

**Utilising the Prevention Agenda and Civic-Driven
Data to Fuel the NHS of the Future**

**LABOUR PARTY
CONFERENCE
ROUNDTABLE REPORT**

Introduction

The roundtable convened a diverse group of leaders from health, academia and civic sectors to examine how a preventative approach - driven by robust, place-based data - can address the evolving health needs of the North of England. This aligns with the UK's ambition to be a global leader in life sciences.

A central focus was the NHTA's proposal for a new Institute for Preventive Health Research (IPHR), a collaborative initiative uniting universities, NHS Trusts, local authorities, and industry. The IPHR aims to scale innovation in prevention, leveraging the strengths of the North to drive forward research and practical interventions.

The session also addressed persistent disparities in research and development funding, as highlighted in the UK Clinical Research Landscape report. Stark contrasts were noted, such as Tees Valley receiving just £11.34 per capita compared to £337.85 in Cambridgeshire and Peterborough. These funding gaps hinder innovation, equity, and ultimately, health outcomes and economic growth in the North.

Participants were encouraged to engage in a focused discussion on overcoming these challenges, sharing developments, and shaping a more equitable, data-driven future for the NHS. The event was held outside the Labour Party Conference secure zone, ensuring open access for all interested stakeholders.

Background

The NHTA's Analysis of the UK Clinical Research Landscape in 2022 found that the North of England received £405 million of research funding, compared to the £1.69 billion awarded to London, Oxford and Cambridge.

This equates to significant discrepancies in funding per person with the Greater South East receiving over two and a half times more per person than in the North - £68.58 compared to £25.72, respectively.

The analysis shows that since the last figures were published in 2018, the North has received an increase of £81 million, while the South received £200 million more. It found that at the current rate of change, the total North-South funding allocation per head would not be the same until 2082.

The analysis also looked at the spending within combined authority regions in the North, London and Cambridge, as they would be from May 2024.

It found:

Direct award funding for specific research projects

- All combined authorities in the North received less than half per person than what is spent in London and less than a sixth of Cambridgeshire and Peterborough.
- In the North, Greater Manchester was awarded the most direct funding (£120,730,180 total/ £42.10 per person) however this was still significantly less than London (£900,808,268 total/ £102.37 per person) and Cambridgeshire (£302,210,841 total/ £337.85 per person).
- Tees Valley received the least funding at £7,680,980, which is £11.34 per person.

Infrastructure funding

- No combined authority in the North comes close to receiving infrastructure investment on the level of London (£302,925,217) or Cambridge (£143,872,764).
- Collectively, the northern combined authorities were awarded £48,934,215. There are individual buildings in London and Cambridge that received more infrastructure investment than the entire North.
- The South Yorkshire, York and North Yorkshire and Tees Valley areas received the least.

Studentship funding

- Greater London received the most studentship funding at £26,050,188 (£2.96 per person), followed by Greater Manchester with £5,183,903 and Cambridge with £3,719,068. However, the per person spending shows that Manchester received less than half per person (£1.81) compared to Cambridge (£4.16).
- In the North, Liverpool, York and North Yorkshire, and Tees Valley received the least studentship funding.

The NHTA is urging government to increase health research investment in the North as an urgent priority. Evidence suggests that public investment in health research and innovation activities can improve health outcomes locally and stimulate economic growth, which in turn increases national productivity.

Discussion points:

1. What changes are needed in national policy to enable local leadership in prevention, and how the government can ensure more equitable investment in research and innovation across regions like the North.
2. How universities and research institutes play a stronger role in embedding prevention and civic-driven data into healthcare systems, and what's needed to ensure these innovations are translated quickly into practice across the NHS.
3. How industry, civic partners, and local health innovation ecosystems can work together to scale preventative approaches, and what can potentially help industry invest with confidence in civic-driven health innovation in the North

Summary of discussions

National policy and local leadership in prevention

Participants discussed the changes needed in national policy to empower local leadership in prevention and ensure equitable investment in research and innovation across regions like the North. There was consensus on the urgent need to address funding gaps - particularly for clinical research where reimbursement is uncertain. The group explored the idea of developing a compelling case for government support, potentially through a population and patient funding model to enable wider rollout of prevention research.

Universities, research institutes, and Civic-Driven Data

The discussion turned to the role of universities and research institutes in embedding prevention and civic-driven data into healthcare systems. Attendees emphasised the importance of leveraging longitudinal and clean datasets to inform policy and understand disease burden, while also noting persistent issues with data completeness and quality. There was a strong call for government to improve data infrastructure, support professional standards, and license innovation to drive productivity and prevention, especially in deprived areas and among women.

Industry, civic partners, and scaling preventative approaches

Final discussions focused on how industry, civic partners, and local health innovation ecosystems can collaborate to scale preventative approaches. The group highlighted the need for broader system change, infrastructure investment, and career development, with a shift towards prevention as a long-term goal. Industry was seen as a vital partner, with calls to integrate work-based prevention, improve public transport, and foster innovation. Demonstrating tangible savings and return on investment was identified as crucial for persuading policymakers, alongside the importance of education, community services, and closing the gender health gap for sustainable improvement.

The future of health research

The roundtable explored the challenges and opportunities in expanding successful health research and delivery models across the North of England. Key themes included the need to address funding disparities, particularly for clinical research, and to develop new funding models that support prevention research at scale. Data access and quality were recurring topics, with participants stressing the importance of robust, longitudinal datasets and improved data infrastructure to inform policy and reduce health inequalities.

Workforce and industry leadership

Workforce and community engagement were also central themes of the session, with discussions on the evolving complexity of families, the need to reduce health inequities, and the importance of social mobility. While challenges such as compassion fatigue, restructuring, and job losses in the NHS were acknowledged, there was optimism about community outreach, women's health hubs, and the role of advanced clinical practitioners and social prescribing.

The group agreed on the necessity of broader system change and greater industry involvement. Infrastructure investment, career development, and a shift towards prevention were highlighted as long-term goals. Industry's role in integrating prevention, supporting innovation, and demonstrating return on investment was seen as vital for influencing policy and achieving sustainable improvements in health outcomes across the North.



Attendees

Professor Dame Lesley Regan, Women's Health Ambassador for England
Professor Louise Kenny, Northern Health Science Alliance Chair and Exec Pro Vice Chancellor, University of Liverpool
Hannah Davies, CEO, Northern Health Science Alliance
Dr Ben Martyn, Executive Lead for Investment and International Partnerships, Northern Health Science Alliance
Sam Prendergast, Head of Commercial Innovation, Mersey Car
Professor Dan Joyce, Director of Research, Mersey Car
Professor Iain Buchan, Founding Director, Civic Health Innovation Labs, University of Liverpool
Andrea Astbury, Programme Director for Data into Action, NHS Cheshire and Merseyside
Paul Blakeley, Director of Strategic Government Affairs, Newmarket Strategy
Professor Charlotte Clarke, Associate Pro-Vice-Chancellor for Health, Durham University
Professor Allan Pacey, Deputy Dean and Deputy Vice President, Faculty of Biology, Medicine and Health, University of Manchester
Darcy Ward, Senior Policy Analyst, Health and Life Sciences, TBI for Global Chang
Professor Jo Knight, Research Director, Lancashire and South Cumbria Secure Data Environment, Lancaster University Medical School
Professor Dan Hawcutt, Alder Hey
Professor Ihtesham Ur Rehman, University of Lancashire
Professor Bernard Corfe, Newcastle University
Laura Dawson, Strategy and Engagement Manager, Healthier Futures, University of Manchester
James Farrar, Chief Executive, York and North Yorkshire Combined Authority
Catherine McClennan, ICB Women's Health and Maternity Programme Director, Cheshire and Merseyside NHS
Professor Charlie Jeffery, Vice-Chancellor and President, University of York
Rachel Butcher, Government Affairs Executive, ABPI
Sarah Adibi, CEO, Healthcare Infection Society
Dr Katie Powell, Senior Research Fellow, University of Sheffield
