

Building the UK Life Sciences Supercluster:
how health innovation clusters across the UK
can support the 21st century NHS

CONSERVATIVE PARTY CONFERENCE ROUNDTABLE REPORT

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Foreword

The roundtable brought together health research leaders from major regions across the UK with George Freeman MP, then Minister for Science, Industry and Technology, to examine the challenges and opportunities of the life sciences sector working together for the health and wealth of the UK and an efficient NHS.

At the NHS, we know that convening influential stakeholders is a pre-requisite for catalysing innovation and a Life Sciences Supercluster across the North of England. That Supercluster could bring in £16.52bn a year to the UK's economy, double the number of jobs in the sector to 118,700 by 2040, and make the country more resilient to future pandemics. But we need to come together to build it. We have so many of the assets we need already in place and we are starting to get the backing and collaboration from politicians that will be needed to deliver a Supercluster at scale to transform the economy of the north of England.

What was clear from the discussion is that the northern research ecosystem is thriving, and it is willing to deliver against the scientific and economic imperatives for the UK. The collaboration fostered by the NHS among key actors in the region is a huge strength. The northern NIHR Biomedical Research Centres (BRCs), are powerhouses and we are lucky to have such strong anchor institutions in the North. The Manchester and Newcastle Health Innovation Networks as well as the Newcastle, Leeds, Manchester and Sheffield BRCs are powerhouses of research. Our universities, hospitals and industry are all working together to help grow our skills base, the economy and the health of our population. In doing so there is a strong focus on helping the NHS overcome challenges by innovating and adding capacity to enable systems to improve care.

The COVID-19 pandemic was highlighted throughout the discussion. That we must build on and implement the learning from this time and work to address the stark health inequalities the pandemic exposed – especially in the North.

We know that funding is skewed to our southern counterparts with

almost half (49%) of the UKRI and government R&D funds directed to London and the South East in 2018. I agree with the attendees when they suggested the implementation of a metric for place-based funding to help ensure a level playing field in terms of R&D funding for the entire nation. There are many areas of life sciences research and NHS activity where the north could step up to meet challenges on behalf of the country. Our proposal for levelling up is simple, if it can be done in the north then it should be done in the north.

The discussion touched on the role of government and devolution, and it was agreed that while central government should be able to identify, map and highlight clusters, it should not be picking, creating or deciding on them. Attendees agreed that Mayoral Combined Authorities have a key role in fostering a collaborative approach within and between regions – this will help the UK life sciences superpower to work as effectively as possible and have a positive impact on addressing regional health inequalities through economic growth.

A common thread throughout the discussion was collaboration – that the life sciences are working together for the health wealth of the UK and building an efficient NHS. But there is a threat on the horizon: a diminishing NHS workforce, particularly of clinical academics. We have a highly skilled workforce, many of whom are willing to move overseas and secure a more attractive job package. We need to retain our workforce and attract global and international capability and encourage them to stay.

One takeaway from the discussion, and a real sense of pride, is how well we tell our collective story across the north. Our biggest strength is that we are a collaborative, joined-up, interdisciplinary sector, where the various elements of the innovation ecosystem work together under a shared vision and collective purpose. It is through this facilitated collaboration that we can grow the northern life sciences sector and position it as a key driver of a thriving UK economy.

Dr Séamus O'Neill, CEO of the Northern Health Science Alliance

Introduction

In October 2023, the Northern Health Science Alliance (NHSA) and Health Equity North (HEN) hosted a roundtable at the Conservative Party Conference. The event brought together health research science leaders from major regions across the UK to explore how life sciences can work together to contribute to the health and wealth of the UK and an efficient fit-for-purpose NHS.

Background: UK Supercluster

Superclusters bring together the vital stakeholders required to catalyse innovation across a region. World leading innovation superclusters like Boston (Healthcare), San Francisco (Tech), Tel Aviv (Tech, Healthtech), Singapore (Manufacturing, Healthtech) and London (Fintech) compete on a global stage to attract talent, foreign direct investment (FDI), capital providers, industry and create a collaborative framework across large ecosystems. The UK has a deep strength in both the life sciences and research and innovation. Collectively the UK is the third largest cluster behind San Francisco and Boston. This has resulted in many emerging clusters at different local and regional scales. However, to compete globally, the UK has to actively connect its existing assets to grow UK-wide Life Science Innovation Superclusters.

In the UK, successful life science clusters bring together industry, investors, academia, the NHS and organisations such as the National Institute for Health Research (NIHR), the Catapults, Science Parks and Innovate UK. Anchored by institutions including research-intensive NHS Trusts, universities, large companies or manufacturing hubs, UK life science clusters include Manchester, Cheshire, Yorkshire, Newcastle, London, Cambridge, and Oxford. Clusters drive growth and productivity by facilitating networking and collaboration, research and innovation, skills development and training, internationalisation of cluster assets and the ability to do 'high risk' work in a low-risk environment.



The Economic Benefits of a Northern Life Sciences Supercluster

A Life Sciences Supercluster across the North of England could bring in £16.52bn a year to the UK's economy, double the number of jobs in the sector to 118,700 by 2040 and make the country more resilient to future pandemics.¹ Developing the existing excellence in the North into a second UK supercluster would strengthen the whole of the UK's offer in life sciences, while simultaneously levelling up the North's excellence in the sector and tackling health inequalities, which cost the UK £13.2bn a year in lost productivity.¹

Through supporting areas of opportunity, the Northern Health and life sciences supercluster:

- Jobs in the sector would increase from 54,100 in 2020 to 118,700 in 2040.
- Productivity measured in GVA would grow from £5.17bn in 2020 to £16.52bn in 2040¹

The North of England has four globally important areas of opportunity where its research excellence and innovation capacity is matched by opportunity in the market:

1. Advanced Therapies
2. Infectious Diseases
3. Diagnostics and MedTech
4. Data and Artificial Intelligence

The North of England also has two challenge driven areas of opportunity, where its globally important expertise meet growing regional, national and international needs arising from specific challenges to the sector:

- Healthy Ageing
- Mental Health and Wellbeing

By supporting these areas of opportunity as a Supercluster through the NHSA and the NP11, the life sciences sector in the North would be doubled over 20 years, creating an additional 64,600 jobs. The GVA added to the national economy from the sector would more than treble from £5.17bn to £16.52bn.



1. A Northern Life Sciences Supercluster: The Economic Potential of a Systemwide Approach – NHSA 2021

Delivering Superclusters and Innovation

We must increase capacity and scale for pan-northern collaboration, partnerships and investment. Realising the opportunity of the northern life sciences Supercluster is dependent upon working at a scale that goes beyond existing administrative boundaries in the North.

Working with national government to put in place pan-northern partnerships and greater connectivity between academic and NHS assets in the life science sector and between the public sector and the North's manufacturing and industry assets, including:

- High quality support for industry within the NHS and academia, with clear metrics for delivery.
- Fully engaging NHS leadership in creating a new paradigm of partnership with industry to support innovation, real-world evaluation and adoption.
- Maximising life science cluster collaboration across the UK, building on strong North-South axis of partnership with MedCity and rapidly developing collaborations with HIRANI in Northern Ireland, the Scottish Life Science Cluster, the Midlands Cluster and the Health Tech regional clusters (supported by UKRI), amongst others.

For the Supercluster to reach full potential we must work with partners, including Office for Life Sciences, Innovate UK, UKRI, BEIS and DIT to:

- Develop dedicated pan-northern support for innovative SMEs to flourish and scale.
- Invest in the people, skills and talent needed to grow the life sciences workforce through developing a Life Sciences Skills Action Plan that addresses both national and regional needs.
- Support the NHS and universities to work with businesses within the life science sector to bring innovative products to market more quickly; and crucially, build capacity and skills across the North to do this at scale.
- Improve access to finance for innovation for companies within the North.
- Increase the international visibility of the Northern life sciences Supercluster and drive foreign direct investment (FDI) in the North by better co-ordination of the existing and future innovation pipeline infrastructure.



Pan-northern Activity

Opportunities for pan-northern working will enable existing expertise both within diagnostics and MedTech and associated disciplines (e.g., manufacturing) to build the scale of activity needed for the North to establish and maintain competitive advantage and a growing profile in evolving national and international markets. Examples of collaborative working, within and across LEPs, are already evident that could be built upon including through:

- The CONDOR diagnostics evaluation platform for new COVID-19 diagnostic tests, co-led by DiTA and the University of Oxford with other project partners within the North including the NIHR MedTech and In Vitro Diagnostic Cooperatives in Leeds and Newcastle and the North East and North Cumbria, and Yorkshire and Humber Health Innovation Networks.
- The NHS's health and MedTech Memorandum of Understanding established with the UK-Israel Tech Hub to support the attraction of Israeli health and medical technology innovations to the North of England, recognising assets and opportunities across the North.
- The establishment of a Leeds City Region – Israel HealthTech Corridor, mobilising the Leeds MedTech cluster to provide a landing pad for innovative Israeli healthtech companies.
- The North East North Cumbria Innovation Pathway initiative and Diagnostics North East both of which bring together expertise within the NHS, academia and the Academic Health Science Network. Liverpool city region accelerator that bring together Life Science assets in the city to deliver a system wide support programme to developing companies.

The Role of Mayoral Combined Authorities

Built on the strengths of the North's £13.6bn life sciences economy and home to 21% of the UK's total life sciences workforce, the Supercluster will strengthen the region's Local Enterprise Partnerships (LEPs) and Combined Authorities (CAs), research intensive universities, Catapults, NHS Trusts, Health Innovation Networks (formerly AHSNs), Academic Health Science Centres (AHSCs), Science Parks and other stakeholders, enhancing the UK's global industry offer.

The Supercluster would build resilience in the UK's health system, enabling it to tackle future pandemics and similar emergent threats while helping to tackle health inequalities in the region which cost the UK £13.2bn a year in lost productivity.

The Levelling Up White Paper included the announcement of the Innovation Accelerators programme which will invest £100 million in 26 projects to accelerate the growth of three high-potential innovation clusters in Glasgow, Greater Manchester and the West Midlands (providing £33m each to three emerging clusters).²

- The 26 research and development (R&D) projects will attract private R&D investment, create new jobs, boost regional economic growth, and develop the technologies of tomorrow.
- The programme is pioneering a new model of R&D decision-making that empowers local leaders to harness innovation in support of regional economic growth. As a pilot programme, the Innovation Accelerators will also deepen our understanding of the right conditions and interventions to grow successful innovation clusters throughout the country and to cement the UK's position as a science and technology superpower.

² £100m R&D levelling up funding awarded to accelerate innovation – UKRI 2023



Roundtable Discussions

The roundtable discussions centred on the following three topics. Chatham House Rule applied.

- How can we continue to ensure UK research and innovation is world-leading?
- The role of anchor institutions in strengthening and growing superclusters.
- The role of Mayoral Authorities in developing the UK's life sciences supercluster.

The roundtable began with a short speech by George Freeman MP regarding the government's life science sector and how we can raise productivity, innovate and maximise the contribution of R&D for levelling up.

Discussion Point One: How can we continue to ensure UK research and innovation is world-leading for the benefit of patients and the country's life sciences sector?

Attendees reflected on the COVID-19 pandemic and discussed the learning that could be taken forward. Despite being constrained by a lack of infrastructure funding, the North of England compensates by having a well-established connectedness into local communities and anchor institutions. This connectedness was agreed as one of the region's key strengths and helped facilitate the exceptional response to the pandemic (See box 1).

Establishing and building connectivity may also be used to foster challenging conversations with the public regarding the access and use of their healthcare data. The above case study on CIPHA shows how trust can be built within communities to facilitate the use of healthcare data and other regions can learn from this model to achieve the same.

The group also discussed how regional connectivity can influence clinical trial participation, which is currently a significant challenge for the UK. The number of people taking part in commercial research has fallen from more than 50,000 participants in 2017/18 to just over 28,000 in 2021/22. Despite this, the NIHR Greater Manchester Clinical Research Network (NIHR GM CRN) has increased the number of participants in commercial trials by 44% from 2017/18 to 2021/22. Furthermore, the NIHR GM CRN has an average study set up of 51 days, compared with the national median of 117 days. This success is partly due to the collaborative operation of the NIHR GM CRN, who work closely with academia, industry partners, providers and the local community to address both the needs of the region and international sponsors.⁴ It was noted that in terms of recovery in the post-pandemic delivery of commercial trials, the North East and North Cumbria CRN were a close second nationally to GM and the three highest recruiting NHS Trusts, Newcastle, Leeds and Manchester, were all in the north.

The connectivity with partner institutions and local communities within the North helps the region respond to challenges and address the health and care needs of the population. Attendees expressed concern that the North of England, as well as the wider nation, is at risk of losing what was gained from the pandemic and that more needed to be done to protect

Box 1 Case Study: CIPHA

One example of how connectivity across the North supported the response to COVID was the establishment of CIPHA, the Combined Intelligence for Population Health Action. This platform was developed and launched within three months across Cheshire and Merseyside to support the regional health and care system to manage the pandemic crisis and recovery.³ The CIPHA platform is now being used as a blueprint to develop and expand the programme across the North of England, to support more than 16 million people. The development and expansion of this platform was made possible by the connected and collaborative infrastructure across the region.

and implement the learnings.

Despite some positive learnings, the group also discussed how the pandemic further highlighted the historic regional inequalities that exist across the North of England, which have been exacerbated by a chronic lack of funding across the region. For example, almost half (49%) of the UKRI and government R&D funds were directed to London and the South East in 2018.⁵ The attendees highlighted that the mechanisms in place regarding the distribution of funding in the UK is flawed. Inequality is hardwired into a vicious cycle in which the funding reward process favours areas that have previously delivered price performance. To help address this challenge, attendees suggested the implementation of a metric for place-based funding to help ensure a level playing field in terms of R&D funding for the entire nation. Attendees were positive that this change can take place as it has been done previously on a similar scale. This change will help build on the learnings from the pandemic and allow the Northern infrastructure to address the needs of its local population, where the need is highest.

The group also discussed that the UK could be better at telling a collective story regarding the nation's life science superclusters, presenting it as a joined-up and interdisciplinary sector. Whilst there exists competition within the UK, it is important to unite the sector, where numerous ecosystems can work together under one shared vision. This collective story will help position the UK within the global system and help promote our life science industry as a place to invest.

Discussion Point Two: The role of anchor institutions in strengthening and growing superclusters. How can government, universities, hospitals and industry increase capacity and deliver at scale across regional clusters to deliver their full potential?

The vital role of collaboration between institutions, both locally and nationally was made clear. Attendees referred back to the success of clinical trials in Greater Manchester as an example of how local collaboration can yield positive results. Collaboration should also take place beyond the North with other institutions across the country to achieve the pace and

scale required to deliver world-leading research and innovation (See box 2).

Collaboration is also important for the future of devolution. Some attendees highlighted that there are numerous conversations taking place regarding devolution which contributes to an inefficient and competitive use of time and funding. The role of central government was discussed with the suggestion that government should be able to identify, map and highlight clusters, but it should not be picking, creating or deciding on them. However, in order for a more collaborative approach to devolution to take place, there is a need for central government to establish what devolved responsibility looks like. Without this clear vision, collaboration between local clusters and central government is challenging and opportunities to share best practice are lost.

The roundtable turned to discussing the importance of addressing the needs of local communities and regions by conducting place-based research and engaging industry partners. This approach helps foster research active communities which can support the improvement of public health outcomes in a region by addressing their specific needs. Despite the North receiving less investment, the value for money is here. The dire health outcomes seen across the North is holding back the regional development of the economy and so when local research is conducted in areas where the need is highest, the outcomes are amplified. Furthermore, this success also leverages additional investment from industry partners who are keen to support research initiatives that have yielded positive outcomes. Thus, regional integration can have a huge national benefit in terms of fostering positive health outcomes and inward investment. This need-based local approach also helps foster the connectedness with communities, as outlined in the first discussion point, which is vital

Box 2 Case Study: Greater Manchester and Cambridge Collaboration

In October 2023, a partnership between Innovate Cambridge and ID Manchester, a joint venture between The University of Manchester and Bruntswood SciTech, was launched as part of the UK's ambition to become a world-leading science and tech superpower. Both cities are existing hotspots for science and tech innovation and the new collaboration will utilise the strengths of each cluster to support the scale-up of businesses and create jobs in local areas.

New hubs will be set up in both cities to help establish, strengthen and accelerate collaboration between local entrepreneurs and researchers. The partnership will also map out the current network of connections between both clusters and work together to attract and capitalise on emerging co-location investment opportunities.

As demonstrated here, there is opportunity within the UK for anchor institutions to work in partnership to compliment and build on existing strengths to support innovation and investment in the UK life sciences sector.⁶

for collaboration and trust between institutions and the public.

Finally, the group highlighted the emerging threat of a diminishing workforce, particularly in terms of clinical academics due to financial and training difficulties. Our highly skilled workforce are looking to move overseas where they may be able to secure a more attractive job package. Without people in these positions, the nation will struggle to design and conduct clinical trials, which will result in reduced collaboration with industry partners and reduced inward investment opportunities. Regions are also struggling to retain staff locally due to a lack of opportunities for specialised skillsets, resulting in workers relocating to more central research hubs across the nation. The group highlighted that conducting local need-based research, as discussed above, helps create a base which allows individuals to engage with research in their local community. It is vital that our anchor institutions address the workforce challenge to ensure we can retain our workforce as they are crucial to the UK's life science sector.

There was a brief discussion regarding the disparity in children's health between the North and south of the country, which have been exacerbated by the pandemic. When reflecting on the health and workforce challenges facing the UK, the seeds for these poor outcomes are sown during childhood. If the UK is to reach its full potential, the government should prioritise addressing childhood health, as this is key to unlocking the full potential of our future workforce.

It was noted that across the northern health and life sciences sector, there were particular strengths in paediatrics and child health, both in terms of understanding the problems and in delivering care. Policy and initiatives were urgently required to support the north in mobilising this expertise and address these imbalances. If the government were willing to engage on finding truly game-changing interventions it would find willing and capable partners amongst the NHTA members.

Discussion Point Three: What is the role of the Mayoral Authorities in developing the UK's life sciences supercluster. How can regional government work to support industry and population health in and across its regions?

The group discussed the role of decentralisation and the possibilities to revolutionise how the system works, to support the development of the UK life sciences supercluster. Despite there being funding in the system to address the nation's health challenges, it is structured poorly and has suffered from a disorganised approach by successive governments. It was suggested that the system should move away from the current government handout culture and shift towards local authorities driving the change they want to see, to address the needs of their local community. The opportunity to improve the health of their local area and the associated economic benefits would incentivise regional governments to develop, implement and drive strategies. To achieve this, regional government needs to be awarded appropriate powers and feel empowered and supported to use them. The importance of accountability was also discussed by attendees. By developing a decentralised and regional-based system, local leaders can be accountable to their local community to ensure their

needs are being met. More needs to be done to implement need-based research in local communities, driven by regional governments, to support the development of the UK as a life science supercluster.

The group noted that this conversation is not just about establishing mayoral combined authorities, but also about wider collaboration between MCAs, with government and with other regions. It is important to ensure those regions without a mayoral combined authority are engaged and involved in these conversations. This collaborative approach within and between regions will help the UK supercluster to work as effectively as possible which will have a positive impact on addressing our regional health inequalities.

The skills and workforce agenda was raised again. Not only is it important to consider which incentives are needed to retain our own workforce, but also how we can attract global and international capability here and encourage them to stay. This requires considering the entire family unit and ensuring the wider network of our workforce are able to build their own career in the North of England. Furthermore, regions need to build a wider ecosystem that is able to support SMEs so they can put forward attractive investable propositions that will benefit the area and wider nation. By investing in our regions that are most in need, we are ensuring that there are local opportunities for the entire family to engage in which boosts the local economy.

Regional government and anchor institutions need to consider the issue of connectivity and the accessibility of our life sciences infrastructure. Many science parks in the North of England are inaccessible without the use of a car and this needs to be addressed if we want to promote sustainable and inclusive growth. By making our superclusters more physically accessible, it will promote collaboration between academia, business and government.

The conversation turned to the role of data and how it can be made more transparent. The group were clear that healthcare data does not belong to central government, the NHS or funding bodies, it belongs to patients. Digitisation and the way in which we use data could be revolutionised to support patients and the development of our life sciences sector. For example, the NHS app could be transformed to support patients in accessing care, support groups, enrolling trials and so on. This kind of system would be hugely beneficial within regional governments, where there already exists trust with patients. This trust is necessary to foster conversations regarding the access and use of healthcare data.

Discussion Point Four: What role do regional clusters and anchor institutions play in strengthening the economy of the North through supporting inward investment and developing talent?

Connecting and supporting our anchor institutions is vital for encouraging R&D and trade investment into the region at pace and scale. There needs to be a shift in how we view our anchor institutions and their position in the wider economy and life sciences sector. The NHS is often viewed through a treatment lens but it is also an economic driver, with huge potential to strengthen the economy of the North by facilitating investment and a place to develop

talent (See box 3). As explored earlier, we have a highly skilled workforce but struggle with retention. To help overcome this, we should be allowing our innovation teams within regional clusters and anchor institutions the freedom to drive their work, to help create an environment in which the workforce can, and wants, to remain.

The group highlighted the need for the UK to better understand its position against other global markets and what we can offer as a supercluster on the international stage. There would be benefit in conducting a mapping and gapping exercise against other superclusters both as a nation and for the North. In addition, it is vital that central government and other stakeholders play more of a role in raising the profile of our life science community outside of the London. To minimise regional disadvantage, we need to develop a strategy to encourage investors to explore clusters of expertise across the UK and to build confidence in regions outside of the golden triangle. Without this, regions such as the North, will lose out on the investment needed to strengthen the economy which will result in various negative outcomes, such as a diminishing workforce.

The group ended the roundtable by returning to the topic of funding. Central government play a vital role in the distribution of this funding and concerns were raised that the current model is not benefitting the populations who need it most. However, this is not the case for all regions with some being able to utilise the funding they have to foster real change in their communities. It was clear from discussions that there are huge benefits to be had from regional clusters and anchor institutions having access and power over their own funding to foster research and innovation. More conversations are needed on this topic to establish a system that works across the nation.

Box 3 Case Study: UK Israel Health Tech Pilot

The NHTA and Israeli Innovation Authority (IIA) have partnered to deliver cutting edge healthcare solutions to improve opportunities and outcomes for people in the North of England. The IIA is awarding £1.1m across six Israeli companies to support their first clinical trials or R&D projects to take place in the UK. This project is the first of its kind in the UK and will see various NHS Trusts based across the North collaborate to assess and offer support to the companies. This project involves a whole-systems approach and is based on unmet needs within the NHS. The hope is that these companies will invest further into the region and employ our talented workforce to continue the work of this project. This case study demonstrates how we can mobilise our anchor institutions, such as the NHS, for inwards investment, developing talent and driving innovation to position the UK as a supercluster.⁶

3. <https://www.cipha.nhs.uk>

4. https://data.parliament.uk/DepositedPapers/Files/DEP2023-0476/Clinical_Trials_Review.pdf

5. <https://bruntwood.co.uk/news/cambridge-and-manchester-launch-new-cross-uk-innovation-cluster-to-boost-growth/>

6. <https://www.thenhsa.co.uk/2023/09/health-technology-companies-selected-for-a-pilot-project-to-launch-their-innovative-products-in-the-uk/>

Summary of Roundtable Discussions

The roundtable discussion highlighted a number of key areas to focus on that will support health innovation in the North of England.

• Funding Mechanisms

The need to revolutionise the mechanisms and distribution of funding was discussed throughout the roundtable session. In order to address the regional funding inequalities across the nation, funding would benefit from a place-based approach, allowing regions to conduct research and implement innovation that will address the needs of their local community. The outcomes and value for money are greater when funding is awarded to those regions with the greatest need. The decentralisation of funding has the potential to transform the health of communities and in turn drive regional economies. Providing regional governments with more powers over their budgets should be explored, to ensure a system is in place that benefits the entire population.

• Collaboration and Connectivity

Collaboration between clusters will support the nation's life science sector by utilising our collective strengths to drive forwards innovation. Collaboration between anchor institutions is also important for regional innovation to thrive as it creates an environment where best practice can be shared. By working in partnership on a united front, clusters across the UK can strengthen their offer to inward investors and sell the UK as a place to conduct world-leading research and innovation. Improving connectivity to our life science clusters, specifically those in the North of England, is also vital to fostering this collaboration between and within clusters.

• Communicating our Strengths

More work could be done to tell the collective story of our life sciences supercluster and communicate our areas of strength to the global community. Communicating our sector as united, collaborative and interdisciplinary will help position the UK on the international stage and promote the nation as an investable place. Furthermore, more work needs to be done to communicate the clusters outside of the golden triangle to foster investment across the entire nation. Having a better understanding of where the UK stands in relation to other global superclusters will help us communicate what we can offer and which new areas of development to target.

• The Workforce and Skills Agenda

We are struggling to retain our highly skilled workforce due to unattractive career pathways and a lack of local opportunities. The workforce is leaving for employment overseas as well as moving to more central hubs within the country, leaving behind local communities. The

UK needs to address this by increasing local funding and utilising anchor institutions as economic drivers to create more opportunities for employees to remain in their communities. By supporting local economies to thrive, this also fosters opportunities for the families of our employees to settle and find employment. We are also struggling to provide opportunities for people in hard-to-reach communities to access training, develop skills and take on employment that has the potential it to be life-changing. Our anchor institutions in the North are well placed to do this and help break both the cycle of poverty and start to address the talent flow into the NHS.

• Utilising Anchor Institutions as Economic Drivers

The UK need to recognise and utilise their anchor institutions as powerful economic drivers to drive innovation in local communities and regions. These institutions can be used as centres for inward investment to support research and development opportunities that will help position the UK as a global supercluster. If anchor institutions maximise their potential, local economies will benefit from investment and increased opportunities for research and innovation. This will allow individuals and their wider networks to remain and thrive within regions and thus supporting the retention of our highly skilled workforce.



Attendees

Chair - Dr Kath Mackay, Chief Scientific Officer, Bruntswood SciTech.

George Freeman MP, Science, Innovation and Technology Minister.

Dr Seamus O'Neill, CEO, NHTA.

Professor Louise Kenny CBE, Executive Pro-Vice Chancellor University of Liverpool.

Louise Shepherd CBE, Chief Executive, Alder Hey Children's NHS Foundation Trust.

Professor Ian Bruce, Director, NIHR Manchester Biomedical Research Centre.

Sam Sharps, Executive Director, Policy, Tony Blair Institute for Global Change.

Clare Hayward, Chair of the NP11.

Dr Ben Martyn, Executive Lead for Investments and International Partnerships, NHTA.

Professor Richard Jones, Vice-President for Regional Innovation and Civic Engagement, The University of Manchester.

Joseph Ewing, Head of Policy and Public Affairs at LifeArc.

