

Health @ Durham Strategy

2020-2025



Executive Summary

‘Health’ is a key interdisciplinary and societal concern. Durham University has a strong track-record and excellent work in health. However, the University could be more confident in the future direction of its work in health and strengthen its reputation and contribution globally.

Health is important to the University and is a major focus of University activity - around 20% of research income concerns health, as do 25% of REF2021 Impact Case Studies. Health features in a number of modules across the University, though this could be better drawn together and articulated as the University’s educational provision in health. In addition, health is the focus of student and staff welfare, volunteering and community engagement.



Executive Summary (cont.)

This strategy seeks to influence the focus and direction of development of health for the University, allowing 'health' at Durham University to have a major narrative in global and local excellence.



Professor Charlotte L. Clarke
DSocSc PhD

Executive Dean, Faculty of
Social Sciences & Health

Durham University, UK

Strategic Context

Durham University is in a unique position to be a world-leader in the field of 'health' – building on the excellence of its past and current work to define a new understanding and new approach to something that is foundational to our existence as individuals, communities and the world that we live in.

However, this is a critical moment for us to capitalise on this opportunity.

There is a substantial volume of excellent research relating to health in Durham University, for example 26% of the REF2021 Impact Case Studies concern health. However, following the move of the School of Medicine, Pharmacy and Public Health to Newcastle University in 2017, we live with the scepticism internally and externally that Durham does not now 'do' health – founded on an ill-informed yet prevalent understanding that health and medicine are coterminous. Durham University is one of only two Russell Group Universities without a Medical School and, for many universities, health is associated with programmes of education for healthcare practitioners that are not available either at Durham.



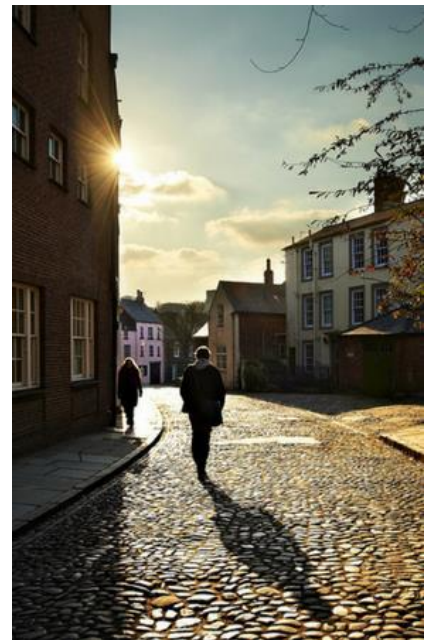
Strategic Context (cont.)

We have the intellectual space to rethink how we do health at Durham University, building on the opportunity provided by working on a single campus with strong interdisciplinary expertise and several areas of world-leading excellence, around which we can build.

The challenge is to be clear as to what the particular foci should be, and how to ensure we can then deliver a genuinely internationally competitive portfolio of recognised excellence.

As such, it is time that Durham spoke with confidence of the way in which it does 'do' health.

This confidence must be underpinned with an academic framework in which health research and learning is sustained and thrives, a communication plan that engenders confidence and demonstrates global leadership from the University, and moreover an articulated understanding of health that is owned internally and clearly in promulgating the University Strategy.



Background and Analysis

The Opportunity

Durham University will bring together a wide range of its health work and connect it explicitly to the overall University strategy of addressing the UN Sustainable Development Goals – focussing on:

- ❑ Our health as individuals
- ❑ Our health within communities and society
- ❑ Our health in synergy with our planet

This is an approach to health that is founded on the principles of salutogenesis rather than pathogenesis, and the entanglements between these principles. It is an approach in which the context of the physical, social, ecological and geo-political environments are understood to be critical to someone's experiences of health and ill-health.



The Opportunity (cont.)

The timing of such an approach has never before been so imperative – not least as we are experiencing so tangibly and globally with the Covid-19 pandemic:

- ❑ An understanding of the importance of place-based health, in which the physical and societal dynamics of communities and society are understood to impact on the health of the individual, is in ascendance and is shaping the way in which care services and interventions are being organised,
- ❑ The 2019 House of Commons publication of ‘Our Planet: Our Health’ and increasing attention on climate change demand recognition of the consequences of the state of our planet for the health of individuals and communities.

These strands are inexorably inter-linked and Durham University is well placed to address their complexity and interdependency.



The Opportunity (cont.)

Our research excellence spans all of these areas and without the legacy of any particular dominating strand. Research occurring in each of our faculties is of significance - for example we have particular strengths in translational bench science that is crucial to interventions in local and global health challenges (e.g. antimicrobial resistance, which has recently attracted significant GCRF funding).

However, more can be done within the Health@Durham infrastructure (e.g. examining the mental health impact of antimicrobial resistance). Our work in medical humanities, health geography, medical anthropology, health sociology and sport (and more) are sector leading and realising their fuller potential will enable the University to be more engaged with large-scale collaborative funding through, for example, the Healthy Ageing Industrial Strategy.

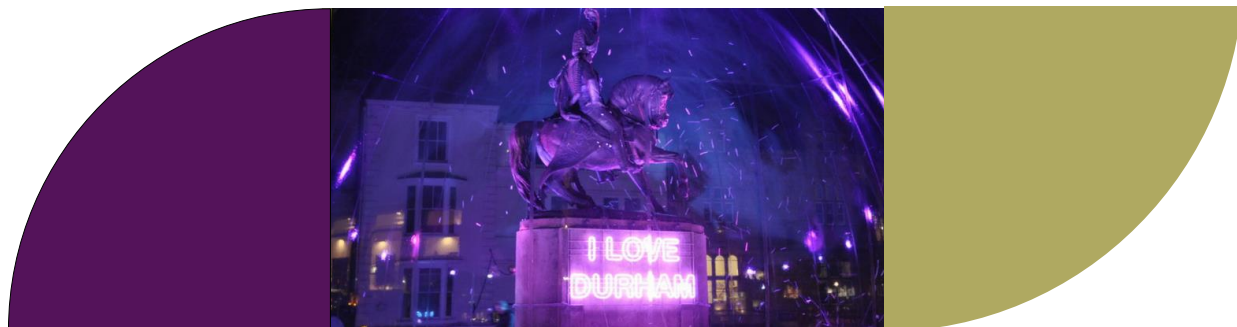


The Opportunity (cont.)

Durham lies in the heart of post-industrial North-East England. Here, the gradient of health inequality is as extreme as anywhere in the UK. It is a local environment in which the University already makes a major contribution through Region-wide initiatives such as Fuse (the five NE Universities forming this Centre for Translational Research in Public Health in 2008), the £16M NIHR Applied Research Collaboration (funded by NIHR 2019-2014) and the ESRC NINE DTP.

Tackling these health and social inequalities is fundamental to health research in Durham University, embracing an understanding of health as being determined by social, societal, ecological and environmental as well as individual factors.

Durham has always been a global city and a global University. The University's work draws people inwards and reaches outwards through initiatives such as the GCRF Global Challenges Centre for Doctoral Training and the NERC IAPETUS DTC addressing environmental and earth science. It is a University in and of the local community and in and of the world.



Key Next Steps

An Academic Framework for Health@Durham

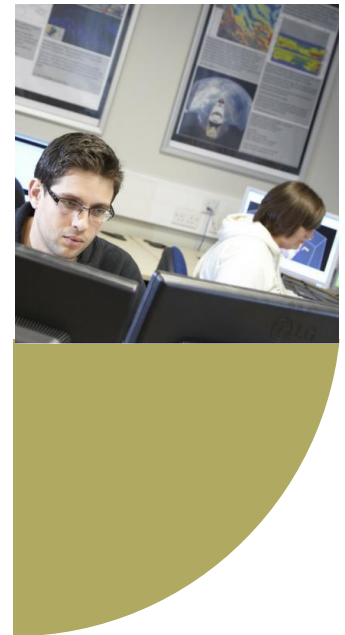
The University will establish an academic framework that is suitable to prosecute its vision of Health@Durham. Rooted in the work of individual departments and academics, it needs to facilitate a pan-University approach to research and to learning and teaching.

Structurally, the review of **Research Institutes** is timely. Most notably, the highly regarded Wolfson Institute for Health & Wellbeing has the breadth of individual and community health to become a hub structure to the various institutes, centres and research groups within the University that address health but that have a more specific purpose (such as the Institute for Medical Humanities, the Institute of Hazard, Risk & Resilience, and the Sociology research group on violence & abuse). Entirely in line with this proposed function, the Wolfson Institute for Health & Wellbeing describes its purpose as being a ‘crucible of enablement for our colleagues to intercede in major challenges in health and wellbeing and improve lives, in families, our region, nationally and globally’.



Key Next Steps (cont.)

Consideration will be given to whether the Wolfson Institute for Health & Wellbeing can also span the more physical sciences or whether the University should consider twinning with another existing institute (such as the Centre for Global Infectious Diseases) to achieve the disciplinary breadth.



A **network of external collaborators and partners** will support the external profile of Health@Durham, ensure that it is optimally located within regional and global healthcare networks, link with international centres of excellence and nurture early career academics through practice and policy internships.

Examples of such networks will include Professors of Practice, a Regional/International Advisory Group and IAD interdisciplinary project(s) and associated Fellowships, and academic-practice networks addressing global health concerns (e.g. the After Disasters Network). This network will also ensure that our accessibility, interest and contribution to industry interests is explicit e.g. working with RIS on engagement with Bionow and the Northern Health Science Alliance.

Key Next Steps (cont.)

The current infrastructure for curricula development and delivery privileges a disciplinary focus that is administered through departments. Creating a superordinate infrastructure for **interdisciplinary curricula development** and delivery through Faculties enables some of the burden of such curricula to rest at Faculty level, though such an approach that is one-step removed from Departments needs to be mitigated through clear points of departmental contribution and ownership.

There is precedent for such an approach (e.g. the Combined Social Science Honours Degree). It is timely that a PGT programme founded in the Department of Sport & Exercise Science is to be developed through Faculty infrastructure and can act as a template and fore runner for Health@Durham interdisciplinary programme development.



Key Next Steps (cont.)

The recent proposal to create interdisciplinary programmes for undergraduate and postgraduate curricula is aligned to the approach proposed here, and specifically if there is an interdisciplinary focus addressing health, inequalities and social justice or, for example, an MSc in Health Data Science.

Building a sustainable and vibrant academic framework also requires attention to staffing opportunities. Appointing a wave of interdisciplinary ECR Fellowships and linked PhD students will signal the University's intent and commitment to the field and create a step-change in specific pathways of interdisciplinary research.

Creating internal opportunities for **cross-Departmental/Institute Health@Durham fellowships** would promote staff development opportunities and further engender interdisciplinarity.



Key Next Steps (cont.)

Identifying and advancing key **international partnerships** with organisations that share the breadth of vision as Health@Durham is essential to consolidating a global presence.

Existing partnerships will be mapped and strategic new collaborations forged, for example with Peking University School of Medical Humanities and Hong Kong University and through **international networks** e.g. the Matariki Network of Universities (in which Durham University leads the global health theme).



Key Next Steps (cont.)

Also highly pertinent to a strategy on health within the University, is consideration of the student and staff experience. This is twofold:

- 1) Very many students and staff are involved in **health-related activities** within the Colleges and the wider community. This includes industrial and international placements as well as volunteering activities. Sometimes these activities are to the (indirect) benefit of the health and wellbeing of the individual student or staff (e.g. sports activities) and others are intended to be of primary benefit to others and to community groups.
- 2) There is an increasing awareness of the health and wellbeing needs of the University students and staff, reflecting sector wide concerns, and in particular in relation to mental health. The University's **Health & Wellbeing Strategy** for students and staff is much welcomed.



Key Next Steps (cont.)

Profile, Presence & Dialogue

Advancing the profile and presence of Health@Durham is essential if we are to mitigate some of the reputational damage consequent to the transfer out of the University of the School of Medicine, Pharmacy & Public Health. Health@Durham allows for strong reputational gain if action is taken to achieve this. The work required is very much internal as well as external facing.

Parallel tracks of activity will include:

- 1) **'Pictures of Health'** – a series of externally facilitated activities for staff in which the richness of current and future Health@Durham is explored and consensus and ownership built, with a particular focus on (1) stimulating interdisciplinary research and teaching initiatives and (2) curating narratives of Health@Durham for internal as well as external audiences.
- 2) **Materialising** the outcomes of recent and current Health@Durham research, leading to the creating of artefacts that can be exhibited and can be digitalised so that they foster dialogue and are incorporated into media such as the website. This work goes beyond established modes of academic communication and opens up ways of discussion and sharing across disciplines and beyond the academic community.

Key Next Steps (cont.)

- 3) **Social media** – developing an information and visually rich website and blog site that communicates our work externally, and in particular highlights local and global partnerships, networks and impacts.
- 4) ‘Soft’ infrastructure can play a key role in nurturing the interest and attention of those who consider themselves to have only a marginal interest in a topic (as well as those for whom it is central to their work).



Durham University will establish a series of **‘The Year of ...’** and engage Colleges, alumni, non-academic partners and international partners as well as all departments in a conversation about their contribution to the topic and to celebrate this in a series of events.

The UN has designated 2021 as the UN year of peace and trust, allowing for a focus on conflict, abuse and resolution in relation to health.

Key Next Steps (cont.)

5) Seminars, short courses and summer schools –

Across the whole of the University, including the Colleges, there is a vast number of seminars, discussion meetings and lectures (some closed and some open). Designating those that are relevant as Health@Durham events will help to communicate the vibrancy of engagements with this subject by staff and by students. It will be helpful to add some anchor public lectures, perhaps by key Durham alumni who work in health or key speakers on, for example, human rights and the mental health legacy of apartheid. In the medium term, the viability and impact on profile of summer schools and short courses will be explored.



Contact

Faculty of Social Sciences
and Health, Arthur Holmes
Building, Lower Mountjoy,
South Road, Durham,
DH1 3LE, UK

Professor Charlotte L. Clarke
DSocSc PhD

charlotte.clarke@durham.ac.uk