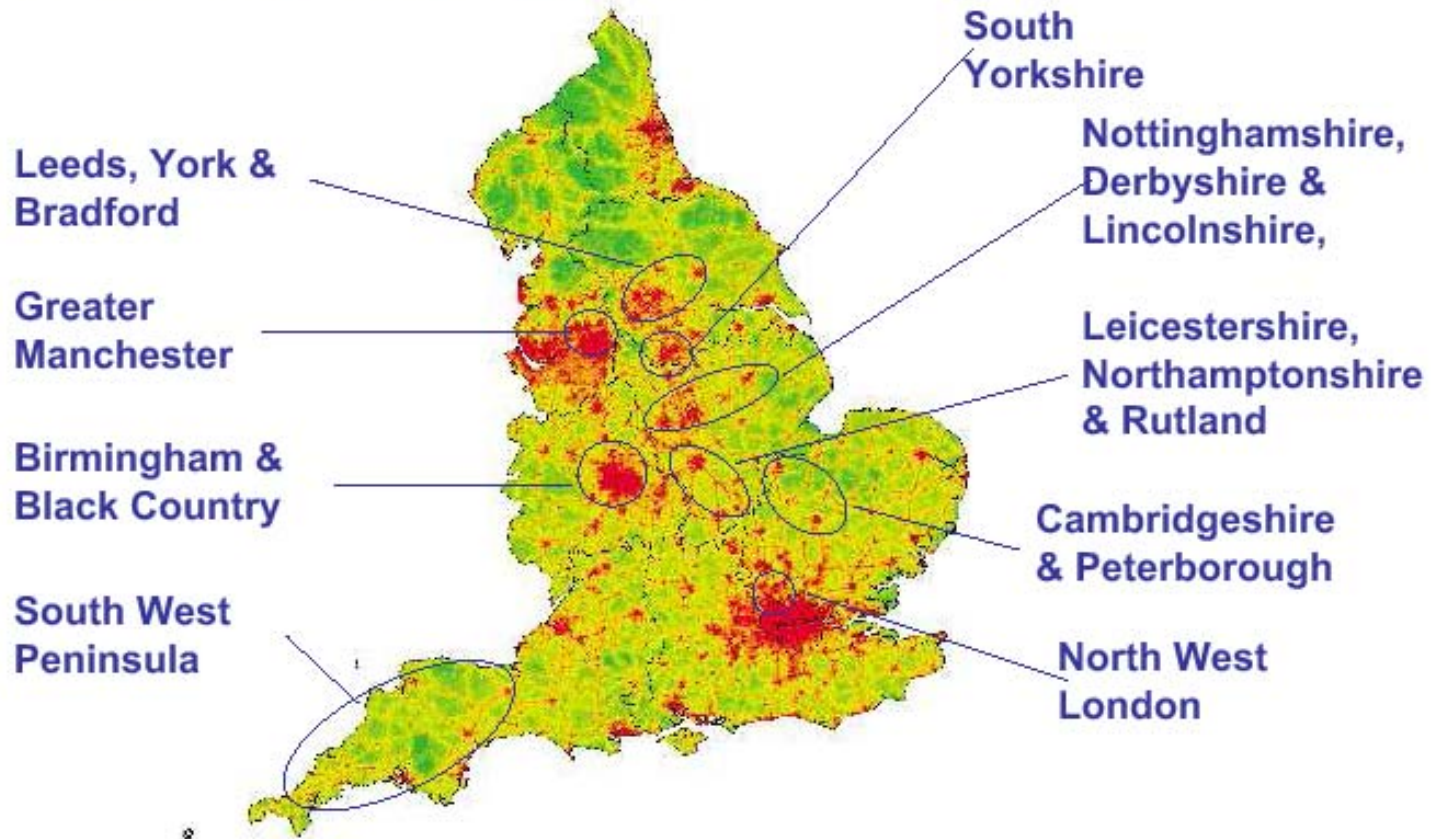


Source: UKCRC Health Research Analysis 2006

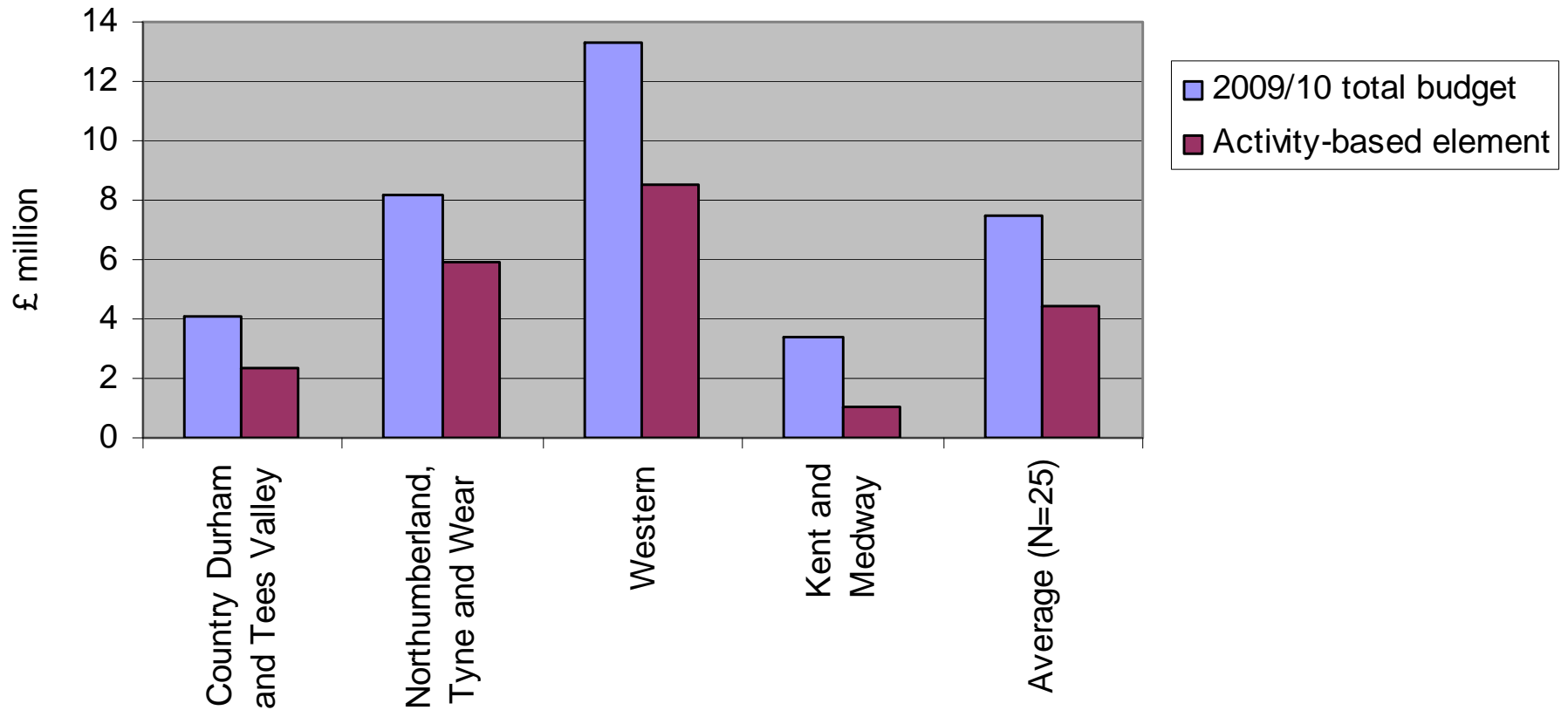
## Mortality from causes considered amenable to health care (various cause-specific ages)



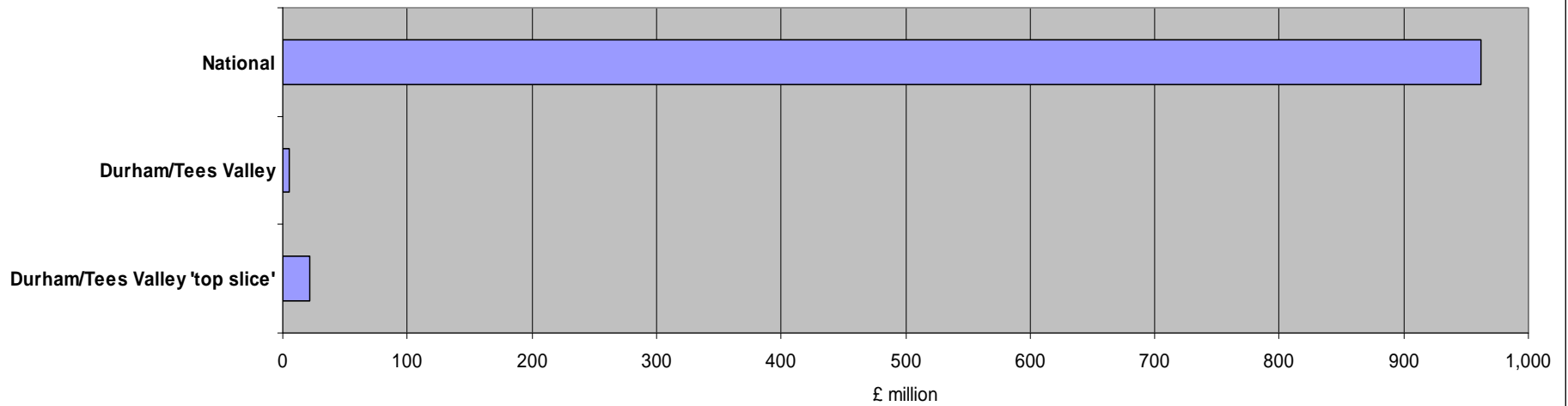
## NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs)



## CLRN Indicative budget allocations 2009/2010



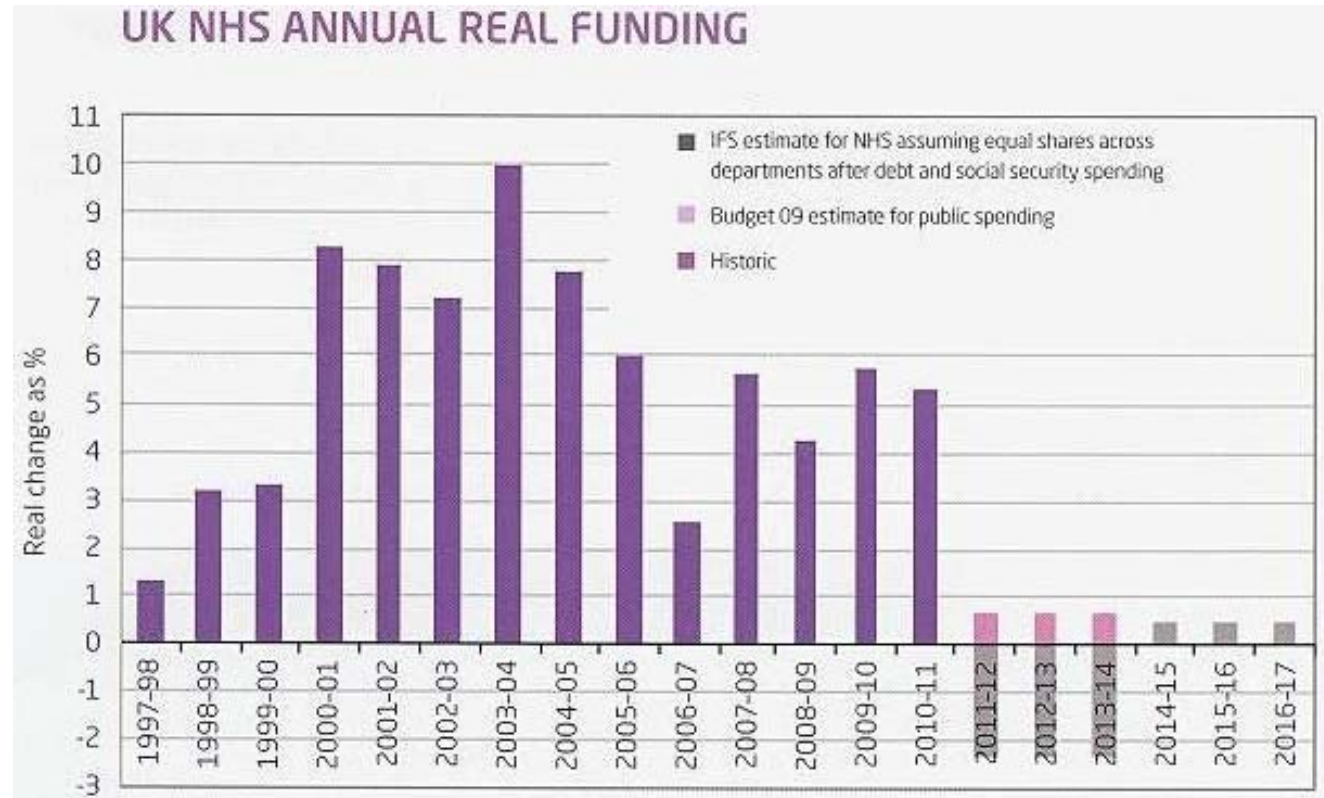
## DH research funding 2009/10



# What is a branch plant economy?

‘A periphery that supplies basic materials and relatively unskilled labour while the most important technologies and higher-order skills remain in the core.’

***Very vulnerable to recession.***



# Capacity building by the Wolfson Research Institute and NHS working together and co-investing

## Investments

Durham and North Tees PCTs funding for the Evaluation Research Development Unit

Tees, Esk & Wear Valleys NHS FT support for the Mental Health Research Centre

Durham PCT funding to evaluate its health improvement intervention for IB claimants

Joint purchase by Durham University and South Tees NHS Trust of an MRI scanner

Statistician appointment working with NEPHO

PI successes with SDO, RfPB, HEFCE clinical lectureships

Co-applicant successes with the CTRPH, RDS, HTA, programme grants

## Expertise

*70% 3\*/4\* in RAE:*

- *Health geography*

*60% 3\*/4\* in RAE:*

- *Public health and policy*
- *Social work*
- *Primary care*
- *Arts and health*
- *Sport and exercise*
- *Developmental psychology & cognitive neuroscience*

*55% 3\*/4\* in RAE:*

- *Medical anthropology*
- *Business and management*

# The Innovation Connector for Health and Wellbeing

## HIEC principles

'Bringing NHS organisations and higher education institutions together will enable research findings to be applied more readily to improve patient care.'

Recognising the diversity of expertise and interests, these clusters will not be defined or imposed nationally, but will be enabled to emerge locally.'

*Darzi: High Quality Care for All*



## Our Durham and Tees Valley model:

**Clustering** research centres and networks, NHS observatories, professional training and CPD

**A new model** for integrating the research, teaching and delivery of services by grouping activities together outside silos.

**A magnet** for R&D investment that connects research-led innovation directly into the health and social care economy.

**New thinking** that links health gain and economic gain ...

... and involves the community in co-producing research, education and innovation

**Cutting edge** in responding to training needs (leadership, flexibility) and research priorities (lean, behaviour change, demographics).