Inclusive and sustainable economies: leaving no-one behind

Supporting place-based action to reduce health inequalities and build back better
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Foreword

As we emerge from the ordeal of COVID-19 the full extent of its impact and mitigations such as lockdowns are clearly apparent. Nowhere more so than the inequality of health, either directly from the disease itself affecting the most challenged communities, or indirectly from the differential effects on local economies. Put simply, poor areas and populations are at risk of becoming still poorer and this will hold them back. Therefore, as we aim to plan to ‘Build Back Better’ we need to ‘build back fairly’ and sustainably. This means addressing the most fundamental of determinants - the economy which creates jobs and wealth - and ensuring that we protect future generations by doing this within the means of our planet.

This paper provides a resource to those working at local and regional level to help ensure we maximise this opportunity. It provides a framework and 6 step approach to support system wide planning and action for inclusive and sustainable economies and is supported by a data catalogue. Its recommendations include building on the hidden assets, anchors and innovations in our communities and it supports leadership in ‘place’- the cornerstone for local action.

Informed by extensive consultation with a wide range of stakeholders across the country, we hope the resource will complement the excellent work already taking place at local and regional level and support further cross-system action between local and combined authorities, local enterprise partnerships, NHS organisations, schools, colleges and academic institutions, voluntary and community sector organisations, social enterprises and local businesses.

Professor Paul Johnstone (National Director for Place and Regions)
Executive summary

Purpose

This document supports place-based action on inclusive and sustainable economies as a mechanism to reduce health inequalities through improving the health of people and communities, ensuring that economic activity is sustainable and achieving shared prosperity for all, with no-one left behind.

This document aims to:

• define and make the case for an inclusive and sustainable economy
• suggest opportunities for local areas to build back better from the impacts of COVID-19 and address the underlying inequalities which existed before the pandemic
• propose an inclusive and sustainable economies framework and data catalogue to support local areas to get started on, or continue to take action on this agenda
• share place-based practice examples of action to create inclusive and sustainable economies

Making the case for inclusive and sustainable economies

An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet.

Over the last decade in England life expectancy has stalled, years spent in poor health have increased and health inequalities have widened. Those living in the most deprived areas die up to a decade earlier and spend an average of 19 extra years in poor health than those living in the least deprived areas (1).

Health inequalities occur due to differences in the social, economic and environmental factors that shape our lives (3). It has been estimated that the unequal distribution of such factors accounts for between 40% and 50% of the variation in health outcomes (health inequality) between the most and least deprived areas (4).

There is a social gradient in health: the lower an individual’s socioeconomic position, as defined by their job, qualifications, income, wealth, and where they live, the worse their health (3, 5). It has been estimated that, between 1 January 2003 and 31 December 2018, over a third of deaths in England were attributable to socioeconomic inequality (6). Such avoidable inequalities are unjust, and there is both a moral and economic argument for acting at scale to reduce health inequalities (76).
Before COVID-19, health inequalities in England were estimated to cost the NHS an extra £4.8 billion a year (2), cost the UK between £31 billion and £33 billion each year in lost productivity and between £20 billion and £32 billion a year in lost tax revenue and higher benefit payments (3). Health is therefore a major determinant of economic performance and an important contributor to economic prosperity. Acting on health inequalities is essential for the national economy, local prosperity and to build back better from COVID-19.

An inclusive and sustainable economic approach requires universal action which is proportionately targeted towards the most disadvantaged. Such efforts will help reduce the gap between and within regions, help those population groups that are furthest away from the job market into employment, and contribute to lifting 13.5 million people in the UK out of poverty, 7.4 million (55 percent) of which are in working families (7).

Inclusive and sustainable economies can support COVID-19 recovery

The COVID-19 pandemic is a crisis like no other experienced in our lifetime.

It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. A review of the disparities in risk and outcomes from COVID-19 by PHE found that its impact has replicated existing inequalities and, in some cases, has increased them (8).

The most deprived neighbourhoods in England have a COVID-19 mortality rate more than twice that of the most affluent (9). Certain population groups such as ethnic minorities, older people, men, those who are obese and who have other long term health conditions, people with a learning disability, those with a severe mental illness, and those working in people facing occupations such as heath and care services, retail, hospitality, transport and security have suffered the greatest detrimental health impacts from COVID-19 (8).

The indirect impacts of the mitigation measures put in place by the government to reduce the spread of COVID-19 have disproportionately affected those most vulnerable in society. For example, school closures led to a generation of children losing out on months of education, with children from more deprived households having been left at a greater disadvantage to continue their learning from home (10).

The Institute for Public Policy Research has predicted an increase in unemployment from 3.9% at the beginning of 2020 to 9.8% in 2021 (11). The retail, tourism, entertainment and hospitality sectors have been the most hard-hit by the economic fall-out of COVID-19 – all of which disproportionately employ low-income workers, women, ethnic minority communities and young people (9).

As local areas look towards the future, what is clear is that it will not be possible to, nor should it be desirable to, revert to the way things were. An inclusive and sustainable economies
approach is a mechanism to reduce the inequalities that have been exposed and exacerbated by the COVID-19 pandemic and to build back better, leaving no-one behind.

A place-based, integrated and collaborative approach is required

Building inclusive and sustainable economies requires collaboration between a wide range of place-based organisations including local and combined authorities, local enterprise partnerships, sustainability and transformation partnerships and integrated care systems, schools, colleges and academic institutions, voluntary and community sector organisations, social enterprises and local businesses. This report focuses on action at the local and regional level, supporting place-based approaches to establishing inclusive and sustainable economic development.

A framework for an inclusive and sustainable economies approach

An inclusive and sustainable economies framework (Figure 1) has been developed as a tool to focus whole system action. It illustrates that to achieve healthy people and thriving communities, increased productivity and shared prosperity, and healthy and sustainable places, action is required across the social, economic and environmental determinants of health. These are the 3 domains of an inclusive and sustainable economy which are supported by action across 12 sub-domains or building blocks of an inclusive and sustainable economies approach.
Taking a 6-step approach to using the inclusive and sustainable economies framework and data catalogue

The following 6 steps can be used by local systems to support a place-based approach to using the inclusive and sustainable economies framework and data catalogue to identify shared priority areas for local action:

1. Establish place-based inclusive and sustainable economy networks – Building inclusive and sustainable economies requires coordinated and collaborative action across a broad range of cross-cutting sectors.
2. Set a holistic vision – use the inclusive and sustainable economy network to set a local vision which looks beyond gross domestic product (GDP) as a measure of economic success.
3. Measure and benchmark - use the inclusive and sustainable economy framework and data catalogue to consider each of the 12 building blocks, identify areas of need and benchmark local performance.

4. Consider the local context – reflect on local economic, environmental and social conditions, strengths and assets, and political factors that may constrain or support the development of inclusive and sustainable economies.

5. Consult with citizens and communities – adopt a participatory approach through capturing local citizen and community insights.

6. Prioritise areas for action – prioritise areas for action based on the above considerations ensuring that effort is targeted towards the areas of greatest need.

The potential for inclusive and sustainable economies to tackle health inequalities is becoming increasingly recognised (14, 16, 17, 18). To support wider action, Public Health England (PHE) is developing a repository of place-based practice examples. A selection of these practices examples is included in the Opportunities for action section of this document.

A data catalogue has been developed to be used, in combination with the framework, to support the development of joint strategy and action (see Appendix 1). The framework and data catalogue are intended to support local systems to consider each of the 12 building blocks of an inclusive and sustainable economy, identify areas of needs, prioritise areas for action and to monitor progress against locally agreed indicators.

PHE has also developed a range of other useful resources to support action on health inequalities. Those resources that are relevant to this approach are described and signposted to in Appendix 3.

**Recommendations for place-based action**

Based on the existing evidence base, local case studies and consultation with experts in the field, this report’s conclusion makes 9 recommendations for place-based action. They are proposed as specific actions that can be adapted to local circumstance, building on existing local structures and assets.

1. Consider the 6-step inclusive and sustainable economies approach: to support local whole system planning and action on this agenda.

2. Seek opportunities to achieve social value: to generate the greatest possible social, environmental and economic value from public spending.

3. Unleash the potential of local anchor institutions: to develop the integral role that anchor institutions play in local economies to increase the social, economic and environmental wellbeing of local populations and places.

4. Support access to fair and good quality employment: to drive new business and good quality employment opportunities locally.
5. Promote inclusive labour markets: to support those who are typically excluded from the labour market into training, volunteering or employment opportunities.

6. Capitalise on local assets to build community wealth and vice versa: to retain more of the local wealth that they generate and reinvest in community assets that matter to local people.

7. Build back greener to build back better: to maximise the potential opportunities which green local economies offer for skills development, employment and sustainable economic growth.

8. Leverage local policy and financial levers: to better involve health and care organisations in the development and delivery of local industrial strategies.

9. Ensure equitable access to local services: to ensure that access to services is equitable and that services are targeted towards those with disproportionate need.
About this document

Purpose

This document supports place-based action on inclusive and sustainable economies as a mechanism to reduce health inequalities through improving the health of people and communities, ensuring that economic activity is sustainable and achieving shared prosperity for all, with no-one left behind.

This document aims to:

• define and make the case for an inclusive and sustainable economy
• suggest opportunities for local areas to build back better from the impacts of COVID-19 and address the underlying inequalities which existed before the pandemic
• propose an inclusive and sustainable economies framework and data catalogue to support local areas to get started on, or continue to take action on this agenda
• share place-based practice examples of action to create inclusive and sustainable economies

It can be read cover to cover or readers from across the system can pick and choose the parts that are helpful to them at different points in time.

Considerable work is already happening on inclusive and sustainable economies and this resource attempts to showcase some of these local achievements. It is also intended that local practice examples will continue to be captured and disseminated through the inclusive and sustainable economies Knowledge Hub.

Audience

This document is for those working in public and population health, economic strategy and recovery, and environmental sustainability in the following organisations:

• local and combined authorities
• local enterprise partnerships and growth bodies
• sustainability and transformation partnerships and integrated care systems
• voluntary and community sector organisations and social enterprises

It may also be relevant to:

• other government departments including the Department for Business, Energy and Industrial Strategy; Department for Education; Department for Health and Social
How and why this resource has been produced

This resource has been developed following consultation with a wide range of stakeholders who have a role or interest in inclusive and sustainable economies including local and regional public health teams, local enterprise partnerships, those working in central government and the NHS as well as experts in the field. The main messages from the consultation were that:

- there is a need for a common narrative that works between national, regional and local teams working on this agenda, and that works across organisational boundaries
- there is considerable work already happening in this space. Different areas are at different stages and want to learn from each other.
- there is a need for metrics to support this work and a practical framework to support local planning and delivery

This resource aims to contribute to addressing these findings and to be useful to local areas at different points of progress on this agenda. The inclusive and sustainable economies framework and data catalogue is intended to support whole system strategy, planning and delivery based on local priorities and support monitoring and evaluation of progress through the 6-step approach.
Introduction

An inclusive and sustainable economies approach as a mechanism to reduce health inequalities
This resource describes how place-based action on inclusive and sustainable economies can be used as a mechanism to reduce health inequalities through improving the health of people and communities, ensuring that economic activity is sustainable and achieving shared prosperity for all.

The document is built around the following core themes, namely that:

- health and economic prosperity are 2 sides of the same coin; while wealth and income are major determinants of health, health is also a major determinant of economic performance
- establishing and maintaining inclusive and sustainable economies requires action across the social, economic and environmental determinants of health
- inclusive and sustainable economies provide an equitable and sustainable approach to building back better, reducing the inequalities laid bare by the COVID-19 pandemic
- a place-based approach is needed, with coordinated action across a broad range of cross-cutting sectors and organisations

An inclusive and sustainable economy is one that works for everyone; no one should be left behind, regardless of age, sex, ethnicity or any other protected characteristic\(^1\); and regardless of socioeconomic status. Economies also need to be sustainable so that planetary and human health are protected for future generations. By creating equal opportunities for all the vision for an inclusive and sustainable economy is for thriving communities and healthy people; healthy and sustainable places; and increased productivity and shared prosperity. This vision is reflected in the inclusive and sustainable economies framework (see Figure 1)

To achieve this vision, factors such as the fair distribution of good health and wellbeing, environmental sustainability, and thriving and resilient communities need to be considered as important measures of progress. Successful economies should no longer be judged on growth alone, but on whether that economy benefits everyone, including the most socioeconomically disadvantaged, and whether the health, social, financial and economic needs of future generations are protected.

Before the COVID-19 pandemic, the UK overall was experiencing economic growth and unemployment was decreasing. However, the benefits of economic growth were not felt by all (20): some places still suffered from entrenched poverty, low quality jobs, stagnating income and poor living conditions (18). Inequalities in income and wealth have remained relatively constant (20). Between April 2016 and March 2018, the Office for National Statistics calculated

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1 The Equality Act 2010 protects all British citizens from discrimination. There are 9 protected characteristics under the Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (8).
that the richest 10% of households held 44% of all wealth and, by contrast, the poorest 50% owned just 9% (21).

This resource focuses on inclusive and sustainable economies, rather than on the achievement of inclusive growth, because in times of economic downturn growth may not always be possible. Economic growth models alone have not always been equitable, rather they have led to increased inequalities and risked environmental sustainability (22). Further, to remain within the planetary boundaries necessary to maintain the earth’s functions which we rely on to grow and flourish, and ensure the needs of future generations are protected, unlimited economic growth may not always be sustainable. Therefore, establishing an economy which meets the needs of both current and future generations, within the means of the planet sets the vision for a more equitable and sustainable future.

A range of terminology is used across local areas including inclusive growth, inclusive economies and sustainable development. Core themes that have emerged from such policies, and have been adopted and applied throughout this resource, include a focus on:

- reducing inequalities
- reducing exclusion and poverty
- benefiting the economy through better health, increased productivity and shared prosperity
- leaving no-one behind
- protecting and preserving the health of the planet

Health and the economy are 2 sides of the same coin

This resource has been produced during extraordinary times. The COVID-19 pandemic has brought the relationship between the nation’s health and the economy into sharp focus. The health, social, economic and environmental impacts of the pandemic are unparalleled and have not been felt equally. A review of the disparities in risk and outcomes from COVID-19 by PHE found that its impact has replicated existing inequalities and, in some cases, has increased them (8).

Health and the economy are closely linked. While income and wealth are major determinants of health, a healthy population is more productive, has an extended working life and contributes to wider economic prosperity. Economic and health policy should therefore be integrated (13).

Just before the COVID-19 outbreak in England, Professor Michael Marmot published his ‘10 years on’ report which again highlighted the unfair and avoidable differences in health across the population, and between different groups within society (1).

Since 2010, life expectancy in England has stalled and inequalities are widening. Men and women in the most deprived areas die on average 9.5 and 7.7 years earlier respectively than
those in the least deprived areas, and those in poorer areas spend a far greater proportion of their shorter lives in ill health – 19 extra years on average, equivalent to a third of their lives (1). Reducing these inequalities is essential for the national economy, local prosperity and to build back better from COVID-19. Before COVID-19, health inequalities in England were estimated to cost the NHS an extra £4.8 billion a year from the greater use of hospitals by people in deprived areas (2). Health inequalities are also estimated to cost the UK between £31 billion and £33 billion a year in lost productivity and between £20 billion and £32 billion a year in lost tax revenue and higher benefit payments (3).

It has been shown that substantial economic gain can be generated through reducing place-based inequalities. Recent estimates indicate there is a £4 per person productivity gap (that is gap in output per hour) between the Northern Powerhouse\(^2\) and the rest of England, of which 30% is due to ill health. It is estimated that reducing this gap would generate an additional £13.2 billion in UK Gross Value Added (GVA\(^3\)) (24).

Economic prosperity must not be at the expense of environmental sustainability. Our economies, livelihoods and wellbeing rely on our natural environment. It provides us with food, water and shelter; regulates our climate; controls disease; and provides us with opportunities for physical activity, recreation and fulfilment (25).

Economic activity drives carbon emissions (25) and is therefore a major contributor to climate change, environmental degradation and their associated health impacts (Figure 3).

There is increasing concern for the health of our planet. In June 2019, the UK became the first major economy in the world to pass laws to bring all greenhouse gas emissions to net zero by 2050 (26). At the time of writing, 74% of councils have declared a climate emergency (27). In October 2020, the NHS became the world’s first health system to commit to reaching a net zero carbon footprint by 2040 (28). Post COVID-19 policies are being developed not only to ‘build back better’ but to ‘build back greener’ (29).

To turn the tide of environmental degradation, the pace of change needs to quicken. Economic activity needs to be decoupled from resource use and greenhouse gas emissions with a shift towards a green economy.

**Adopting a place-based approach to inclusive and sustainable economies**

Macroeconomic factors such as progressive taxation systems, investment in public services, social protection, legislation and promoting employment and supporting education and skills development are key determinants of health and health inequalities (12). Such factors are

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\(^2\) The **Northern Powerhouse** geography covers all 11 Northern local enterprise partnership (LEP) areas as well as North Wales.

\(^3\) **Gross value added (GVA)** is a measure of the increase in the value of the economy due to the production of goods and services (17).
therefore fundamental to creating an inclusive and sustainable economy and are well referenced in the literature (13, 14, 15).

Notwithstanding this, a place-based approach to developing an inclusive and sustainable economy is essential. There exists a breadth of local assets, policy opportunities and financial levers that can be drawn upon. These include working with local anchor institutions; opportunities through devolution deals; supporting opportunities for skills development and lifelong learning; supporting opportunities for good, fair employment and inclusive labour markets; planning, transport and infrastructure policy; green sector development; and local economic policy.

Inclusive and sustainable economies draw on the strengths and assets of businesses and enterprise, public sector bodies including NHS and local government, the community sector, neighbourhoods and families to ensure that the widest range of people and places both contribute to and benefit from economic prosperity (7). Place-based action therefore requires collaboration between health, public health, education, transport and infrastructure, business and economic, voluntary, community, and social enterprise sectors.

This report presents the inclusive and sustainable economies framework and data catalogue, which is intended to support whole system strategy, planning and delivery based on local priorities and support monitoring and evaluation of progress. This can be achieved through the proposed 6 step approach. This report also makes 9 recommendations for place-based action. These recommendations are based on the existing evidence base, local case studies and consultation with experts in this field. They are proposed as a ‘pick list’ of ideas that can be adapted to local circumstance, building on existing local structures and assets.
Inclusive and sustainable economies: leaving no-one behind

Policy context

A comprehensive overview of the policy context is provided in Appendix 2. In summary, the government has set out a number of commitments to ‘levelling up’ inequalities across the country and, in doing so, creating a fairer society, with equal opportunity and shared prosperity for all (30).

Published in November 2017, the government’s Industrial Strategy recognises that the UK economy is leaving too many behind and that there is a need to improve productivity and encourage economic growth across the whole country (31). A revived focus on English devolution has been identified as an important mechanism for levelling up. Devolution allows decisions to be made by people closer to the communities and businesses they affect and provides an opportunity to reduce economic and social inequalities between English regions (32).

Growing pressure on healthcare services and widening health inequalities has prompted the NHS to consider its role in prevention as well as its influence on the wider determinants of health. The NHS Long Term Plan sets out a commitment for specific, measurable goals for narrowing inequalities, including those relating to poverty, through service improvements. Additionally, NHS England and NHS Improvement will base its 5-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need (33).

The NHS is also committed to reducing its impact on the environment; it is estimated that the health and care system is responsible for between 4 and 5% of the country’s carbon footprint. In October 2020, the NHS became the world’s first health system to commit to reaching a net zero carbon footprint by 2040 (28).

The NHS Long Term Plan also recognises the role of the NHS as an anchor institution; as an employer of 1.4m and with an annual budget of £114 billion in 2018 to 2019, the health service is well placed to create social value within local communities. The NHS can lead by example, using its sizable assets to support local community wealth building, buying more locally and using its spending power for social benefit, widening employment and training opportunities, reducing its environmental impact, and using buildings and land to support communities (34). In the Long Term Plan, the NHS has committed to identifying examples of good practice that can be adopted across England (33). Such good practice should be made available and considered alongside examples of good practice from local authorities and other anchors who have a history of work in this area to enable a more systematic and place-based approach.

The Public Services (Social Value) Act came into force on 31 January 2013 and requires people who commission public services to think about how they can also secure wider economic, social and environmental benefits (35). The Act intends to generate the greatest possible value from public spending. Wider benefits from procurement decisions relevant to building an inclusive and sustainable economy include requiring contractors to pay a living wage, employing target
groups such as young unemployed people or the long term unemployed, minimising negative impacts on the environment, or building local supply chains (36).

The environmental and sustainability policy context is also central to the establishment of an inclusive and sustainable economy. If growth continues to be the cornerstone of economic progress, economic activity needs to be decoupled from resource use and greenhouse gas emissions in order to avoid an environmental and, in turn, a health crisis. The Paris Agreement requires nations to work together to keep global warming well below 2°C (37). In June 2019, the UK became the first major economy in the world to pass laws to bring all greenhouse gas emissions to net zero by 2050 (26). There are also ambitious commitments to cut public exposure to particulate matter across the UK (38) and protect and improve the environment as a whole (39).

The 2030 Agenda for Sustainable Development is a historic global agreement to eradicate extreme poverty, fight inequality and injustice and leave no-one behind. The 17 Sustainable Development Goals (SDGs), which succeeded the Millennium Development Goals, were agreed by world leaders at the United Nations in 2015. Establishing inclusive and sustainable economies can support the UK’s effort in achieving these goals by 2030 (39).

The above policy context demonstrates an increasing recognition for the urgent and profound need to act on health inequalities while preserving the health of the planet.

The impact of COVID-19 has shone a spotlight on the important and dynamic relationship between health and the economy and surfaced the extent to which a healthy population is the foundation for a healthy economy. There are indications that the emerging policy context provides a unique opportunity to reduce health inequalities systematically and at scale and whilst moving towards more inclusive and sustainable economies.
An inclusive and sustainable economies approach

The vision for Inclusive and sustainable economies is to achieve thriving communities and healthy people, healthy and sustainable places, and increased productivity and shared prosperity. To work towards this vision, action is required across the wider determinants of health in order to reduce socioeconomic inequalities and, in turn, inequalities in health and wellbeing.

Health inequalities occur because of differences in the social, economic and environmental factors that shape our lives (3). It has been estimated that the unequal distribution of the wider determinants of health accounts for between 40% and 50% of the variation in health outcomes (health inequality) (4).

The wider determinants of health are the social, economic, and environmental factors that shape the conditions in which we live (40). They include our community and social capital; inclusion and discrimination; education and skills; working conditions; employment; income; living conditions; transport and infrastructure; built environment; and natural surroundings. Since they have such a profound impact on our health, tackling health inequalities requires action across these wider determinants (3).

An inclusive and sustainable economies framework (Figure 1) has been developed as a tool to focus local whole system action on this agenda. The framework identifies 12 key sub-domains or building blocks of an inclusive and sustainable economy, which are grouped into 3 domains: economic, social and environmental.

Through action across the 3 domains and 12 sub-domains, an inclusive and sustainable economy strives towards the vision of healthy people and thriving communities, healthy and sustainable places, increased productivity and shared prosperity.
**Table 1.** Provides a description of each of the 12 building blocks and describes why they are central to establishing and maintaining inclusive and sustainable economies.
Table 1. Description of the 12 sub-domains or building blocks of an inclusive and sustainable economy

<table>
<thead>
<tr>
<th>Sub-domain</th>
<th>Why is this important for establishing and maintaining inclusive and sustainable economies?</th>
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<tr>
<td><strong>Social</strong></td>
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<tr>
<td>Ensure equal access to a good education and provide lifelong opportunities for training and skills development</td>
<td>Access to a high-quality education for all children – regardless of gender, ethnicity and socioeconomic position – will reduce the social gradient in educational outcomes, enabling children to maximise their capabilities and have control over their lives. Lifelong learning opportunities across the social gradient allows people of all ages to develop the skills and qualifications needed for employment and progression.</td>
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<td>Provide equitable access to high quality services and amenities for all</td>
<td>Inclusive health and social care provision, as well as the inclusive provision of other key services, allows local health needs to be met, protects and improves population health and wellbeing, and addresses local health inequalities.</td>
</tr>
<tr>
<td>Support social capital and community infrastructure</td>
<td>A thriving social economy includes voluntary and community organisations, foundations, businesses, cooperatives and other organisations which achieve social value at the place level. The social economy also values community and family relationships, reciprocity, social support and giving, especially through the roles of parenting, caring, befriending and volunteering and collective efforts such as mutual aid and time banking (supporting others based on sharing the skills and assets that individuals can offer, which is banked in terms of time given and which can be drawn upon when needed)</td>
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<tr>
<td>Enable empowered and engaged communities</td>
<td>Individual and community engagement in decisions that affect their lives improves democratic accountability and improves social cohesion. Empowered communities can take more control of using and nurturing local assets including natural, human and capital resources.</td>
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<tr>
<td><strong>Economic</strong></td>
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<td>Elevate income to the minimum income standard</td>
<td>Income is a major determinant of health and living on a low income or in poverty is associated with poorer long term health outcomes and shorter life expectancy. Income is a key factor contributing to poverty, and the risk of household poverty is about 10 times higher among low earners than among workers paid above the standard low pay threshold (41). Ensuring a minimum income standard can prevent individuals, families and communities being held back from reaching an acceptable minimum standard of living.</td>
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## Inclusive and sustainable economies: leaving no-one behind

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<tr>
<th>Sub-domain</th>
<th>Why is this important for establishing and maintaining inclusive and sustainable economies?</th>
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<tr>
<td>Provide access to good work</td>
<td>Being in work is good for health if it is good work; that is a fair, safe and secure job with decent pay (pay that is at least the minimum income standard), good working hours and conditions, supportive management and opportunities for training and development (74). Increasing access to good work leads to better health and, in turn, boosts productivity and prosperity across the population (42).</td>
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<tr>
<td>Establish inclusive labour markets</td>
<td>Labour markets should be inclusive, diverse and free of discrimination so that anyone, regardless of age, gender, ethnicity, other protected characteristics and socioeconomic position, can access good work with fair pay and opportunities for development and fulfilment. Good work for all supports social mobility and leads to better outcomes for individuals, employers and, in turn, the wider population. Individuals in good work benefit from better health outcomes and evidence suggests that employers with a more diverse workforce perform better financially (43).</td>
</tr>
<tr>
<td>Support community wealth-building</td>
<td>Community (or local) wealth building is a powerful tool to create inclusive and sustainable locally controlled economies that work for local people. It puts communities in control of the wealth that exists in the local economy, stops it flowing out and instead, places control of this wealth into the hands of local people, communities, businesses and organisations (44).</td>
</tr>
<tr>
<td>Environmental</td>
<td>A green economy aims to promote sustainable development without degrading the environment. Green economies are those that are low carbon, resource efficient and socially inclusive (45). Examples of green economic transformations include shifting to renewable energy sources, phasing out polluting sectors and promoting circularity. In other words, the replacement of the traditional linear economy (make, use, dispose) with circular economic principles (reduce and reuse; repair refurbish and remanufacture; repurpose and recycle).</td>
</tr>
<tr>
<td>Build healthy transport and travel systems that promotes connectivity</td>
<td>Transport and communication services play a vital role in connecting people to jobs, learning opportunities, health and other services, and each other. Connectivity refers to widely available and effective telecommunications and internet access. A healthy transport and travel system includes a public transport system that connects communities and the people within them, provides safe opportunities for cycling and walking, supports cleaner air and promotes social connectivity.</td>
</tr>
</tbody>
</table>
Inclusive and sustainable economies: leaving no-one behind

Sub-domain | Why is this important for establishing and maintaining inclusive and sustainable economies?
--- | ---
Improve access to and sustain the natural environment | Our natural environments include blue (such as rivers, canals, lakes and so on) and green spaces and the air we breathe. Access to blue and green spaces improves our mental health, physical health and feelings of wellbeing. It can reduce stress, feelings of loneliness, anxiety and depression, encourage physical activity and reduce obesity (75). Blue and green spaces also mitigate against the effects of climate change, reduce noise pollution, reduce risks from flooding and heatwaves as well as improve air quality (46). Poor air quality is the largest environmental risk to public health, with long term exposure to man-made pollution in the UK estimated to contribute towards 28,000 to 36,000 deaths each year (47).

Increase the contributions of the built environment to health and health equity | Our built environments, including homes, workplaces, schools and high streets, have a profound effect on our lifestyles and behaviours. Some aspects of the built environment promote health while others undermine it. For example, living in unhealthy (such as cold, damp or hazardous), unsuitable (such as overcrowded) or unstable (such as unsecure tenure) homes can have a serious impact on mental and physical health (48). A healthy high street should have a health-promoting retail offer, be inclusive, be walkable and provide options for cycling, be safe, and provide things to do, communal space, shelter and places to rest (49).

Measuring inclusive and sustainable economic progress

The framework proposes 3 domains and 12 sub-domains (or building blocks) of an inclusive and sustainable economy.

To support the development of evidence-based strategies and action on this area, PHE has developed a complementary data catalogue. The data catalogue brings together and summarises the broad range of existing frameworks and tools for measuring inclusive and sustainable economies, as well as identifying relevant indicators in PHE’s Fingertips Tool.

The catalogue is intended to help local areas consider each of the 12 building blocks, select indicators of particular interest locally, identify areas of need, benchmark local performance and monitor and evaluate progress.

The data catalogue consists of 3 sections, which:
Inclusive and sustainable economies: leaving no-one behind

1. Signpost to existing tools from PHE and other organisations
2. Summarise suggested indicators already available in Fingertips, with details of geographies and inequalities splits available, and a rationale for inclusion
3. Suggest further useful data sources and indicators

Selected indicators from section 2, which meet certain key criteria, have been suggested as core, see Appendix 1.

Local areas can select a subset of key indicators spanning the sub-domains, that are relevant to their own situation and priorities, and supplement those with their own local data.

While targeted primarily at local authorities, the data catalogue will also be useful to those working across other geographical footprints, for example, for an integrated care system.

Adopting an inclusive and sustainable economies approach

The framework and data catalogue are intended to be used in combination to support local systems to adopt a place-based, inclusive and sustainable economies approach to reduce socioeconomic inequalities and, in turn, inequalities in health and wellbeing. Such an approach consists of 6 stages:

1. Establish place-based inclusive sustainable economies networks – this approach requires coordinated and collaborative action across a broad range of cross-cutting sectors including health, public health, economic, business and voluntary, community, and social enterprise. It is important that all organisations across the system understand the benefits of inclusive and sustainable economies and are committed to working together towards a common set of goals.

2. Set a holistic vision – use the inclusive and sustainable economies network to set a local vision which looks beyond GDP as a measure of economic success and considers more holistic metrics such as the fair distribution of health and wellbeing, shared prosperity, environmental sustainability and thriving and resilient communities.

3. Measure and benchmark – use the framework and data catalogue to consider each of the 12 building blocks of an inclusive and sustainable economy, identify areas of need and benchmark local performance against that of other local areas and the national average.

4. Consider the local context – reflect on local economic, environmental and social conditions, strengths and assets, and political factors that may constrain or support the development of an inclusive and sustainable economy.

5. Consult with citizens and communities – adopt a participatory approach through capturing local citizen and community insights and setting priorities for action that matter to local
people. Ensure the voices of all local people and communities, including those that are typically marginalised, are captured.

6. Prioritise areas for action – prioritise areas for action based on the above considerations, ensuring that effort is targeted towards the areas of greatest need. Consider the recommendations for place-based action on inclusive and sustainable economies that are outlined in this document.
Opportunities for action

The following section sets out the ways in which local and combined authorities, local enterprise partnerships and growth bodies, sustainability and transformation partnerships and integrated care systems and voluntary and community sector organisations and social enterprises can act to create an inclusive and sustainable economy locally.

Unleash the potential of local anchor institutions

Anchor institutions are large organisations that are integral to the social, economic and environmental wellbeing of local populations and places. They are called anchor institutions because they are unlikely to relocate once established. Examples mainly include public sector institutions such as hospitals, councils, voluntary and community sector organisations, schools, universities and colleges but can extend to enterprises such as airports, football clubs and longstanding employers (50). Several councils across the country have been working to build consensuses and evidence-based strategies which incorporate increased consideration and accountability for the inclusive economies agenda (18).

Anchor institutions exert a substantial influence on the areas in which they are located. Their features include sizeable assets including facilities, buildings and land; substantial commissioning and spending power; and extensive training and employment capacities. By choosing to buy and invest locally and responsibly; training and employing a local workforce; and leveraging assets to support local communities, anchor institutions can exert an even greater positive influence on local populations and places.

Anchor institutions are key local assets to support inclusive and sustainable economies. By working as a network to use their combined substantial purchasing and employment powers, anchor institutions can achieve social value, provide opportunities and benefits for local people and residents, promote environmental and social sustainability and build and retain community wealth.

The NHS as an anchor institution

There is a growing enthusiasm for UK hospitals to better use the leverage that comes with their role as anchor institutions and support local economies and tackle the wider determinants of health (50). The Health Foundation has worked with the NHS to identify 5 thematic opportunities for the NHS to capitalise on its role as an anchor institution and have a positive impact on local people and places (Figure 2) (34).
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**Figure 2. Five thematic opportunities for the NHS to capitalise on its role as an anchor institution**

This figure outlines 5 ways in which the NHS can positively contribute to local areas and make a difference to local people in ways beyond providing health care, by purchasing more locally and for social benefit, using buildings and spaces to support communities, widening access to quality work, working more closely with local partners, reducing its environmental impact.

**What makes the NHS an anchor institution?**

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

- **Using buildings and spaces to support communities**
  The NHS occupies 3,263 sites across England on 6,500 hectares of land.

- **Working more closely with local partners**
  The NHS can learn from others, spread good ideas and model civic responsibility.

- **Purchasing more locally and for social benefit**
  In England alone, the NHS spends £77bn every year on goods and services.

- **Reducing its environmental impact**
  The NHS is responsible for 40% of the public sector’s carbon footprint.

- **Widening access to quality work**
  The NHS is the UK’s biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

**Source:** Health Foundation 2019

The NHS Long Term Plan recognises the role of the NHS as an anchor institution and includes a commitment to work with the Health Foundation to identify good practice that can be adopted across England (33). In line with this, NHS England and NHS Improvement are working with the Health Foundation to build an Anchor Learning Network to support NHS organisations to understand better their role as an anchor institution and to take action to improve community health and wellbeing. The Network is being developed and designed with NHS and wider system partners and is due to launch in early 2021 (51).
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Capitalise on local assets to build community wealth and vice versa

Community or local wealth building is an approach to addressing the economic and social disparities in local communities that hold people back. It seeks to increase flows of investment within local economies so that local areas retain the wealth they generate to benefit local people and communities (44). Focusing on building community wealth enables local economies to work for local people and mitigate some of the impacts of economic growth models which have led to increased inequalities, particularly in areas of deprivation (22).

The relationship between community wealth and local assets is circular. Local assets are key building blocks from which community wealth can be generated. Likewise, as communities retain more of the wealth they generate, this can be reinvested in the community assets that matter to local people. Local assets include businesses and industry, anchor institutions, cultural heritage, blue and green spaces, services and amenities, the voluntary, community and social enterprise sector, neighbourhoods and families.

Recruiting locally for the future - Sandwell and West Birmingham Hospitals NHS Trust

A voluntary organisation (St Basils) and anchor institution (NHS Trust) have partnered in Birmingham to work together on ending and preventing youth homelessness and developing a pathway to sustainable local employment for the users of their service. The award winning Live and Work scheme offers both accommodation and paid apprenticeships to 16 to 24 year olds, with a pre-apprenticeship course available to individuals in need of support to achieve the required qualifications in maths and English. The accommodation houses up to 32 young people and is adjacent to Sandwell General Hospital, owned by the NHS Trust. The building is leased to the service for free and offered to the students at low rents and service charges. This provides independent, student style accommodation to young people who may be unable to remain in a secure family home, or who have experienced homelessness. It negates the need to pay expensive private rents, as well as the often corresponding need to navigate a complicated welfare and benefits system. They live within easy reach of Birmingham city centre, and the site is well connected with good transport links and local amenities. The apprenticeships last for 12 months and result in an NVQ Level 2 qualification, after which the apprentices are supported to apply for NHS jobs, or to use the transferable skills they have gained during the apprenticeship to find work elsewhere. Since its inception in 2015, the programme has helped 115 young people through the scheme, none of whom have returned as homeless, and 30 young people have secured permanent employment. For the employers, this scheme has contributed to a more diverse, more inclusive and younger workforce. The trust is currently refurbishing 3 further empty hospital buildings to support the expansion of the programme by another 54 self-contained units.
Communities are important economic centres. A thriving voluntary, community and social enterprise sector enables people to contribute to the local economy and supports a range of health and social benefits. Through activities such as volunteering and providing informal care, people can contribute meaningfully to society, are provided with a sense of purpose and have the potential to gain in confidence, meet new people, learn new skills and support their mental health and wellbeing.

Having a strong community infrastructure and supportive social networks are essential local assets that help people withstand and adapt to shocks. The COVID-19 pandemic has highlighted the importance of our communities in times of crisis and the need to invest in a community-centred public health system (52). Adopting a community-centred approach to local economic development and involving citizens in the coproduction of inclusive and sustainable economic plans and strategies ensures local needs are met and priorities are chosen that matter to local people.

Community businesses play a crucial role in community wealth building, enabling a more plural ownership of the economy by broadening the different types of enterprises that service local economies. They create more community-embedded forms of business ownership which are more likely to generate wealth for local residents and communities. This is in contrast to some enterprises which may prioritise the financial gain of distant shareholders (53).
Oldham’s local wealth building programme

Community wealth building in Oldham, (which builds on the well-established Preston Model) capitalises on local assets, community-owned businesses and anchor institutions to create value locally. The social value ethos is a prominent part of Oldham’s status as a co-operative council, its strategy of in-sourcing contracts, and recognition that increased local spend can build local wealth and stimulate a range of associated, mutually reinforcing, economic and social benefits. The Oldham Plan incorporates several of the borough’s anchor institutions in its pledge to spend more locally. Organisations such as the council, Oldham College, the borough’s housing providers, the police, and the Leisure Trust, have pledged to buy the goods and services they need from local businesses, to employ local people, to work with the VCSE sector and to pay the Living Wage. More than 55% of the council’s goods and services spending in 2019 was within the Oldham economy, and the ambition is to increase this every year. This multi-sector, collaborative approach is in line with the Oldham Social Value Charter, which strives to ensure social value is created in every contract and that the VCSE sector is supported to take an increasing role in the provision of commissioned services. Two-thirds of council spending is with small and medium-sized enterprises, which in turn creates employment opportunities for local residents with those suppliers. As part of the devolved city region, some of Oldham’s employers have also signed up to the Greater Manchester Good Employment Charter, which aims to support employers to adopt good practice across 7 key areas: secure work; flexible work; a real living wage; workplace engagement and voice; excellent recruitment practices and progression; excellent people management; a productive and healthy workforce. Oldham College was one of the first 6 full members of this group. The charter was developed in partnership with the CIPD, whose Good Work Index 2020 also makes several recommendations for actions to prioritise in the COVID-19 recovery. The multiple strands of Oldham’s place-based approach are designed to be mutually reinforcing and represent sustainable local growth, in partnership with the wider community.

The Centre for Local Economic Strategies (CLES) has identified the following key principles for community wealth building which local systems may want to consider (44):

1. Plural ownership of the economy: developing and growing small enterprises, community businesses, cooperatives and municipal ownership is important because they are more financially generative for the local economy – locking wealth in place.
2. Making financial power work for local places: increase flows of investment within local economies by harnessing and recirculating the wealth that exists, as opposed to attracting capital.
3. Fair employment and just labour markets: exercising inclusive employment strategies including supporting skill development, recruiting from lower income areas, paying the living wage, building progression routes and supporting those with a disability, physical or mental health problem and the long term unemployed into work.
4. Progressive procurement of goods and services: Developing dense local supply chains of businesses likely to support local employment and retain wealth locally: small and medium enterprises (SMEs); employee-owned businesses; social enterprises, cooperatives and community businesses.

5. Socially productive use of land and property: promoting community ownership of local assets held by anchor institutions, so that financial and social gain is harnessed by citizens. Develop and extend community use of public sector land and facilities.

Support access to fair and good quality employment

Employment is a critical determinant of health and wellbeing. Families without a working member are more likely to suffer persistent low income and poverty (1) and unemployment is known to have direct negative impacts on an individual’s physical and mental health.

In her seminal report ‘Working for a Healthier Tomorrow’ Dame Carole Black discusses the importance of creating opportunities for accessing good work to keep people healthy and productive (54). Employment that is low pay, low security and low status can be detrimental to both mental and physical health (54). Despite a reduction in unemployment rates since 2010, the number of people engaged in poor quality work has increased, with the North of England being disproportionately affected. Examples of poor quality work include part-time, low pay and insecure jobs such as those on zero-hour contracts or employed in the gig economy (short-term and freelance work) (1).

Of the 13.5 million people in poverty in the UK, 55 percent are in working families (7). As described in the ‘Taylor Review’, all work in the UK economy should be ‘good work’; that is fair and decent, with realistic scope for development and fulfilment. Labour markets should be inclusive and free of discrimination. All people, particularly those on lower incomes, should have routes to progress in work, boost their earning power and be treated with dignity and respect (55).

Good work leads to better outcomes for individuals, employers and, in turn, the wider population. Local enterprise partnerships, combined authorities and local authorities can work with local businesses and public, voluntary and community sector employers to drive new business and employment opportunities locally. Additionally, employers should be encouraged to offer fair pay, stable employment contracts, good working hours and conditions, and opportunities for development and progression.

Promote inclusive labour markets

Building economies that are inclusive requires action to support those population groups that are furthest away from the job market into employment. These populations include those with a physical or learning disability, those with a mental or long term health condition, those with poor educational attainment and other marginalised population groups.
Promoting inclusive labour markets contributes to economic prosperity. A working population has lower health costs and benefit payments and a higher economic output. For every person returning to work there is an estimated financial benefit to government of £12,030 and to society of £23,070 (45). Evidence suggests that employers with a more diverse workforce perform better financially (43).

Access to a high-quality education for all will reduce inequalities in educational outcomes and enable children and young people to maximise their capabilities and have control over their lives. It is also essential that learning opportunities are provided across the life course to allow people of all ages to develop the skills and qualifications needed for employment and progression.

To support more inclusive labour markets, local enterprise partnerships, combined authorities and local authorities can collaborate with local businesses and anchor institutions to increase their participation in schemes such as Individual Placement and Support (IPS). IPS is an evidence-based approach to supporting people with serious mental health difficulties to find employment. In 2018 the government’s Joint Work and Health Unit commissioned an independent consortium to support the growth of IPS services. As part of its work, the consortium produced a number of useful tools and templates to encourage the growth of consistently high quality IPS services.
Supporting local employment and careers, Barts Health NHS Trust

Barts Health, which is the largest NHS Trust in the country, has utilised its position as an anchor institution to support more diverse and inclusive local employment. It was the first NHS trust to be included in the UK’s top 50 social mobility employer index in 2017 (and again in 2018 and 2019), and has been recognised by the CIPD with awards for Best Diversity and Inclusion Practice and Best Coaching and Mentoring Initiative. The trust has introduced a strategy for employing locally, by specifically targeting candidates from deprived backgrounds, with poor educational attainment, poor careers awareness and those with barriers to employment, such as discrimination due to disabilities. They work in partnership with community organisations such as Poplar Harca in Tower Hamlets, who have links and relationships with those under-represented groups. The strategy involves using various bridging mechanisms, such as providing work placements, careers guidance, and skills training for interviews, which enables local candidates to apply for NHS job opportunities. The Community Works for Health programme supports local people into lower-banded job roles within the trust, as well as offering a 12-month apprenticeship scheme and learning framework to younger candidates. They have ring-fenced some of the lower-level vacancies specifically for those enrolled on its skills training. The programme supports people who have great potential and who are reflective of the local community, but who have traditionally been under-represented in this workforce. Working with more than 20 local schools, the Healthcare Horizons programme also recruits pupils from across North East London to fill work experience placements and apprenticeships within the trust. The core areas for recruitment to the Barts Health schemes are Newham, Tower Hamlets and Waltham Forest. By encouraging sustainable local employment and supporting social mobility, the trust and the community benefit from a more diverse workforce.

Seek opportunities to achieve social value

Social value refers to the wider economic, social and environmental benefits gained through the activities of organisations. Recently the idea of the ‘triple bottom line’ has been put forward where organisations think not only about their economic outcomes (the traditional ‘bottom line’ of profit for businesses) but also additional ‘bottom lines’ of their wider social and environmental impact (56).

Opportunities exist through The Public Services (Social Value) Act 2012, which is a legal requirement for public authorities to give regard to economic, social and environmental wellbeing when they procure services (35). The Act therefore intends to generate the greatest possible value from public spending. Considering social value can help to secure better service delivery, greater economic growth, and improve community relations (36). A report from PHE and the Institute of Health Equity entitled ‘Using the Social Value Act to reduce health inequalities in England’ makes the case for creating social value as a means to reduce health inequalities through action on the wider determinants of health (36).
Table 3. Examples of opportunities for organisations to achieve social value within the context of inclusive and sustainable economies (57)

<table>
<thead>
<tr>
<th>Social</th>
<th>Economic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collaborating with voluntary, community and social enterprise sectors</td>
<td>• Job creation and employing from local communities or disadvantaged groups</td>
<td>• Reduce energy consumption and carbon emissions</td>
</tr>
<tr>
<td>• Involving end users in the design and delivery of services</td>
<td>• Spending money with local suppliers</td>
<td>• Support improvement to public places</td>
</tr>
<tr>
<td>• Promoting participation and citizen engagement</td>
<td>• Training and developmental opportunities including the creation of apprenticeships</td>
<td>• Use sustainable products and materials</td>
</tr>
<tr>
<td>• Approaches that encourage wellbeing and better mental health</td>
<td>• Opportunities for small and medium enterprises including voluntary, community and social enterprise sectors</td>
<td>• Reduction in waste to landfill</td>
</tr>
<tr>
<td>• Promoting equity and fairness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Corporate social responsibility projects</td>
<td></td>
<td></td>
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<tr>
<td>• Raise standards of living by implementing the living wage, maximise employee access to benefits such as childcare and exercise</td>
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<td>• Providing community spaces</td>
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Build back greener to build back better

The health of our planet is inextricably linked to human health and economic activity. Climate change has been identified as the greatest public health threat of our time (58). The direct and indirect health and economic impacts of the climate emergency are not only far reaching (Figure 3) but fall disproportionately on those who are most vulnerable. Economic activity is one of the most important drivers of climate change through carbon emissions (14).

Looking beyond climate change, economic activity also plays an important role in environmental degradation through deforestation, loss of biodiversity, plastic and other waste and air pollution.

Greater Manchester Combined Authority Social Value Framework

The Greater Manchester Combined Authority has developed a Social Value Framework to be used by organisations across the city region to address inequalities and support a fair and sustainable recovery from the pandemic. It builds on the concept that social value represents more than just good procurement, and that economic actors should take every opportunity to maximise the positive social, economic and environmental outcomes of their activities. The framework is built around the following 6 priorities:

- provide the best employment you can
- keep the air clean
- create the employment and skills opportunities needed to build back better
- be part of a strong local community
- make your organisation greener
- develop a local and resilient supply chain

These priorities have been selected to bring benefits to the people of Greater Manchester, while improving the local economy, and positively contributing (or at least minimising damage) to the environment. Organisations can use this framework to support their development, discussions and reporting of social value, and use it as a basis for actions. Members of the Greater Manchester Social Value Network also have a peer support forum which supports the sharing of information, training and good practice. The purpose of this network is to embed consideration of social value at all levels of commissioning, devolution, business activities and delivery of projects and services. The social value approach is embedded in the local industrial strategies of both the city region and many of its individual authorities. For example, Manchester, Stockport and Tameside are adopting a 20% social value weighting when assessing tenders, and Salford has introduced the 10% Better Campaign for social value, asking for public, private and third sector organisations in the borough to make a pledge to meet social value goals, such as reducing waste, increasing recycling, increasing volunteering and paying more people the living wage. By February 2021, 76 organisations in Salford had pledged themselves to this campaign.
An immediate example is outdoor air pollution; the annual mortality burden of human-made air pollution in the UK is estimated as having an effect on shortening lifespans which is equivalent to between 28,000 and 36,000 deaths (47).

**Figure 3. Impact of climate change on health**

This diagram outlines the detrimental impact of rising temperatures, extreme weather, rising sea levels and increasing levels of CO2 on the environment and, in turn, on population health and wellbeing.

![Image of climate change impact diagram]

**Source:** Luber, G. Assessing the Impact of Climate Change on Health, 2014. CDC (59)

Increasing concern about climate change from scientists, policy makers and the public has led to greater investment in green economies including low-carbon and renewable energy sources as well as the circular economy. Green economies therefore offer a large and growing potential for skills development, employment and economic growth. For the UK to reach its net zero target by 2050, the pace of change in these sectors needs to quicken and the social, economic and environmental impacts of COVID-19 has highlighted this imperative not only to build back better but to build back greener.
As a key pillar of the UK’s Industrial Strategy and highlighted as one of 4 grand challenges, clean growth has been targeted by national and local governments as an area of economic opportunity (31). Local systems play a central role in facilitating our transition to a greener future. Opportunities exist around supporting technology transitions in homes and businesses, upskilling a new green workforce and supporting new and existing development in the local green businesses sector.

Those who have become unemployed during the COVID-19 pandemic as well as the long term unemployed and young people exploring opportunities for employment, could be mobilised to support the switch to green energy or develop innovative ways to reduce waste and recycle. A report from the Local Government Association revealed that nearly 700,000 direct jobs could be created in England’s low-carbon and renewable energy economy by 2030 (60).

**London's Green New Deal**

In May 2018, the Mayor of London published the city’s first Environment Strategy which aims to make London ‘greener, cleaner and ready for the future’. The Green New Deal will focus on decarbonising the built environment by getting London’s buildings to net zero emissions and improving the energy efficiency of homes and workplaces. It also intends to modernise the public transport systems by switching to more electric vehicles, as well as providing improved infrastructure for inclusive active travel. The fund will be used to encourage green foundations in the economy, supporting growth opportunities for jobs, training and businesses which will be part of a low-carbon economy. The ambition to achieve a sustainable recovery from COVID-19 is being supported by a £10 million fund, launched in November 2020, which will focus on the creation of greener jobs in order to tackle climate change and reduce social, economic and health inequalities. This missions-based approach to the recovery involves shared input and agreement across public, private and voluntary sector organisations. The £10 million fund will be targeted towards low carbon projects, in order to develop skills and secure approximately 1000 jobs in green industries such as engineering, design, solar panel installation and construction. Early recipients of the fund include Better Futures, supporting SMEs in low-carbon enterprise, focussing on under-represented groups in the cleantech sector, and London Community Energy Fund which works with community groups to install solar panels and energy efficiency measures in community buildings such as schools. The programme is overseen by the London Recovery Board, whose goal for the recovery is to double the size of the London’s green economy (which employs almost 250,000 people) to £100 billion by 2030. Focussing on the environment is intended to bring new investment to London, encourage long term growth for businesses and provide quality, skilled local jobs.

Many interventions that seek to reduce carbon emissions have both health and economic benefits (61). Cold homes can both trigger and exacerbate a range of health and social problems including respiratory issues, circulatory problems, mental health and social isolation. Fuel poverty is a major cause of cold homes and a key contributor to health inequalities. Estimates suggest that 10% of excess winter deaths are directly attributable to fuel poverty (62).
Improving the energy efficiency of homes will lead to a reduction in the amount of fuel needed to keep them warm, reduce health inequalities associated with fuel poverty and provide opportunities for employment and green sector development.

Improving the infrastructure for active travel or public transport can reduce air pollution and increase physical activity, while connecting communities and people to employment opportunities (14). To sustain some of the environmental benefits enjoyed during the COVID-19 social lockdown, local areas can continue to encourage walking and cycling by widening footways, taking away road space from cars with high quality cycle ways, reducing and eliminating pavement parking, pedestrianising streets, and reducing traffic. On 23 May 2020 the -Secretary of State for Transport announced £250 million to support local authorities with both temporary and permanent infrastructure changes to promote active travel after the COVID-19 pandemic (63).

Make the most of local policy and financial levers

Healthy Suffolk

Suffolk County Council is taking a public health approach to inclusive growth, by embedding health and wellbeing considerations in a wide range of its policies and strategies. For example, the council’s approach to tackling violence, and youth violence, focusses on prevention and protection, using epidemiology to seek a reduction in risk factors which apply across the life course. These factors are acknowledged to include deprivation, income inequality, adverse early life experiences, low social mobility, drugs, alcohol, and homelessness. The approach in Suffolk aims to connect ‘health’ and ‘wealth’ to create both better prosperity and wellbeing. As outlined by the Suffolk Growth Strategy, private and public sectors are working together to boost county-wide inward investment for local sectors with growth potential. The ambition of the New Anglia Local Enterprise Partnership is to promote Suffolk’s rich farmland, hi-tech clusters, cultural sites and tourism. Invest in Suffolk is a council initiative promoting the sectors in which the county has a lot to offer, such as tourism, agriculture and produce, and low carbon energy production. Industries such as greener, cleaner energy production are growing in Suffolk, for example the offshore wind farm East Anglia One. These sectors may boost sustainable employment, create apprenticeship opportunities, and develop a specialist skills base. This strategy builds on existing collaboration with the neighbouring county of Norfolk, which made a successful bid for government funding to establish the Lowestoft and Great Yarmouth Enterprise Zone in 2011. Lowestoft and Great Yarmouth are particularly deprived areas in these otherwise affluent counties. The zone, which has identified energy as the area’s key economic sector, is being developed in partnership by public and private sector stakeholders. This low carbon energy industry, which includes a proposed new nuclear plant, has projected the creation of 9,000 jobs in the area by 2025, plus an additional 4,500 indirect jobs, which are intended to reduce unemployment, stimulate the areas, and reduce the wider harms associated with economic decline.
Planning

Careful and considered design of spaces and places can help to promote good health; access to goods and services; and alleviate, and in some cases even prevent, poor health and thereby have a positive impact on reducing health inequalities. PHE’s Spatial Planning for Health evidence review provides an overview of the impact of 5 key aspects of the built and natural environment on health: neighbourhoods, housing, the food environment, the natural environment, and transport (48).

The planning process can be used by local areas to act on the environmental determinants of health. Spatial planning shapes the built and natural environments in which we live, work and play. It is therefore important that the social, economic and environmental impacts of planning decisions are carefully considered. Tools such as health impact assessments, health equity assessments, environmental impact assessments and sustainability appraisals exist to support such considerations (64). Local areas should focus on the development and protection of health and economic assets, such as digital infrastructure, public transport systems, good quality housing, employment opportunities, healthy and inclusive high streets, recreational areas, and blue and green spaces.

Devolution

The UK is one of the most centrally governed countries in the developed world. Sub-national government spending, as a proportion of total public expenditure in the UK is 2%, compared to 50% in Spain, 46% in Germany and 65% in Denmark (65).

English devolution allows decisions to be made by people closer to the communities and businesses they affect and therefore provides opportunities to reduce economic and social inequalities between English regions (32). The government has pledged to revive devolution as a means to ‘level up’ all parts of the country and reduce regional inequalities. An English Devolution White Paper is to be published in 2021, to outline these plans further (30).

Local economic policy

To narrow regional productivity gaps and to boost prosperity across the entire nation, every local economic area in England – led either by the local enterprise partnerships or combined authorities – will develop a local industrial strategy. These will be evidence-based and identify local strengths, challenges and opportunities to boost productivity through identifying priorities to improve skills, increase innovation and improve infrastructure and business growth.

Since the health of communities and local economies are intertwined, local economic planning presents an opportunity for public health and sustainability and transformation partnerships and integrated care systems to collaborate with local enterprise partnerships, local authorities and combined authorities. Such partnerships can generate opportunities such as analysing population health need and investing in targeted prevention within communities, fostering new
innovations in health and care and ensuring a sustainable workforce for the future health and social care system (66).

Leeds growth strategy

Since the publication of its Inclusive Growth Strategy in 2018, Leeds City Council has been working to develop both a more inclusive economy to build a city of opportunity for all ages. The strategy includes 12 ‘Big Ideas’ based around ‘people’, ‘place’ and ‘productivity’, one of which is Leeds as a Digital City. The council has begun writing its City Digital Strategy (due for completion in Spring 2021), which will provide a 5-year strategic plan outlining how Digital will support the council’s 3 pillars of Inclusive Growth, Health and Wellbeing, and tackling the Climate Emergency. Local economic priorities involve embracing the digital sector, which is one of the fastest growing industries in the country (worth £149 billion to the UK economy in 2018). Leeds City Region has invested in the growing digital economy, which is underpinned by the principle of supporting industries and organisations most likely to provide good quality jobs. Digital Enterprise is a jointly funded public-private initiative between the Local Enterprise Partnership (LEP), the European Regional Development Fund, and 9 of the 10 local authorities which make up the Leeds city region. The Digital Enterprise programme provides business support to small and medium enterprises (SMEs) in the form of investment grants, connectivity vouchers and digital knowledge exchange. The support is available to growth focussed businesses based in the city region that meet the inclusion criteria, helping them to scale up their operations and achieve digital transformation. Digital Enterprise has received more than 3400 requests for support from SMEs across the city region. Leeds is also home to the award winning 100% Digital Leeds programme which aims to reach the most digitally excluded people in the city and help them understand and benefit from digital skills and innovations, in everyday areas such as online banking or communicating with friends and families. It is delivered by the council in partnership with community and third sector organisations, utilising their relationships with some of Leeds’s most disadvantaged and vulnerable citizens to increase digital confidence and share digital benefits.

Ensure equitable access to local services

Service providers and commissioners should ensure that local service provision meets the needs of local people, while ensuring access to services is equitable. To tackle the health inequalities that have been exposed and magnified by COVID-19, services should be targeted towards those with greatest need. These include those who have experienced disruption in chronic disease management over the course of the pandemic and those who have suffered disproportionate COVID-19 morbidity and mortality.

During the COVID-19 pandemic, particularly when infection rates peaked, the health service had to divert focus and resources towards treating those with COVID-19 and preventing and controlling the spread of infection. Consequently, there was evidence of a substantial reduction
in access to all healthcare services including preventative services such as screening and
immunisations, primary and community services, emergency admissions, mental health
services and essential elective care. This will disproportionately impact on people with chronic
long term conditions, older people and people living in more deprived communities, with the
potential to widen existing health inequalities (9).

The PHE review *Beyond the data: Understanding the impact of COVID-19 on BAME groups*
generated recommendations to improve access, experiences and outcomes of NHS, local
government and integrated care systems commissioned services by ethnic minority groups.
These recommendations are relevant to other population groups such as those living in
deprieved neighbourhoods, older people, those with a disability and those with a chronic health
or mental health condition. Key recommendations include: regular equity audits; use of health
impact assessments; integration of equality into quality systems; diversity among staff at all
levels; working with community leaders to improve the reach of health communications; and the
co-production of solutions with service users (67).

The review also recommended working with anchor institutions to scale up preventative
services and accelerating efforts to target culturally sensitive and appropriate health promotion
and disease prevention programmes that promote healthy weight, physical activity, smoking
cessation, mental wellbeing and effective management of chronic conditions including diabetes,
high blood pressure (hypertension) and asthma (67).
Conclusion

Over the past decade, improvements in UK life expectancy have stalled and health inequalities are widening. COVID-19 has exposed and, in some cases, exacerbated the social, economic and environmental inequalities that damage public health and wellbeing.

Current economic models are leaving too many behind. Despite the country experiencing overall economic growth, some places still suffer low quality jobs, stagnating income and poor health. What is more, climate change and environmental degradation, which in part are driven by economic activity, pose a serious threat to human health and the economy.

As society recovers from the impacts of COVID-19, there is increasing recognition that things cannot revert to the way they were. Instead, places are striving to build back better. Inclusive and sustainable economies provide an approach to level up the inequalities between and within regions through action on the social, economic and environmental determinants of health to build back better and fairer.

Considerable work is already happening on inclusive and sustainable economies and this resource showcases some of these local achievements. To help places learn from each other, local practice examples will continue to be captured and disseminated through the inclusive and sustainable economies Knowledge Hub.

To help local places identify priority areas for action and measure progress, this report presents a 6-step approach to using the inclusive and sustainable economies framework and data catalogue.

This report also makes 9 recommendations for place-based action. These are based on the existing evidence base, local case studies and consultation with experts in the field. They are proposed as a ‘pick list’ of ideas that can be adapted to local circumstance, building on existing local structures and assets.

1. Consider the 6-step inclusive and sustainable economies approach: Those working in public and population health and economic strategy and recovery at a local level can use the inclusive and sustainable economies framework and data catalogue to support local planning and action on this agenda (see Figure 1).

2. Seek opportunities to achieve social value: Public service commissioners can leverage the Public Services (Social Value) Act 2012 to generate the greatest possible social, environmental and economic value from public spending. Opportunities for social value can be sought by individual organisations from all sectors or opportunities may be sought as a collective group of organisations within a local system to achieve social value at scale.

3. Unleash the potential of local anchor institutions: Anchor institutions are key local assets. By recognising and developing the integral role they play in local economies, anchor institutions
can increase the social, economic and environmental wellbeing of local populations and places. Working as a network, anchor institutions within a local system can use their combined substantial purchasing and employment powers to achieve more social value, provide more opportunities and benefits for local people, promote environmental and social sustainability and build and retain community wealth.

4. Support access to fair and good quality employment. Local Economic Partnerships, combined authorities and local authorities can work with local businesses and public, voluntary and community sector employers to drive new business and good quality employment opportunities locally. Additionally, employers should be encouraged to offer fair pay, stable employment contracts, good working hours and conditions, and opportunities for development and progression.

5. Promote inclusive labour markets: Local Economic Partnerships, combined authorities and local authorities can collaborate with local businesses and anchor institutions to encourage diversity, abolish discrimination and support those who are typically excluded from the labour market into training, volunteering or employment opportunities.

6. Capitalise on local assets to build community wealth and vice versa: Local assets, including businesses and industry, anchor institutions, cultural heritage, blue and green spaces, services and amenities, the community sector, neighbourhoods and families are the building blocks from which community wealth is generated. Likewise, as communities retain more of the wealth they generate, this can be reinvested in the community assets that matter to local people. Local systems need to recognise and draw on the strengths of their local assets to ensure that the widest range of people and places both contribute to and benefit from economic prosperity.

7. Build back greener to build back better: Local systems play a central role in fostering a green economic recovery from COVID-19. Green local economies offer a large and growing potential for skills development, employment and sustainable economic growth. Opportunities exist around supporting technology transitions in homes and businesses, upskilling a new green workforce and supporting new and existing local green business sector development.

8. Make the most of local policy and financial levers: Local and combined authorities can use a range of policy and financial levers to promote health and build inclusive and sustainable economies. These include considering health and environmental sustainability in spatial planning, leveraging devolution to reduce inequalities within and between regions, and involving health and care organisations in the development and delivery of local industrial strategies.

9. Ensure equitable access to local services: Service providers and commissioners should ensure local service provision meets the health and economic needs of local people, that
access to services is equitable and that services are targeted towards those with disproportionate need.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anchor institution</td>
<td>Large organisations - such as hospitals, councils, voluntary and community sector organisations, schools, universities and colleges - that are integral to the social, economic and environmental wellbeing of local populations and places. They are called anchor institutions because they are unlikely to relocate once established.</td>
</tr>
<tr>
<td>Building back better</td>
<td>A phrase that is synonymous with others used in the literature, such as ‘new normal’ and ‘reset’. It refers to a healthier, more equitable and sustainable future, while acknowledging that we will be living with the consequences of COVID-19 for some time.</td>
</tr>
<tr>
<td>Circular economy</td>
<td>A replacement for the traditional linear economy (make, use, dispose) with circular economic principles (reduce and reuse; repair, refurbish and remanufacture; repurpose and recycle). A circular economy aims to separate growth from the consumption of finite resources.</td>
</tr>
<tr>
<td>Combined authority</td>
<td>Formal sub-regional collaborations between 2 or more local authorities wishing to coordinate responsibilities and powers over services, including aspects of transport, housing and social care (68). If led by a directly elected mayor, devolution deals are open to them. There are currently 10 combined authorities in England, 8 of which have a directly elected mayor (32).</td>
</tr>
<tr>
<td>Community (local) wealth building</td>
<td>A people-centred approach to local economic development to ensure that the economy works for local people. It reorganises local economies to be fairer. It stops wealth flowing out of communities, towns and cities and instead, places control of this wealth into the hands of local people, communities, businesses and organisations (44).</td>
</tr>
<tr>
<td>English devolution</td>
<td>Devolution is the transfer of power and funding from central government to national, sub-regional and local governments. English devolution specifically refers to this transfer of central power and funding to sub-regional (mayoral-led combined authorities) and local government (local authorities) in England.</td>
</tr>
<tr>
<td>Green economy</td>
<td>Defined by the United Nations Environment Programme (UNEP) as an economy that is low carbon, resource efficient and socially exclusive. A green economy aims to achieve sustainable development without degrading the environment (45).</td>
</tr>
<tr>
<td>Gross domestic product (GDP)</td>
<td>Gross domestic product (GDP) is the total monetary or market value of all the finished goods and services produced within a country’s borders in a specific time period. As a broad measure of overall domestic</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Growth body</td>
<td>Larger geographical ‘growth bodies’ such as the Northern Powerhouse, Western Gateway, Midlands Engine and Great South West are less-formal collaborations of combined and local authorities. Devolution deals are not currently available to them.</td>
</tr>
<tr>
<td>Inclusive and sustainable economy</td>
<td>An economy that works for everyone; no-one is left behind regardless of protected characteristic, socioeconomic status, or where they were born or live. It also protects the needs of future generations by ensuring that these can be met within the means of our planet. By creating equal opportunities for all, an inclusive and sustainable economy aims to create thriving communities and healthy people; healthy and sustainable places; and increased productivity and shared prosperity.</td>
</tr>
<tr>
<td>Integrated care system</td>
<td>Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population.</td>
</tr>
<tr>
<td>Levelling up</td>
<td>Although not yet clearly defined, a term used to describe action to balance economic performance across the UK. In this document the term levelling up is used to refer to place-based action to reduce social, economic and environmental inequalities (both within and between regions) and provide equal opportunities for all to improve health and wellbeing and achieve improved productivity and shared prosperity.</td>
</tr>
<tr>
<td>Local enterprise partnerships (LEPs)</td>
<td>Business-led partnerships between local authorities and local private sector businesses. Established in 2011, their role is to determine local economic priorities, undertake activities to drive job creation, improve infrastructure and raise workforce skills in the local area (41). There are currently 38 LEPs in England, each serving multiple local authorities.</td>
</tr>
<tr>
<td>Place-based approach</td>
<td>A coordinated approach that recognises that to make a significant change to health outcomes and address inequalities it is necessary to address the wider social, economic and environmental determinants of health in a whole ‘place’ (in other words, a specific location or community) rather than focus on the problems or issues of individuals.</td>
</tr>
<tr>
<td>Planetary boundaries</td>
<td>The biological and physical processes and systems important to the maintenance of the Earth’s functions that humans rely on to grow and flourish - the “safe operating space for humanity” (58).</td>
</tr>
<tr>
<td>Social capital</td>
<td>The Office for National Statistics (ONS) state that social capital is measured through the areas of our personal relationships, social network support, civic engagement, and trust and cooperative norms. It is a term used to describe the extent and nature of our connections with others</td>
</tr>
</tbody>
</table>
and the collective attitudes and behaviours between people that support a well-functioning, close-knit society (73).

<table>
<thead>
<tr>
<th><strong>Socioeconomic status</strong></th>
<th>Socioeconomic status (SES) is a term used by social scientists to describe the class standing of an individual or group. It is measured by several factors, including income, occupation, and education, and it can have either a positive or negative impact on a person's life.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social gradient</strong></td>
<td>Social gradient: The social gradient is a term used to describe the phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged (Institute of Health Equity, 2014).</td>
</tr>
<tr>
<td><strong>Social value</strong></td>
<td>The wider economic, social and environmental benefits gained through the activities of organisations over and above the bottom-line, or profit. Social Value is gained by organisations thinking more holistically about their activities and by considering the wider economic, social and environmental impacts; the so-called ‘triple bottom line’.</td>
</tr>
<tr>
<td><strong>Sustainability and transformation partnership</strong></td>
<td>In 2016, NHS England established 44 sustainability and transformation partnerships (STPs) as part of the Five Year Forward View. STPs bring together NHS, local authority and other health and care organisations to collaboratively determine the future of their health and care system. The government aim is if for all STPs to become ICSs by April 2021</td>
</tr>
<tr>
<td><strong>Wider determinants of health</strong></td>
<td>A diverse range of social, economic and environmental factors which impact on people’s health (also known as the social determinants of health). These determinants largely lie outside of the health and social care system and include our friends, families and communities; education and skills; working conditions; employment; wealth and income; living conditions; transport and infrastructure; built environment; and natural surroundings. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life (69).</td>
</tr>
</tbody>
</table>

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References

Inclusive and sustainable economies: leaving no-one behind

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Appendix 1. Data catalogue

The indicators suggested in the table below are a core set selected from a longer list of potential indicators by sub-domain, detailed in the data catalogue itself, together with some key indicators for health and wellbeing. They are all available in Fingertips and have been selected for the core set because they meet most of the following criteria:

- they are available at local authority level
- they are relevant for inequality
- they are relatively recent

To develop a fuller understanding of an inclusive and sustainable economy locally, it is likely that this list will need to be supplemented with national indicators not in Fingertips (some potential ones are detailed in the data catalogue), or with local data.

The indicators are all available in a tailored Fingertips profile.

Table 2. Core indicators from the inclusive and sustainable economies data catalogue, by domain and sub-domain

<table>
<thead>
<tr>
<th>Sub-domain</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social</strong></td>
<td></td>
</tr>
<tr>
<td>Empowered and engaged communities</td>
<td>Sports club membership: % of population aged 16+</td>
</tr>
<tr>
<td></td>
<td>Percentage volunteered more than once in the last 12 months</td>
</tr>
<tr>
<td>Social capital and community infrastructure</td>
<td>Social isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)</td>
</tr>
<tr>
<td></td>
<td>Violent crime – violent offences per 1,000 population</td>
</tr>
<tr>
<td></td>
<td>Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18</td>
</tr>
<tr>
<td>Services and amenities</td>
<td>Spend (£000s) on Local Authority children and young people's services (excluding education): rate (£) per 10,000 aged 0 to 17</td>
</tr>
<tr>
<td></td>
<td>People in contact with adult mental health services: rate per 100,000 population aged 18+ (end of quarter snapshot)</td>
</tr>
<tr>
<td></td>
<td>Percentage of adult social care service users satisfied with care and support services, age 65+</td>
</tr>
<tr>
<td></td>
<td>Care home beds per 100 people 75+</td>
</tr>
<tr>
<td>Education, training and skills</td>
<td>School readiness: the percentage of children achieving a good level of development at the end of reception</td>
</tr>
<tr>
<td>Sub-domain</td>
<td>Indicator</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Key stage 2 pupils</td>
<td>meeting the expected standard in reading, writing and maths</td>
</tr>
<tr>
<td>Average Attainment 8 score</td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td></td>
</tr>
<tr>
<td>Good work</td>
<td>No indicators in Fingertips</td>
</tr>
<tr>
<td>Income</td>
<td>Average weekly earnings</td>
</tr>
<tr>
<td>Gender pay gap (by workplace</td>
<td>location)</td>
</tr>
<tr>
<td>Children in absolute low income</td>
<td>families (under 16s)</td>
</tr>
<tr>
<td>Inclusive labour markets</td>
<td>Long term unemployment - rate per 1,000 working age population</td>
</tr>
<tr>
<td>Gap in the employment rate for</td>
<td>those in contact with secondary mental health services and the overall</td>
</tr>
<tr>
<td>employment rate</td>
<td>employment rate</td>
</tr>
<tr>
<td>Gap in the employment rate</td>
<td>between those with a learning disability and the overall employment</td>
</tr>
<tr>
<td>Job density</td>
<td>rate</td>
</tr>
<tr>
<td>16-17 year olds not in education</td>
<td>NEET or whose activity is not known</td>
</tr>
<tr>
<td>Sickness absence - the percentage of working days lost due to sickness absence</td>
<td></td>
</tr>
<tr>
<td>Community wealth-building</td>
<td>No indicators in Fingertips</td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
</tr>
<tr>
<td>Green economy</td>
<td>No indicators in Fingertips</td>
</tr>
<tr>
<td>Transport, travel and</td>
<td>Percentage of adults walking for travel at least 3 days per week</td>
</tr>
<tr>
<td>connectivity</td>
<td>Percentage of adults cycling for travel at least 3 days per week</td>
</tr>
<tr>
<td>Natural environment</td>
<td>Air pollution: fine particulate matter</td>
</tr>
<tr>
<td>Access to Healthy Assets and</td>
<td>Hazards Index</td>
</tr>
<tr>
<td>Built environment</td>
<td>Affordability of home ownership</td>
</tr>
<tr>
<td>Statutory homelessness: rate per</td>
<td>1,000 households</td>
</tr>
<tr>
<td>Adults with a learning disability who live in stable and appropriate accommodation</td>
<td></td>
</tr>
<tr>
<td>Sub-domain</td>
<td>Indicator</td>
</tr>
<tr>
<td>--------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Adults in contact with secondary mental health services who live in stable and appropriate accommodation</td>
</tr>
<tr>
<td></td>
<td>The rate of complaints about noise</td>
</tr>
<tr>
<td></td>
<td>Number of premises licensed to sell alcohol per square kilometre</td>
</tr>
<tr>
<td>Health and wellbeing</td>
<td>Inequality in healthy life expectancy at birth (male and female)</td>
</tr>
<tr>
<td></td>
<td>Inequality in healthy life expectancy at birth (male and female) by local authority</td>
</tr>
<tr>
<td></td>
<td>Self-reported wellbeing - people with a low satisfaction score</td>
</tr>
<tr>
<td></td>
<td>Estimated prevalence of common mental disorders: % of population aged 16 and over</td>
</tr>
<tr>
<td></td>
<td>% reporting a long term musculoskeletal problem</td>
</tr>
</tbody>
</table>
Appendix 2. Broader policy context

Significant recent national strategic documents, including the UK Industrial Strategy and the NHS’s Long Term plan have recognised an urgent and profound need to act on health and social inequalities. Further, since a central government policy is to ‘level up’ society, the current policy context presents a unique opportunity to tackle health inequalities at scale.

The UK Industrial Strategy

Published in November 2017, the government’s Industrial Strategy recognises that the UK economy is leaving too many behind and that there is a need to improve productivity and drive economic growth across the whole country. The strategy identifies ‘5 foundations’ of productivity to transform the economy and enable every part of the country to reach its full potential. The strategy also identifies 4 ‘grand challenges’ to put the UK at the forefront of the industries of the future (31). In response to one of these grand challenges - an ageing society - the government has set a ‘mission’ to “ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and the poorest” (70). Local and national action on this and the other challenges and foundations – many of which are relevant to health - provide an important opportunity to tackle health inequalities at scale.

The Industrial Strategy recognises 2 core weaknesses in the UK economy: productivity and inequality. To narrow regional productivity gaps and to boost prosperity across the entire nation, every local economic area in England – led either by the local enterprise partnerships or combined authorities – will develop a local industrial strategy. These will be evidence-based and identify local strengths, challenges and opportunities to boost productivity through identifying priorities to improve skills, increase innovation and improve infrastructure and business growth. Such local economic planning presents an opportunity for public health to collaborate with local enterprise partnerships and combined authorities, to ensure economies of the future are more inclusive and sustainable and therefore health promoting.

English devolution

Devolution is the transfer of power and funding from central government to national, sub-regional and local governments. English devolution specifically refers to this transfer of central power to sub-regional (combined authorities) and local governments (local authorities) in England. Funding and powers are typically devolved to support transport, skills and housing in order to boost local economic growth (71).

The UK is one of the most centrally governed countries in the developed world. Sub-national government spending, as a proportion of total public expenditure in the UK is 2%, this is compared to 50% in Spain, 46% in Germany and 65% in Denmark (65). UK devolution would allow decisions to be made by people closer to the communities and businesses they affect and therefore provides a considerable opportunity to reduce economic and social inequalities.
between English regions (32). In 2019, the Prime Minister pledged to revive devolution as a means to ‘level up’ all parts of the country and reduce regional inequalities. An English Devolution White Paper is to be published in 2020, to outline the government’s plans further (30).

The NHS Long Term Plan

The NHS Long Term Plan describes how the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through service improvements. Additionally, NHS England will base its 5-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next 5 and 10 years (33).

The NHS Long Term Plan also recognises the role of the NHS as an anchor institution and includes a commitment to work with the Health Foundation to identify good practice that can be adopted across England (33). The environmental determinants of health and the role the NHS plays in shaping places and communities are also recognised in The NHS Long Term Plan. Through the Healthy New Towns programme, the NHS is playing a leading role in putting health into place through shaping the built environment. The NHS is also leading by example in sustainable development by reducing waste and its use of water, carbon and single use plastic (33).

Environmental and sustainability policy context

In recognition of social, economic and environmental implications of an increasing average global temperature, the Paris Agreement requires an international effort to keep the global temperature rise well below 2°C above pre-industrial levels, with an aim to limit the temperature increase to 1.5°C (37). In order to meet this target, in June 2019, the UK became the first major economy in the world to pass laws to bring all greenhouse gas emissions to net zero by 2050. This is compared to the previous target of at least 80% reduction from 1990 levels (26).

One of the 4 ‘grand challenges’ identified in the UK Industrial Strategy to put the UK at the forefront of the industries of the future is to “maximise the advantages for the UK industry from the global shift to clean growth” (31). This has led to the publication of the government’s Clean Growth Strategy which aims to grow the low carbon sector of the UK economy, create jobs and increase productivity while protecting the climate and environment upon which we and future generations depend (72).

The government’s Clean Air Strategy aims to cut public exposure to particulate matter (PM) progressively by reducing PM2.5 concentrations across the UK. (The biggest impact of particulate air pollution on public health is understood to be from long term exposure to PM2.5).
The strategy also aims to reduce the number of people living in locations above the World Health Organization guideline level of 10µg/m³ by 50% by 2025 (38).

Published in 2018, the government’s 25 year plan for a green future identifies 6 key areas around which action to improve the environment will be focused (39):

- using and managing land sustainably
- recovering nature and enhancing the beauty of landscapes
- connecting people with the environment to improve health and wellbeing
- increasing resource efficiency, and reducing pollution and waste
- securing clean, productive and biologically diverse seas and oceans
- protecting and improving the global environment

The 2030 Agenda for Sustainable Development is a historic global agreement to eradicate extreme poverty, fight inequality and injustice and leave no-one behind. The 17 Sustainable Development Goals (SDGs), which succeeded the Millennium Development Goals, were agreed by world leaders at the United Nations in 2015. Establishing inclusive and sustainable economies can support the UK’s effort in achieving these goals by 2030 (39).
Appendix 3. Other useful resources

Place-Based Approach (PBA) for reducing health inequalities

The place-based approaches for reducing health inequalities aims to reinforce a common understanding of the complex causes and costs of health inequalities; and provide a practical framework and tools for places to reduce health inequalities. The resources describe how effective PBA requires action on civic, service and community interventions, along with system leadership.

The resources are intended for use by local parts of the healthcare and public health system including local authorities clinical commissioning groups; sustainability and transformation partnerships; integrated care systems; and the voluntary, community and social enterprise sector.

Community-centred public health: taking a whole system approach

PHE has conducted research into current practice on whole system approaches to community-centred public health. This builds on previous guidance on community-centred approaches to health and wellbeing. Community-centred approaches are those that mobilise assets within communities, encourage equity and social connectedness and increase people’s control over their health and lives.

Having public health systems that are community-centred is important to reducing health inequalities. Many local areas are prioritising this by scaling action through whole system approaches. This work builds on previous work on whole system approaches to obesity and is part of ongoing work to support and embed place-based approaches to reducing health inequalities.

The suite of resources are intended for use by local authority, NHS and voluntary and community sector decision-makers, to help them to improve the effectiveness and sustainability of action to build healthy communities; and embed community-centred ways of working within whole systems action to improve population health.

Health Equity Assessment Tool (HEAT)

Health Equity Assessment Tool is the key tool for professionals across the public health and healthcare landscape to:

- address health inequalities and equity related to a programme of work or service systematically
- identify what action can be taken to reduce health inequalities and promote equality and inclusion
Health Impact Assessment (HIA)

Health Impact Assessment is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects, minimising its negative health effects and reducing health inequalities. The approach can be applied in diverse economic sectors and uses quantitative, qualitative and participatory techniques.

HIA provides a way to engage with members of the public affected by a particular proposal. It also helps decision-makers make choices about alternatives and improvements to prevent disease or injury and to promote health. It is based on the 4 interlinked values of democracy (promoting stakeholder participation), equity (considering the impact on the whole population), sustainable development and the ethical use of evidence.

PHE have recently produced guidance for local authority public health and planning teams to support the use of HIA in spatial planning.

THRIVES (Towards Healthy uRbanism: InclusiVe Equitable Sustainable)

The THRIVES framework was developed by the UCL Institute for Environmental Design and Engineering (IEDE). It raises the importance of environmental degradation and structural barriers to health in urban policy and development. Community representatives and practitioners working in urban policy, design, property development and public health can use THRIVES to reach a shared understand and make informed decisions.

PHE Health Economics resources

- Health Economics Evidence Resources (HEER) collects and summarises the economic evidence on a wide selection of public health interventions. Each piece of evidence is categorised against over 20 criteria allowing you to filter and select only what you are interested in.
- The Spend and Outcome Tool (SPOT) is designed to compare local authority spend and outcome measures against other local authorities including Chartered Institute of Public Finance and Accountability statistical neighbours. The tool can be used to identify programmes with outcomes that are significantly different from similar local authorities, that may need more analysis.
- Cost-effectiveness resources and return on investment (ROI) tools which can be used to estimate the value of investing in prevention and early diagnosis in specific areas. The resources pull together the best available evidence on costs, savings, and health benefits for specific topic areas in a single place, simplifying the process of commissioning cost-effective services. This includes ROI tools in a number of areas, which allow you to estimate what impact carrying out an intervention in a local
authority and or a clinical commissioning group (CCG) would have on costs and health outcomes.

**What Good Looks Like (WGLL)**

The Association of Directors of Public Health (ADPH) and PHE have produced a series of joint WGLL publications that set out the guiding principles of ‘what good quality looks like’ for population health programmes in local systems.

The WGLL publications are based on the evidence of ‘what works and how it works’ including effectiveness, efficiency, equity, examples of good practice, opinions and viewpoints and, where available, a return on investment.
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

Website: www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

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Prepared by: Judith Kurth and Carolyn Sharpe

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