Bristol Health Partners

Many of the leading hospitals and universities in North America, Europe and East Asia have established highly successful, formal collaborations to enhance their shared activities in health services, innovation, research and education. This is achieved through various means, including bringing research into practice more quickly and effectively, involving more patients and populations in research, clinical trials and teaching, and accelerating the commercial development of new research.

Bristol Health Partners is addressing the major public health imperatives and disease areas in the city through the integration of primary, secondary and tertiary care with community service provision, public health (including preventative strategies), education, training, innovation and research. This unified and focused approach will deliver healthier lives, earlier prevention of illness and disease, and better integration of healthcare across Bristol. Bristol Health Partners has a tripartite mission to integrate healthcare delivery, research and innovation, education and training across the partner organisations. It is a formal collaboration between four NHS Trusts serving the Bristol area; Avon and Wiltshire Mental Health Partnership NHS Trust, NHS Bristol (and its successor organisations), North Bristol NHS Trust, and University Hospitals NHS Foundation Trust; and the two Universities in Bristol, University of Bristol and the University of the West of England. Bristol City Council is an Associate Member of Bristol Health Partners and other members of the Bristol Clinical Commissioning Group (BCCG) are also involved. The partnership was established in May 2012.

Bristol Health Partners is governed by a Board, chaired by Deborah Evans, whose members include the Chief Executives of the four NHS Trusts and the Vice-Chancellors of the two Universities. Bristol City Council is represented on the Board by The Director of Public Health and the members of the Bristol Clinical Commissioning Group (BCCG) also have representatives. Professor Peter Mathieson is the Director of Bristol Health Partners and Dr Mary Perkins the Deputy Director. The Director chairs an Executive Group which has representatives from the partner organisations and key stakeholders as well as area experts.

Bristol Health Partners has established six Health Integration Teams (HITs) and is anticipating developing additional HITs. HITs are cross-organisational and interdisciplinary groups set up to harness research, innovation, education, healthcare and prevention strengths to improve health outcomes. They are tackling major health priorities by working together in a new integrated way. Our current cohort of approved HITs are:

- Musculoskeletal
- Integration to avoid hospital admission
- Sexual Health Improvement for Populations and Patients
- Improving Care Pathways for Self Harm
- Dementia
- Supporting Healthier Neighbourhood Environments

Health Integration Teams (HITs)

HITs are the *modus operandi* of Bristol Health Partners. All HITs will be aligned with the priorities of the partners and with the research, education and healthcare strengths in Bristol.

What a HIT should aim to do:

1. **Improve outcomes across the patient pathway** so that services are of the very best quality, using evidence based innovative approaches [where available, and/or developing new evidence where necessary] to the delivery of prevention programmes, early intervention, clinical quality, patient safety and patient experience.
2. **Create an integrated whole health system approach** to provide more holistic healthcare leading to better outcomes for patients, ensuring that this is cost-effective and sustainable and works across patient pathway and organisational boundaries. Engagement with health and social care commissioners, current and future, is key, due to their role in representing the needs of their population when driving service redesign and purchasing care. Engagement with funding bodies and industry is also envisaged.

3. **Promote and facilitate translational research, including access to external funding**, to ensure that Bristol is at the forefront of developing innovations; be they in public health, service design, research methodologies or new technologies.

4. **Ensure that successful innovations are embedded and become best practice and that this is spread** across all partners, cross-fertilised to other pathways and communicated beyond Bristol.

5. **Ensure that the HIT benefits from the widest possible evidence base and external relationships** by working with other collaborators, industry etc.

6. **Ensure that alignment with improvements in education and training is achieved where possible**

**Why try to become a HIT? Why become involved in a HIT?**

1. **Help deliver the very best evidence-based care for our patients** - leading to outcomes that meet or exceed the national and international standards/targets. Becoming a HIT will enable you and your colleagues to have a direct positive impact on the standard of public health and health care in Bristol and beyond.

2. **Increase grant income** - Research funders increasingly emphasize the importance of collaboration and impact. HITs will harness local strengths and address clear priorities; their cross-organisational, multi-disciplinary nature plus their potential for rapid and substantial impact will appeal to funding bodies. For example, see the very recent call from NIHR for Knowledge Mobilisation Fellowships [www.nihrtcc.nhs.uk/NIHR%20KMF/index.html](http://www.nihrtcc.nhs.uk/NIHR%20KMF/index.html)

3. **Influence future investment in research infrastructure and staff** - A successful HIT with a coherent integrated cross-institutional strategy and clearly defined milestones and health outcomes will be in a good position to identify resource needs and influence the agreements with commissioners about the ways their services are delivered. Similarly, business cases for maintenance, enhancement or new development of resources or facilities will be strengthened by the evidence base from the HIT

4. **Accelerate the adoption of research findings, new methodologies and technologies** - HITs will be the vehicle through which our research and the global research evidence base will inform and transform public health, health service delivery, health outcomes, training and education in Bristol and beyond.

5. **Work with others to break down barriers** - By taking a health system, holistic approach and working with a dedicated cross-institutional team a HIT will identify barriers and be in a position to remove them.

**HIT General Guidelines**

1. We anticipate that HITs will be designed in a variety of different models by the nature of the partners and people involved, the priority they are addressing, and the way in which they will need to operate to achieve their objectives. We have therefore not been prescriptive about how HITs could be configured other than identifying the following requirements:

   - A HIT must address at least one Bristol Health Partners Trust partner priority (see Annex 2).
   - A HIT must seek to integrate primary, secondary and tertiary care with community healthcare provision and public health.
   - A HIT must aim to address the entire health promotion/prevention or disease/treatment pathway but it is recognised that it will not always be appropriate or possible for HITs to attempt to do all of this from the outset. Some HITs may start by addressing sections of a pathway or one interface and then
expand over time.

- A HIT is expected to have the involvement initially of at least 3 Bristol HealthPartners organisations: two must come from the NHS or BCC and one must be a university. The intention should be to involve all partners or to justify why this is not appropriate or possible.

- Each HIT needs to identify one NHS Trust to act as Sponsor and support it in the development of its Business Case(s). The role of the Sponsor is to champion the HIT, help remove roadblocks and to fully embed and integrate the HIT so that it becomes an equal partner in all managerial functions and is seen to be integral to the delivery of targets or metrics that are important to the Trust. This does NOT mean that the focus of the HIT is solely within the Sponsor organisation.

- HITs are accredited for an initial period of 3 years, with annual reporting and review. There is an expectation that they will seek renewal thereafter subject to satisfactory performance, delivery and business plans.

2. HIT leadership is critical. Leader(s) must have the credibility and authority, as well as the support of the community they propose to lead, to create a fully integrated cross-institutional team and meet the challenging milestones and deliver the healthcare transformation they propose.

3. Modest funding will be available to support the development of the HIT Business case(s) as well as access to shared infrastructure.

Accreditation Stages

1. HIT Expression of Interest (EOI):
   This is a short EOI application form which includes:
   - The health and healthcare delivery challenges which the HIT will focus on and the specific prevention or disease/treatment pathway that will be addressed.
   - How the HIT addresses one or more priorities of the Bristol Health Partner organisations.
   - How the HIT will benefit patients and/or health outcomes (quality and/or cost), how the improvements will be measured plus predicted timelines within the short-term (1-3 years) and longer term (5 years and 10 years).
   - How the HIT adds value to what is already going on (i.e. beyond business as usual).
   - Which partners are involved in the HIT, and if not all 6 partners why some partners are not included.
   - How the HIT has, or expects to, engage with and help inform commissioners (Primary Care Trusts, Clinical Commissioning Groups – CCGs, the NHS Commissioning Board, Bristol City Council) and the Health and Wellbeing Board.
   - In broad terms how the HIT’s PPI (Patient and Public Involvement), communication and engagement plans will ensure all constituents of the HIT are actively involved in its development.
   - How the HIT has, or expects to, engage with and/or collaborate with industry and other partners
   - What innovative education and training plans the HIT has or is considering
   - The proposed leadership of the HIT: note the Directors/Leads can come from any relevant partner.
   - The HIT’s management structure, including identification of the NHS partner that will act as Sponsor.

You will need to identify an appropriate NHS Trust as a Sponsor for the HIT. The Chief Executive of this Trust must sign the EOI application form prior to submission. We strongly advise that HIT teams discuss their EOI application with their sponsoring Trust well in advance of any deadline.

2. Full Proposal:
The full proposal is a longer application (about 10 pages) in which the HIT leaders will be asked, in addition to
expanding the various areas outlined in the EOI, to:

- Describe in detail the HIT’s evidence-based strategy for the next 3, 5 and 10 years
- Detail the research base which the HIT is connected to
- Provide practical and deliverable performance milestones and actions with clear timetables
- Provide an organogram showing the HITs management structure and accountability
- Provide a detailed summary of the pump-priming funds necessary to undertake the shadow evaluation period; this might include protected and ring-fenced time for Director(s)/Leads or other requirements.
- Address any comments, questions or concerns raised by the Executive Group panel at the EOI stage

Each section on the application form has short explanatory notes to guide you.

**The Chief Executive of the NHS Trust sponsoring the HIT must sign and provide a supporting statement on the full proposal application form. We strongly advise that HIT teams liaise with their sponsoring Trust well in advance of any deadline.**

### 3. Shadow development period, implementation plan business case(s) and full accreditation:

This period is for an approved HIT team to generate a detailed implementation plan, to identify and schedule their business case(s) for evidence-based changes, and to start to build the foundation for the initial business case(s). A template for the implementation plan will be provided by the Programme Manager. Most HITs will develop a series of business cases over the lifetime of the HIT. These cases will be put to the organisation(s) that will fund and implement the proposed changes via their usual mechanisms (e.g. Spend to save). The case for each change will be different. For some the evidence is already available and all that is required is a business case to be developed. Others will require evidence synthesis, others clinical trials to be completed or pilots run. Some will require new evidence to be generated and many will trigger new research questions.

The implementation plan will include:

- the HIT’s vision, aims and SMART objectives and the expected benefits/outcomes
- a timeline for the work required to provide the evidence for the proposed changes and to make the business cases for these changes
- a schedule of the proposed business cases for change
- plans to secure additional funding and/or other support
- key milestones, deliverables and decision points

Approval of the implementation plan, including a schedule of planned business case(s), will usually lead to formal accreditation of the HIT. Progress of the HIT will be reviewed annually by the Executive Group and accreditation renewed as appropriate. The HIT will provide 6-monthly written reports to the Director of Bristol Health Partners. A template will be provided. Once approved, each HIT will be assigned a member of the Executive Group (EG) who will act as their link to that Group. The Linked Executive will update the EG monthly on progress; and raise any issues or risks that have been identified.

### Support for HIT Teams

**Developing HITs** - Bristol Health Partners will continue to run the very successful HIT drop-in surgeries and other events to bring HIT teams and/or individuals together with cross-cutting and/or underpinning activities (methodologies and approaches, models, technologies, resources, expertise, facilities etc). A broad range of expertise and contacts are available across the partnership on all aspects of HIT development.

**Approved HITs** - In addition to their Linked Executive each HIT will be assigned an Innovation Working Group link member to help them access the broad range of expertise on health innovation, service redesign, industry collaboration, intellectual property, commercialisation etc. available across the partnership. Each HIT will be able to work with the Bristol Health Partners communications lead from their sponsoring partner organisation.
to develop their communication plan. There will also be a wide range of other expert advice and support (e.g. PPI, education and training etc) available to all our HITs. In addition Bristol Health Partners runs workshops specifically designed for approved HITs on a number of topics such as business case preparation, innovation and PPI etc.

**HIT Application Process**

Development of a fully fledged HIT is expected to be an iterative staged process. Feedback will be given at each stage. The feedback is intended to help a potential HIT to continue to develop their vision, strategy, operational and business plans, build their team and where and when appropriate be approved and then progress onto full accreditation.

Submissions at the EOI and full proposal stages will be considered by a review panel formed by the Bristol Health Partners Executive Group. The panel will meet formally to discuss each proposal.

*The Expression of Interest (EOI) Review:*
Each prospective HIT team must complete an EOI application form which will be reviewed by a panel. Prospective HIT teams will receive feedback and be informed by email of the outcome.

*Full Proposal Review:*
The review has two parts. Each prospective HIT team must complete a full proposal application form and attend a panel meeting to give a 10 minute presentation. This is followed by 20 mins of questions and discussion. A maximum of four team members should attend the meeting, one of whom should be a commissioner. Teams will receive feedback and be informed by email of the outcome. HITs which are successful will be formally launched as approved HITs.

*Implementation Plan and Business Case(s) Review:*
Approved HITs will prepare an Implementation Plan which will be approved by the Executive Group. Approval of the implementation plan will lead to full accreditation of the HIT. This plan will include details and a schedule of the proposed business case(s) for the evidence-based changes proposed. These cases will be submitted to and reviewed by the appropriate Trust(s) at the appropriate time. The Executive Link will work with the HIT to develop these cases. Workshops on Business case preparation will be run at least twice a year to help support this process.

**Application forms and Submission Deadlines**

For copies of APPLICATION FORMS for EOI and Full Proposals please contact Lisa Wheatley (Lisa.Wheatley@Bristol.ac.uk).

The HIT review panel meets every three months. For **NEW EOI** applications and **FULL proposals** (as opposed to resubmissions) the **SUBMISSION DEADLINES** for 2013 are as follows:

- **12:00 Noon Wed 9th Jan 2013** (Panel Meets: 23 Jan 2013)
- **12:00 Noon Mon 8th Apr 2013** (Panel Meets: 22 Apr 2013)
- **12:00 Noon Mon 10th June 2013** (Panel Meets: 24 Jun 2013)
- **12:00 Noon Wed 9th Oct 2013** (Panel meets: 23 Oct 2013)

If you are thinking about or already preparing a **NEW EOI** application you should inform the Senior Programme Manager Lisa Wheatley as early as possible and at least ONE MONTH prior to your intended date of submission. If you have been invited to submit a **NEW FULL** proposal you should contact Lisa Wheatley once you have had time to review the panel feedback to discuss the most appropriate submission date and attendance at a review panel meeting.

HIT teams preparing to **RESUBMIT** an EOI or FULL proposal should also contact Lisa Wheatley to discuss the timetable for resubmission. It will be possible for EOI resubmissions to be reviewed on an **ad hoc** basis at
monthly Executive Group meetings. The timetable and requirements for any FULL proposal resubmissions will be discussed on a case by case basis. Jenny Knapp’s contact details are below.

**Contact us**
For copies of application forms; deadlines for submission; details of HIT drop-in surgeries; or help with any aspect of your HIT application please contact:

Lisa Wheatley  
Senior Programme Manager  
Bristol Health Partners  
0117 3317128  
Lisa.Wheatley@Bristol.ac.uk

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To receive news and information by email about Bristol Health Partners, HITs, events etc. please register your details with us. Email Lisa Wheatley (Lisa.Wheatley@Bristol.ac.uk) with the following information:

Your name:  
Postal address:  
Position:  
Phone:  
Organisation affiliation(s):  
Key words / areas of interest:  
Email:  
HIT(s) involved in:

**Annex 1: BHP Partner Health Priorities**

**Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)**

1. **Dementia** – one of the top 5 public health burdens in high income countries, there are over 5000 patients with dementia in contact with AWP (out of a total of about 35,000 per year). Mainly managed in primary care settings but with major impacts in DGHs.

2. **Depression** – also one of the top 5 health burdens particularly at times of economic strain in which we have clinical expertise. Much of the work takes place in primary care.

3. **Addictions** – alcohol addiction being one of the top 5 health burdens in high income countries. We have highly respected addictions services in AWP that also combine with criminal justice and prison inreach services giving reach across the whole of the SW. Also major impacts on DGHs (ED & In-patient episodes)

4. **Long Term conditions in mental health** – including Schizophrenia, where repeated relapses and admission are disruptive to life and expensive; Developmental disorders such as Autism, Aspergers, Attention Deficit Disorder and Personality Disorders are also a prevalent range of conditions mainly managed in a primary care context but require the expertise we have. Will have an impact on reducing hospital admissions

5. **Integrated Care Pathway Development** – mental health services are introducing Payment by Results for 2012 based on care clusters supported by development of care packages offering real choice to individuals and their health team advisers. Care pathway management within shared care models is an open field for both research & innovation with major opportunities for “quick wins” in terms of translation into practice. This would also impact on a general theme. Will have an impact on reducing hospital admissions

6. **Service user and carer involvement** – we need to respond rapidly to the needs of SUCs and prepare for the move to service user led commissioning. We host two research networks where SUC involvement in research is becoming a key performance indicator. (Cross cutting)

7. **Healthcare professionals** – with 3,400 staff in AWP and sickness rates around 5% we are keen to improve the wellbeing, morale and skills of our major asset and resource. Further, MH problems amongst Healthcare
professionals are a largely unspoken but acknowledged problem across all provider organizations. Development of discrete & discreet services would have wider benefits. (Cross cutting)

Bristol City Council (BCC)

1. **Health inequalities** - Strengthening the evidence base on preventing and tackling health inequalities, especially focused on the economic drivers of health inequalities and within this the means for reducing income inequalities at the local (i.e. city/city region level)

2. **Preparing for the impact of peak oil** (and all that ramifies from this) on health and health care (key article is in the BMJ Sept 2010. This requires a radical re-think of how to provide sustainable health care into the future

3. **Younger population** - To get a healthier population in future generations we must start young, thus a focus on 'a good start in life'.

4. **Mental health and wellbeing** - getting (way) beyond splitting mental and physical health, understanding mental health as a determinant as well as an outcome and migrating mental health and wellbeing to the core of our focus - 'no health without mental health'

5. **Obesity** - and the links between obesity, food, soil, fair-trade etc. i.e. focus on the major societal and commercial drivers of our obesogenic society and taking a whole system approach to its analysis and in designing interventions

6. **Transforming sexual health outcomes and services** - sexually transmitted diseases and other measures of poor sexual health, especially for younger people, are a continuing obstacle to young people's well being and a significant cost to the NHS

NHS Bristol

1. **Common childhood illnesses**

2. **Mental Health** (Addictions, acute care and cultural issues)

3. **Information, advice, guidance and decision making**: patient, referrer, provider (early wins/longer term gains)

4. **Frail older people**: highest priority in relation to complexity and growing challenge (plan during 2012/13 for future years gain)

5. **Long term conditions management**: Cross cutting themes such as assistive technology and follow care, as well as specific pathways for cancer care and end of life care (early wins/longer term gains)

6. **Urgent care system/pathways**: improvements in the way patients access and utilise urgent care services

7. **Productivity, efficiency and quality**: Programme to support comprehensive adoption producing major gains for all (including Pathology)

North Bristol NHS Trust (NBT)

1. **Redesigning services around patient pathways** - as part of the ‘Building our Future’ programme, the operating plan for the new hospital will be designed around patient pathways rather than individual specialities, which includes moving more care into community settings
Continuing to improve quality whilst taking out 6-7% savings annually - focus on Trust wide implementation of recognised best practice and tested safety interventions. Increase productivity and efficiency to be consistent with upper quartile performance nationally.

Whole system partnership working - recognition that future challenges can only be met through an integrated health and social care approach. Early clinical priorities for joint working are:

- Care of the frail older people
- Urgent and emergency care
- Long term conditions
- Dementia

Development of a centre of excellence for specialist and tertiary services - includes securing national designation for certain services, e.g. major trauma, neurosciences, burns etc as well as supporting cross community integration of specialities such as head and neck, breast, urology and pathology services.

Be a great place to work - recognised as a good employer and able to recruit high calibre staff because of the profile of clinical services, opportunities for personal development and access to education and research opportunities.

University Hospitals Bristol NHS Foundation Trust (UH Bristol)

Transforming Care through Innovation - the Trust has recently launched a transformation programme that aims to ensure the Trust maintains, and wherever possible improves, the quality of its service office whilst reducing the cost base of the organisation. This programme is focused on innovation as a means of driving new practices.

Vision & Values - to continue to embed the Trust’s values and secure organisation wide buy in to vision for our services.

Establishing, with partners, a formal research and innovation collaboration - successful realization of the AHSC / Bristol Health Partners vision and the local fore runner to the creation of a HIT.

Leading Through Partnership - to play a greater role in health system leadership through forging effective partnerships with all of the key players; recognizing the vision described in Health, Wealth & Innovation will rely upon robust cross-organisational working.

Promoting Teaching and Learning - strengthening the profile and standing of teaching and learning within the Trusts business.

Acute Service Configuration - to ensure we organize our services for success in the future by ensuring service resilience and strategic coherence which will position Bristol to take advantage of research and innovation opportunities that present in the future.

Secure national and regional service designation - to position the trust for success in local and national service designations with the aim of being viewed by external commentators, and funding bodies, as a “significant player” in the field of research and innovation.

Promoting quality and managing risk - ensuring quality of care remains the organizing principle for the Trust, ensuring that we bring the evidence from research and the practices from innovation to patient care at speed.

1 UH Bristol’s values are: Respecting everyone, embracing change, recognising success and working together.
9. **Improving the built environment** - successful completion of the BRI Redevelopment, the Children’s Hospital expansion and the Bristol Haematology and Oncology Centre development with the aim of improving patient experience, service efficiency and physical capacity for enhanced research and innovation through the creation of a single JCRU (Joint Clinical Research Unit)

**University of Bristol (UoB)**

1. **Focus on our research strengths**, especially population health. Organ-based theme areas of strength include cardiovascular, neuroscience, musculoskeletal. Methodological expertise includes epidemiology, clinical trials units, statistics, health economics, health services research and public health.

2. The Faculty of Medicine and Dentistry has primary responsibility for the **training and education of medical and dental students** and we will continue to provide this education in a research-led environment. We wish to see greater integration with postgraduate education and training and with the education and training of other members of the multi-professional healthcare workforce.

3. Across the wider university, we see the creation of the **University Research Institute for Health (URI-Health)** as a powerful vehicle for the promotion of interdisciplinary working, bringing research to translational application and maximising research income and outputs. The alignment in time with the development of Bristol Health Partners is a deliberate policy to ensure integration and avoidance of duplication.

4. We aim, in collaboration with the other partner organisations, to **increase our NIHR footprint**, maximize the success of our two current Biomedical Research Units (in Cardiovascular and in Nutrition), planning an application for a **Biomedical Research Centre in 2015** and adding to our successes in other NIHR funding schemes including programme grants and fellowships.

5. We wish to promote and **encourage collaborations with other academic partners**, including but not limited to the Universities of Bath and Exeter and extending into Wales by building on our existing strong links with Cardiff University.

6. We recognise the need to **strengthen our linkages with the devices, biotechnical and pharmaceutical industries**.

**University of the West of England (UWE)**

1. **Child Health**: We have particular research strengths in medicines for children, language and communication impairment and in accidental injury and prevention. This final strand is supported through collaboration with the Centre for Child and Adolescent Health, located at UoB.

2. **Long term conditions**: This theme consists of a number of areas of strength, many of which are supported by key collaborations with local trusts; these include musculoskeletal, rheumatoid arthritis, fatigue management, pain mechanisms and management, stroke recovery and rehabilitation.

3. **Appearance Research** spans specialist research around visible different (disfigurement) and body image as well as having relevance in terms of more general health and wellbeing issues. Key research areas include; interventions for children, cleft gene bank and cohort studies, psychosocial needs of people with a range of appearance concerns and public attitudes to appearance.

4. **Healthy Living and assisted living** encompasses the user experience, the development of complete sensing systems and evaluation of assistive technologies. The work spans a number of faculties and draws on industry links through our Bio-medical iNets.
5. **Bio-sensing Technologies and Diagnostics** for Health research includes work on electrochemical (bio) sensors, novel electroactive materials for biosensors and luminescent bacteria-based sensors.

6. **Bio-markers** research at UWE focuses on both the rapid detection of illnesses such as specific cancers, diabetes and dementia, as well as biomarkers to protect food quality in relation to human health.

7. **New ways of public health** addresses high profile societal and government concerns around creating a resource efficient, low carbon future and a healthy society, through contributing to policy and practice in the thematic areas of; ‘Healthy, Sustainable Communities’ and ‘Low Carbon Futures’, in addition to the ‘Healthy University’ and ‘Education for Sustainable Development’.

8. **PPI:** Patient and public engagement in research is important to all areas of research and learning and led by one of the national figures in the field. PPI is supported by a Service User and Carer Office, with recognised status as ‘research partners’ for members of the public who are involved in research (cross-cutting theme).

9. **Health service evaluation** focuses on providing evaluative research in a range of health and social care settings and draws on a wide range of evaluative methodologies. The area is seen as important for cross Bristol collaborations, the development of which is being supported through a partnership Senior Research Fellow post funded by NHS Bristol and managed by UWE and UoB (cross-cutting theme).

10. **Partnership working:** UWE prides itself on being ‘the Partnership University’ and this is expressed in health research and innovation through collaborative focus of both the Institute for Sustainability, Health and the Environment