NHS Confederation

Unlocking the NHS's social and economic potential

Creating a productive system

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About us

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

Our Health Economic Partnerships work programme supports the NHS to understand its growing role in the local economy and to develop anchor strategies at institutional, place and system level. Visit our website or contact Michael.Wood@nhsconfed.org for more information.

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Foreword

The Health and Care Act 2022 for integrated care system (ICS) working not only gives a basis to improve health outcomes, tackle inequalities and enhance value for money, but also for the first time gives the NHS the permitted opportunity to support broader social and economic development for distinct communities.

As the NHS Confederation has highlighted previously, the NHS is the fifth biggest employer globally and by far the biggest in the UK. In most towns and cities, it is the single biggest employer and makes a vital contribution to the local economy through job creation, purchasing of local services and keeping people healthy for work. The economic activity of a local area, and how productive it is, is heavily influenced by its inhabitants' health.

The new legislation for health and care systems supports an integrated and therefore more holistic approach to supporting people where they live, learn and work. This, in turn, supports health service provision, especially in areas such as cancer, diabetes, heart disease, mental health and stroke, alongside a longer-term move to preventative health.

The creation of integrated care partnerships within 42 ICSs in England between local authorities and the NHS, including new NHS integrated care boards, provides a vital forum to identify, address and improve the relationship between social conditions and a variety of adverse health outcomes.

As health and care leaders we have this opportunity to take a holistic view of how people's lives can be improved, including via a good education, accessible healthcare, quality housing and meaningful employment. The NHS can play a role both as an engine room for the economy and as a security net for communities.

The NHS Constitution states that 'the NHS belongs to the people,' and we want the people we serve to prosper and thrive. Therefore, we invite you to commit to making social and economic development very much the business of the NHS.

Matthew Taylor
Chief Executive
NHS Confederation

Cathy Elliott
Chair
NHS West Yorkshire Integrated Care Board

Key points

- Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems Across England, published in November 2020, described one of the four core purposes of an integrated care system (ICS) as being to help the NHS support broader social and economic development.
- This purpose is perhaps the least well defined and understood in traditional NHS management and strategy terms, yet is particularly important given the wider ongoing impact of the pandemic and the inextricable relationship between health and socioeconomic outcomes.
- This report is the first published resource for ICS leaders on this core purpose and builds on significant cross-sector leadership engagement. It sets out in detail what social and economic development is, why it matters to the NHS and vice versa, how ICSs might deliver against this purpose for the benefit of its populations and where next this form of broad, strategic partnership working might lead system thinking.
- We found from our discussions that there is widespread support for this new ICS purpose, from those leading systems, from the existing NHS leadership, and from both new and traditional partners. Going further, understanding how and where the NHS can support social and economic development was itself thought of as a key test of how the new structures will work more broadly and whether this time, 'things really will be different'. This is an important reminder of the persuasive power of this purpose and the central role it should play in wider integrated care strategic planning and communications.
- The current context in which ICSs are beginning to shape their approach to this purpose matters. An engaged ICS can not only broaden its own traditional prevention and population health planning to include new partners, such as the private sector and external resources, they can themselves chip away at the growing inequalities communities are facing and influence the future direction of local social and economic development – moulding an economy and place that supports health in everything it does.

- The NHS Confederation has led the public discourse on understanding the links between the health sector and the economy for several years, articulating the value of the NHS as an anchor in both national policy and local practice. We believe that this core ICS purpose reflects the next phase of the anchor journey – moving from an institutional view of what one can do to a system view of what we can change.
- At the heart of this report is a model framing tool, which can help guide ICS leaders through a process of understanding their social and economic value, reframing the questions they should be asking as they develop integrated care strategies, highlighting the partners, policies and funding programmes that can help realise their collective ambitions, and measuring the impact made.
- There will be tensions between the short-term operational pressures leaders face and the long-term nature of social and economic development. We are particularly grateful to Cathy Elliott for researching and creating a maturity framework to complement this report, following engagement with fellow ICS leaders. The framework aims to support a system to gauge their progress and also design and agree delivery milestones in the coming years across a range of suggested example areas.
- The external landscape in which an ICS is making decisions is rapidly changing, with significant social and economic churn. This report looks at the wider implications and opportunities that may arise as ICSs become more engaged in this purpose. In particular, there will be clear overlaps with areas developing new and existing devolution deals, as outlined in the levelling up white paper.
- We believe with the right support, leadership and collaboration, ICSs can make significant progress in delivering against their purpose of supporting social and economic development. The role of NHS England is particularly important in developing ongoing packages of practical support, permissive frameworks for systems on policy and delivery, ensuring leadership programmes reflect the system-nature of this work and engaging across government.
- Recognising the innovative and unique nature of this purpose, we also believe it offers opportunities for NHS England to evolve its future relationship with systems. In, for example, setting a collective expectation for the 42 ICSs to work together across thematic or geographic areas to come up with a joint plan on how they will fulfil this purpose, NHS England would be making ICSs accountable for both their progress and collaboration.

Introduction

In this report we explore why social and economic development is now considered a central part of work in the health and care sector in England and how the newly established integrated care systems (ICSs) can deliver on their core purpose of helping the NHS to support it. To understand, embrace and enable this change, we have explored the what, the why, the how and the where next.

In doing so, we have:

- described what we mean by social and economic development and the associated landscape into which ICSs have emerged as statutory partnerships in England (chapter 1)
- reflected on the views of leaders and identified some of the perceived behaviours and cultures that need to be collectively challenged as NHS organisations learn to work as part of wider systems (chapter 2)
- explained the need to move to a more strategic focus on multi-sector anchor systems to truly influence the lives and livelihoods of our given populations (chapter 3)
- created a light touch four-step model framing that can support local systems to understand, shape and deliver on the ICS purpose of supporting social and economic development locally (chapter 4)
- highlighted further support needed to accelerate this journey including an ICS maturity framework, the necessary skillset and examples of emerging practice (chapter 5)
- crafted a set of recommendations for national bodies and for systems to consider (chapter 6).

ICB joint forward plans (JFPs) will need to describe how the ICB and its constituent NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact on health and wellbeing. Importantly, NHS England has not set specific recommendations or policy on the role of NHS partners in supporting broader social and economic development, encouraging a permissive approach to local innovation and design. With this in mind, NHS England commissioned the NHS Confederation to reach a common understanding of the NHS's role as a partner within an ICS, through engagement with a wide range of system partners and drawing on the emerging work already happening. This helped us understand the appetite, the ambition, and the actions that they are undertaking as they begin to unlock the sector's social and economic potential and learn more about its role.

Spread throughout this report are a number of leadership quotes from these roundtables, which help tell a story in themselves. While it is certainly not an overstatement to say that how an ICS and partners approach this particular purpose will determine the level of its local support and success more broadly, the overriding message was one of positivity, collaboration and intent.

Finally, it is worth noting there are a plethora of guides already published for leaders to digest on a range of related subjects. This report is as much about inspiring and provoking as it is a plan to be rigidly followed. Central to supporting social and economic development, and thus delivering better outcomes for our populations, is a willingness to ask new questions, to be critical in our thinking and to unlock our collective imagination.

This agenda may be a long-standing and ever-present one for many, but as formal partnerships ICSs are at the start of their journey – we want to hear from you about your progress and how we can adapt and evolve the information, advice and support in this report to continuously stretch both our thinking.

Chapter 1: Putting health at the heart of social and economic development

This chapter focuses on the report's intentions and introduces the thinking behind the concept and why it matters for an ICS, including:

- Setting the scene
- A natural role for an ICS
- Health as an investible proposition
- Securing a common understanding – What do we mean by social and economic development?
- Building a thriving place together – Why the NHS should be as interested as our partners
- Hidden in plain sight? The growing role of the NHS in social and economic development
- Becoming more inclusive? The changing nature of social and economic development in England
- The vital role of local government – a view from the Local Government Association

Setting the scene

Of the four core purposes of an integrated care system (ICS), first identified by NHS England in Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems Across England in November 2020, the one that has most challenged traditional health service thinking is that of 'helping the NHS to support broader social and economic development'.

While this particular purpose is perhaps the least well defined and understood in NHS clinical, management and strategy terms, social and economic development has long been, and will continue to be, a permanent if permeable part of our place. It is particularly important given the wider ongoing impact of the pandemic which is changing

"This social and economic agenda should be at the beating heart of an ICS. If not this, then I struggle to know what."

ICB Chair

the economic geography of our places and the way we live, and the inextricable relationship between health and socioeconomic outcomes, as witnessed in the current squeeze on the cost of living and the impact of ill-health on labour markets.

The new ICS purpose of supporting social and economic development can be seen as a natural extension of the focus to date on integrated working and looking further upstream, with NHS England providing a base for the 42 statutory systems to continue this journey with expanded horizons, raised ambitions and more diverse partners, and on a more formal footing.

It was in this spirit that NHS England commissioned the NHS Confederation in November 2021 to jointly deliver a range of engagement events with leaders from across multiple sectors, gathering the growing body of learning, expertise, knowledge and practice already happening in this area. Our collective aim was to focus support that is framed appropriately to ICSs, enabling them to continue their work to advance social and economic development for their local economies and communities.

It is important that we are clear up front about the roles and responsibilities involved in the new system working. The core purposes set out in the 2020 NHS England guidance may belong to an ICS in the collective sense, but it will be for the integrated care partnership (ICP) to develop broad integrated care strategies focusing well beyond the NHS's borders. The integrated care board (ICB) will subsequently be expected to deliver against this strategy, focusing in particular on the role and input of the statutory health and care organisations.

For this specific ICS purpose, this means an ICP looking outwards at the emerging local social and economic landscape and understanding both what it wants to change and what it will ask from its partner members (including local authorities, providers, voluntary, community and social enterprise partners, the ICB and NHS England). For the NHS specifically, it means a change in its mindset, a reframing of its skillset and a more experimental, long-term toolset.

A natural role for an ICS

For a reform modelled predominantly on collaboration and trust, the ICS purpose of helping the NHS support broader social and economic development does seem a welcome and natural fit. One of the prevailing criticisms of the NHS from local partners is the lack of curiosity it has about the nature of its place, and sometimes what verges on indifference in addressing some of the long-standing and wicked issues that hold it, and the communities within, back.

In the eyes of many, the NHS talks a good game on approaches to, for example, prevention, yet often does not follow through on its promises when and where most needed. By stating publicly that one of the four purposes of an ICS is to help the NHS support broader social and economic development, NHS England has set out an intention to ensure system leaders are able to continually challenge elements of short-termism in the NHS's sectoral focus.

This particular purpose doesn't just give ICSs, and critically the integrated care partnerships, permission to stretch their own reach, influence and understanding beyond traditional sectoral boundaries. It actively pushes them to discuss, develop and deliver in ways which focus local ICB minds much more on the determinants of health, rather than specifically healthcare.

It was noticeable from discussions that the NHS's credibility with partners, candour to communities and commitment for change will be judged by many on how systems approach this specific purpose. The positive news is that for many of the ICS leaders we spoke to, the nature of this principle has reawakened what first brought them into public services. They are ready for the challenge.

> "The renewed NHS focus on the wider determinants is welcome, but this is an actual opportunity to act on them."
>
> Director of Public Health

Health as an 'investible proposition'

It is vitally important that health is seen as an investment, given the wider economic performance, the government's more explicit focus on economic growth and the growing health budget. The NHS Confederation has led for almost a decade on understanding the economic value of the NHS, whose budget accounts for over 90 per cent of the total health spend in the UK. In October 2022 we published a report in partnership with Carnall Farrar that sought to determine, and indeed quantify, the link between investing in the NHS and the impact it has on a range of factors, including labour productivity, economic activity and healthcare outcomes.[1]

"Health is an investment not a cost. To make others believe this though, we ourselves need to act like it."

NHS Trust Chief Executive

The analysis revealed:

- The economic activity of a local area, and how productive local towns and cities are, is heavily influenced by the area's health status. Reducing the proportion of workers off for long-term sickness increases the working population and provides a significant boost to the UK economy at a time of ongoing challenges in labour market participation, widespread labour and skills shortages and the increasing cost of living.
- The proportion of workers off due to long-term sickness is a recognised proxy measure for general morbidity, which research shows could lead to an increase of 180,000 workers among the working population, equivalent to the working-age population of Bolton.
- Staff employed by the NHS – by far the biggest employer in the UK – significantly contribute to the productivity and economic activity of local areas. An NHS that is appropriately staffed will directly increase local productivity through more people being employed in good work, enabling the NHS to collectively widen access to healthcare and reduce waiting lists. This in turn ensures that more people can return to the labour market and contribute to the economy, especially in areas of high deprivation, which have higher unemployment rates.
- Investing in health results in reduced A&E attendances and reduced long-term sickness, which are both associated with an increase in the employment rate and therefore growth in the economic activity of a local area.
- When it comes to quantifying the return on investment of spending on healthcare, the analysis reveals that every pound invested in the NHS results in around £4 back to the economy through increased

gross value added, (GVA), including through gains in productivity and workforce participation. This economic value is above and beyond the range of physical services and the intrinsic personal, societal and moral value that people receive from being able to access healthcare.

With the UK facing major labour market and economic growth challenges, the analysis revealed the mutual and cyclical benefits of investing in the NHS and demonstrated the power of health as an investible proposition. This is an important building block for how leaders approach the ICS purpose of supporting social and economic development.

> "The NHS directly and indirectly supports our people, our places and our productivity and should be considered an essential building block of any national and local plan for growth. Given the scale of the NHS's annual budget, this is a significant, tangible economic benefit that can be felt right across the UK. Uniquely positioned as a sector, the NHS is both an engine room for UK PLC and a security net for our local communities."[2]

Securing a common understanding – What do we mean by social and economic development?

The terminology used is important. While exact definitions vary, 'social and economic development' is often described as the process by which economic wellbeing and quality of life is improved through a range of targeted policy, goals and objectives. The focus on both social and economic is important, reflecting the need to ensure a balance between the two in what systems prioritise if we are collectively to grow the kind of economy and society we want.

While this balance may alter depending on the views of national government and local economic leaders, this concept is increasingly focusing on those who have been traditionally excluded from social and economic opportunities, helping to curate more inclusive and resilient societies which spread and improve prosperity. The definition used locally needn't be complicated – for many it is simply about developing the conditions for a good life.

The broad and inclusive nature of social and economic development should involve the full range of partners; with government, the public sector, communities, civil society, the private sector and other stakeholders working together at local, regional, national and international levels. The breadth of partnership described in this definition can act as a useful prompt in understanding whether an ICS has the right partners around their table as they seek to make their given populations both better and better off.

"This agenda is social and economic for many, but for the NHS it is also ethical and moral."

NHS Trust Chief Executive

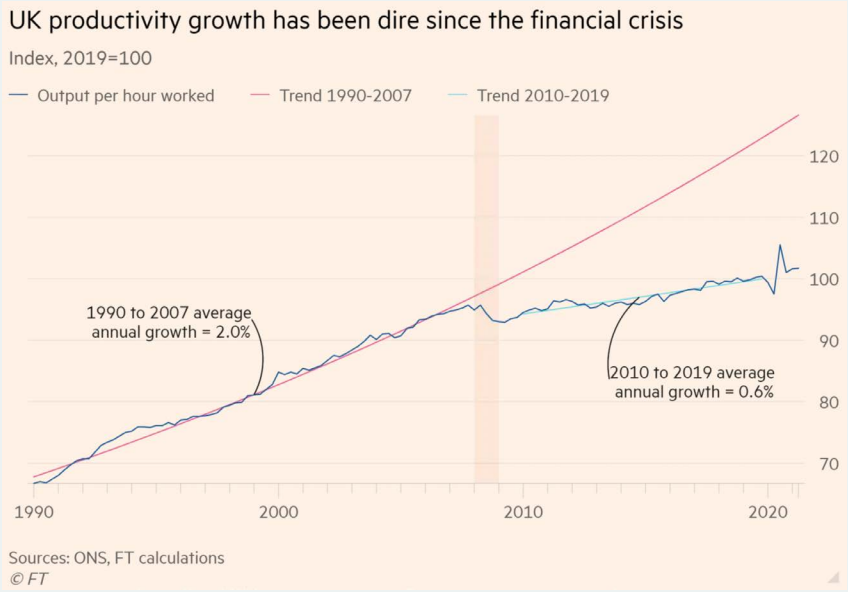
Building a thriving place together – Why the NHS should be as interested in social and economic development as our partners

Research has repeatedly shown that the social determinants of health are more important than healthcare or lifestyle choices in influencing good health. Our health outcomes are most heavily shaped by the conditions in which we are born, grow, work, live, and age, and by the economic, social and political policies and systems that shape the conditions of our daily lives. Improving these conditions, and building a thriving, healthy and prosperous place, requires a collective focus.

The necessary focus on productivity and why it matters to social and economic development

Productivity, routinely measured by the amount of work produced per working hour, is the main driver of long-term growth and living standards. Not only has UK productivity lagged behind that of many OECD countries since the 2008 financial crash, but there remain significant regional disparities across the UK. Many parts of the midlands and the north of England, for example, are now among the poorest in Europe, with this low productivity manifesting itself in poor infrastructure, health and educational standards, as well as other indicators of social cohesion, such as increased child poverty, reducing life expectancy and rising crime rates.

The following graph highlights the challenges the UK has faced in productivity performance since the financial crash of 2008. This economic stagnation over the past 15 years reflects a central challenge for ICSs seeking to improve population health.



Source: The Financial Times (2021). The challenge of unlocking the UK's low productivity.

While there is a national relationship between health and social and economic development, it is at a regional and local level where this intersection can be most clearly seen. The UK has significant regional imbalances in, for example, both economic productivity and in life expectancy, with the relationship between the two at the heart of successive governmental policy, including devolution and levelling up.[3] Delving deeper, the disparities within regions are often even larger, meaning what we in the health and care sector focus on locally will often directly and in-directly affect the place's economy and vice versa.

The partnerships, priorities and planning that have attempted to shape local economic strategies and/or devolution deals in the past decade have largely been designed to improve productivity. The NHS has an increasingly important part to play in addressing local productivity and many partners have sought our involvement in past attempts, such as with the local industrial strategies in 2019.[4] For those of us in the health and care sector, a deepening of the discussion around health and productivity, and thus how the sector can support social and economic development, will bring opportunities to co-invest finite time and resources more effectively and to achieve better outcomes.

Developing an explicit focus on supporting social and economic development enables ICS leaders to more directly shape the place in which they provide services and, more broadly, the type of society they provide services for. It focuses minds more on collective endeavor, helps the health service understand where it should support, rather than simply lead, and makes us all reflect on the question locally of who in our society is losing out.

This ICS purpose is perhaps the most significant chance we have had to bring the NHS's role in addressing the inequalities agenda more to the fore – both in terms of health inequalities and in reducing the growing gap between richer and poor areas.

Above all, for an ICS seeking to improve population health, for an NHS seeking to manage unmet need for its services, and for a health and care sector seeking to become sustainably resourced, the local economy matters.

Hidden in plain sight? The role of the NHS in social and economic development

If an ICS is to make a difference in delivering on its purpose of supporting social and economic development, and in ensuring the NHS contribution is focused and appropriate, it is important that we begin to understand the two-way relationships at the heart of this issue. The NHS gains from a more prosperous and equal place, certainly, but, as we heard repeatedly from leaders, given our strong values and ethos, it also has a morale responsibility to play its part.

This report will look in detail at the areas where the NHS is, or could be, playing an active and impactful role in supporting social and economic development and the partnerships, principles and personalities that underpin it. There are many such touch points, including of course the very public links between labour market participation and ill health, the urgent need for further health service innovation, our challenging net zero journey and how to unlock much greater social value in what we buy.

Where should we expect the NHS to support social and economic development?

There are several areas where one would expect the NHS to have an important role in supporting social and economic development. While this is certainly not exhaustive, the typical ones are listed below:

Employment and skills	• The UK's largest employer nationally and the largest employer in every local economy
Research and development	• A key driver of research and development, innovation and inward investment
Procurement	• One of the most significant public procurement budgets in the UK
Estates	• The second largest public sector landowner in the UK
Population health	• A service ethos and model that supports people to be healthy and productive
Net zero	• Responsible for around 40 per cent of all public sector carbon emissions in the UK
Civic leadership	• A recognised focal point in every village, town and city

The growing focus on the NHS as an 'anchor' (see chapter 3) is reflective of a health service more familiar with, and interested in, its local social, economic, environmental, cultural and civic impact. Many institutions across England are in the process of developing NHS anchor strategies to understand and maximise their role in the local economy and to narrow inequalities. The NHS may lag behind other partners in understanding its wider impact, but this increasing anchor awareness presents an ideal basis on which an ICS can develop a greater conceptual understanding of its role in social and economic development and, importantly, of how it can lead, support and deliver local change through this purpose.

To deliver on this, we must collectively push health service leaders beyond thinking social and economic development is somehow disconnected from or peripheral to the day job – something to address if, and when, the finances and other high-profile targets are sorted. To reiterate a key point, all national and local economic decisions have direct and in-direct health implications and vice versa.

Becoming more inclusive? The changing nature of social and economic development

Recent national and local focus on the levelling up agenda, including earning power and raising living standards, reflected a growing intention to enable more people and places to benefit from the proceeds of economic success. Many places sought to address this issue through local approaches to inclusive growth,[5] which specifically target actions and initiatives that tackle inequalities, including health inequalities.

Inclusive growth strategies differ according to local need but would typically include examples such as recognising and promoting 'good employment', connecting more people to the labour market and addressing in-work poverty. Inclusive growth, or an inclusive economy,[6] has striking similarities to the population health agenda, given the obvious and pressing links between the social determinants of health and low regional productivity.

While different governments often seek to alter the balance between driving and spreading economic growth, the interrelations will remain, with many local leaders committed to developing a more inclusive economy. In this context, the NHS is both an economic safety net and a springboard for growth.

An engaged ICS can not only broaden its own traditional prevention and population health planning to include new partners, such as the private sector and external resources, they can themselves chip away at entrenched inequality and influence the future direction of local social and economic development – moulding an economy and place that supports health in everything it does.

Addressing the determinants of health, building a new economy

When talking about the links between the health and the economy, the majority of leaders in the health and care sector understand conceptually the impact the NHS and partners can have on the wider determinants of health. This has been evident in much of the early NHS anchor institutional strategies and has led in places to a positive and reinvigorated approach to tackling issues such as prevention.

While this approach reflects where service leaders, managers and clinicians often feel more comfortable, we must also be explicit about the contribution the NHS can make to local economic strategic planning. Understanding and targeting this contribution is critical for the place and for our partners and, if directed appropriately, can unlock significant wider benefits that in turn help narrow local health inequalities.

Addressing the determinants of health and building a new economy are not contradictory, nor do they act as a distraction from each other. An ICS strategy focused on supporting social and economic development must weave together an approach that does both – securing significant benefits for our populations and partner.

The vital role of local government – a view from the Local Government Association

Local government has long played a role in social and economic development. Councils work to support business growth and investment, raise skill levels, address the barriers to work, shape places, and integrate social value and anchor institution principles into procurement. This often involves committing to wherever possible purchasing locally and for social benefit, using buildings and spaces to support communities, widening access to quality work through own employment practices, and working more closely with local partners.

Examples of how councils have done this include:

1. **Supporting business growth and local investment:** North Yorkshire County Council developed Buy Local – a new local business directory developed to be easy to register on and use for businesses and customers alike. This directory was created in the early stages of the pandemic to counter problems caused by panic buying and businesses being unable to trade in their conventional way. Buy Local put local businesses in touch with customers in an effective and trusted way. Since the site launched in April 2020, it has had almost 176,000 visits.
2. **Raising skill levels and addressing the barriers to work:** Hampshire County Council has created an Employment and Skills Hub, whose team connects with employers to source both short term and long-term work experience placements and engagement at careers, information advice and guidance events. The hub also links with construction employers to create Employment and Skills Plans, which have created 718 work experience and 728 job opportunities since 2017, along with 447 Construction Careers Information Advice and Guidance engagements for individuals and young people across Hampshire.
3. **Shaping places and enhancing quality of life:** East Suffolk Council took part in a placemaking programme in 2018 to understand the public perception of Lowestoft and the priorities of businesses, stakeholders and the community, and to tell the story of Lowestoft through identifying the qualities that make the place. They heard from the local community about the town's strengths and weaknesses, and in response brought together stakeholders to create the Lowestoft Place Board and Ambassador programme. These helped to challenge outdated perceptions of the area and created a more vibrant and optimistic narrative. The board also provided support and acted as a critical friend to the Town Investment Plan, to ensure that projects were delivered with the support of the community.

4. **Integrating social value and anchor institution principles to procurement:** Tendring District Council is working to incorporate social value to its existing procurement process, based on the anchor institutions approach. The council used the LGA's economic growth advisers programme to use data based on postcode to understand how much of the council's spend is with local firms. This postcode data allows for the most accurate analysis, as about a fifth of the council's contractors are individuals, whose details are usually redacted from data sets. This data will be used to identify the areas where the council is spending less within the district than might be expected and help the council target events at suppliers to find out what the barriers are for them to bid for council contracts, and where possible reduce these obstacles.

> "The NHS has a key role and voice in re-balancing social and economic development, even without it realising. Its power and status can tilt traditional focus away from GDP to revaluing prosperity."
>
> **Economic Development Consultant**

Chapter 2: Appetite, ambition and action – what we heard

This chapter reflects on what leaders told us in the various roundtable discussions, focusing on both their broader aspirations and some of the inherent challenges in delivering on this purpose, including:

- Delivering on this ICS purpose – what we have heard
- A case study: the West Yorkshire Health and Care Partnership's journey
- Shifting the dial – the cultural shift from institutional to system-based
- Realising the potential of the integrated care strategy

Delivering on this ICS purpose – what we have heard

In developing this report we built on a series of outputs from roundtables and other discussions with senior leaders from within and outside the NHS, as part of the work commissioned by NHS England. It was clear that this particular ICS purpose is seen as critical for both the success and credibility of an ICS more widely.

Addressing the role of the NHS in social and economic development has been cited as an opportunity to:

- tackle long-standing issues that hold people and places back, such as workforce
- manage unmet need for public services more generally
- underscore the NHS's commitment to local partners for local, long-term change.

All three matter hugely and when taken together weave a convincing narrative that unpins this purpose.

Perceptions of the NHS from the outside

"Mindsets in the NHS need to change – where is the economy in their broader thinking?"

Industry Chief Executive

"The pandemic has made us rethink and experiment. 'Health and wealth' is now being reflected in very real ways, from who should be on the high street to more strategic conversations about resolving long-standing issues such as the local workforce."

Council Leader

"The complexity of NHS often scares off partners who don't want to get caught in local political cross-fires. How can we have an open, consistent relationship about what we might do?"

Local Enterprise Partnership Chief Executive

"This purpose could be transformational, but will the NHS push where and when partners really need? I need to be convinced."

VCSE Chief Executive

"Collaborative place leadership is too often seen as a challenge to the NHS, rather than an opportunity for it. This needs to change."

VCSE Chief Executive

"The NHS can bring a huge amount to a place economically and socially, but its role is to build on what we are already doing, not replicate or start again."

Council Director

"The NHS often doesn't understand its knock-on effects on other sectors locally, for better or worse."

Vice Chancellor

We found from our discussions that there is widespread support for this new ICS purpose, from those leading systems, from the existing NHS leadership, and from both our new and traditional partners. Going further, understanding how and where the NHS can support social and economic development was itself thought of as a key test of how the new structures will work more broadly and whether this time, 'things really will be different'. This is an important reminder of the persuasive power of this purpose and the central role it should play in wider integrated care strategic planning and communications.

It is clear that this purpose, and its relationship with the other core asks of an ICS, plays a significant part in explaining what will differentiate an ICS from the previously held structures. There is a simultaneous sense of excitement about how this purpose will empower and enable local leaders to address the long-standing issues which really determine the health of local populations, and a pressing concern that this could become intangible for many, particularly as operational demands continue to grow.

In particular, NHS England deserves credit for continuing to highlight this more expansive role of the NHS, for being open and honest that it is not a traditional strength of the service, and for not rushing to mandate how this purpose should look and feel for systems before they have fully developed.

With optimism though, comes realism. Many of those leaders outside the NHS expressed reservations about whether ICBs and their constituent NHS organisations would push where and when partners (and the ICP) really needed, particularly if the social and economic impact was to be felt largely outside the direct sphere of the health sector. This suspicion is natural, reflecting some of the experiences of past forms of collaboration, and the service leaders present certainly recognised, and respected, the challenge.

The roundtable discussions highlighted that the task of turning this ICS purpose into concrete and impactful policy and action should not be underestimated, but the appetite for change and the understanding of how important this is to local partners is clearly present.

Perceptions of the ICB from the inside

"Not everyone in the NHS 'gets' the links between health and wealth, but not everyone needs to – the conceptual approach matters but we need to understand the various, practical ways into a conversation and who is best placed to lead."

NHS Trust Chair

"This is about influence – it is a vehicle to achieve much greater wins and get into other 'rooms'. It is real system working, not operational, and over much longer-time frames that we usually focus on."

ICB Chair

"ICBs need to know this matters and it should be taken seriously – with non-executive directors particularly important in holding leadership to account and stopping it becoming an 'add on' to business as usual."

ICB Chair

"The health sector itself is a business (and a very large one). It is time we measured our impact as one."

NHS Trust Chief Executive

"An ICS can balance scale with experimentation – itself and with partners – and is where interventions and policy meet. It can bring together names and numbers in a way which is strategic, yet tangible."

ICB Chair

Shifting the dial – the cultural shift from institutional to system based

The leadership and cultural challenge in maximising the impact of this ICS purpose is reflected in the following table, drawn out of our various roundtable discussions. Here we highlight the necessary shift away from some of the behaviours perceived in the NHS in the past, to a basis for collaboration for the future, with NHS organisations now working as part of a wider system. The transition needed, in strategic and practical terms, should not be underestimated.

NHS barriers to supporting social and economic development	System working behaviours and opportunities needed
NHS mindset internally and operationally focused	New cross sector leadership development
Short termism of NHS outlook	Outcomes-based approach necessary to address inequalities over longer periods
Sectoral budget protection	Pooled or shared local budget across several sectors
Lack of seriousness of issue	Wider support to achieve all ICS aims
Sectoral regulation and demands	Using other sectors' legal frameworks to achieve outcomes
Place-blind decision-making	Awareness of spatial nuance, externalities, community buy-in and subsequent adaptation
Overly bureaucratic governance	New culture of experimentation running through the ICS

A living case study: The West Yorkshire Health and Care Partnership

West Yorkshire Health and Care Partnership is a large-scale award-winning integrated care system (ICS) that supports 2.4 million people, living in urban and rural areas. Its population includes 770,000 children and young people, 530,000 people living in areas ranked as the poorest 10 per cent of England, 20 per cent of people who are from minority ethnic communities, and an estimated 400,000 unpaid carers. Across the ICS, over 100,000 staff are employed and work alongside thousands of volunteers.

The partnership works by bringing together the NHS, local councils, Healthwatch, hospices, the voluntary community social enterprise sector, local people, staff and communities across the many aspects of health and care services in its five distinct places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District). You can read about the positive difference the partnership is making on its website.

The partnership has worked collectively since 2016 and from 2020 delivered together under ten strategic 'big ambitions' which go far beyond health. They cover health inequalities, clinical issues with social roots (such as late presentation of cancer, suicide, maternal mortality), diversity of leadership, economic development and tackling climate change. The partnership moved onto a statutory footing under the the Health and Care Act (2022) on 1 July 2022 under the formation of the NHS West Yorkshire Integrated Care Board (ICB) and the integrated care p(ICP) called the partnership board (established in 2017). The ICP is chaired by Cllr Tim Swift, leader of Calderdale Council.

The partnership has engaged on, co-designed and delivered in collaboration various award-winning campaigns and programmes over the years. All demonstrating how health and care, including its system leaders, can work to deliver against the wider determinants of health. This includes: the Looking out for our Neighbours campaign, 'Check in' with staff suicide prevention campaign; system leadership work, and unpaid carers support. Other examples include the 'good housing for good health work'; being one of four local hubs on creative health nationally; the Leeds Innovation District; a £1 million investment to help keep people warm last winter, so they can live a long, healthy life; and a proactive Race Equality Network supported by all leaders – with work covering the Partnership's Race Review, Root Out Racism Movement, an inclusive recruitment toolkit, Connected on Inclusion, the Fellowship Programme – to name a few.

Outside of the health and care sector, successful relationships are in place with the West Yorkshire Combined Authority, the West Yorkshire Mayor's Office, universities, and research institutes, including NHS West Yorkshire signing up to the area's Fair Work Charter. As a result of this healthcare jobs and skills feature within the area's economic strategy; the West Yorkshire local industrial strategy, The Healthtech Strategy, the partnership's existing Five-Year Plan, and its People Plan. Everyone is working hard to ensure the overlaps are maximised to make sure that West Yorkshire is a great place to live, learn, and work.

This alignment of policies has been enhanced by the establishment of a joint public health role in the last year between the West Yorkshire Combined Authority and Partnership which will bring recommendations by the end of December 2022 for joint response and delivery via the partnership board, including local authority and NHS leaders.

By working together, the ICS's collective strength, diversity and shared resources gives the system every chance of delivering it vision for all living across West Yorkshire – because without such it would not happen.

Realising the potential of the integrated care strategy

The Department for Health and Social Care (DHSC) published guidance in July 2022 for integrated care partnerships on the preparation of integrated care strategies.[7] The guidance states that:

> '...the integrated care strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. The integrated care strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.'

The guidance also states that 'Integrated care strategies should explore the role that local government, NHS, other large employers, providers and partners can play as anchor institutions, and the potential to use their spending power and significant assets to benefit communities and enhance socio-economic conditions.'

The leaders at our roundtables were clear that this purpose of an ICS was an integral part of the integrated care strategy and that there is an opportunity for an ICP not only to develop an integrated care strategy that stretches far beyond traditional health ambitions and timescales, but also to challenge existing siloed practice and thinking in what we do and how we do it.

Chapter 3: Moving from anchor institutions to anchor systems

This chapter explores how the NHS as an anchor concept has grown its understanding of social and economic development and the necessary move to focus on anchor systems, including:

- Health as the new wealth
- The NHS as an anchor
- The journey from NHS Long Term Plan periphery to core ICS purpose
- An all-encompassing agenda
- From anchor institutions to anchor systems – the further evolution of the NHS's role in social and economic development

Health as the new wealth

Supporting the NHS in realising its contribution to social and economic development may be a specific new purpose for an ICS but this is a long-standing one for many partners. Given this, there is widespread acknowledgement that this is not a traditional area of NHS focus or strength, is heavily nuanced depending on local circumstance, and is founded on a basis of partnership working. It is challenging and complex, yet critical to what systems do. It is also timely.

The understanding of health and care as an investment that can help grow a prosperous economy is increasing among a range of influential leaders. In both a social and an economic sense, the health and care sector's scale, values and coverage matter now more than ever to partners and communities as they try and develop a thriving place. An ICS actively focused on delivering against this purpose will be joining and supporting conversations that are currently happening locally around issues such as devolution, investments and priorities. It will also be challenging past assumptions and siloed forms of working in the NHS and advocating a renewed sense of the role of public services in supporting people and places to prosper.

"While the role of health in economic and development has traditionally been peripheral at best, one consequence of COVID-19 is that it will likely form a more important and explicit part of national and local rebuilding. In many ways, health can be seen as the 'new wealth'."[8]

Across the country we have seen ICSs work with their local partners throughout the pandemic in a range of areas, developing a collective vision for how an ICS, and the NHS as a key partner in this, can support social and economic development. In some places this work was new, in others it built on and reinvigorated earlier foundations of close working.

To help our understanding of what this journey might look and feel like in practice, we asked leaders from across a range of sectors to describe in their own words their view of the NHS from a social and economic perspective. Their personal reflections in the annex are exactly that – personal – but they highlight the NHS when seen from the outside, and the long-term, collaborative nature of place leadership and the impact individuals, organisations and systems can have.

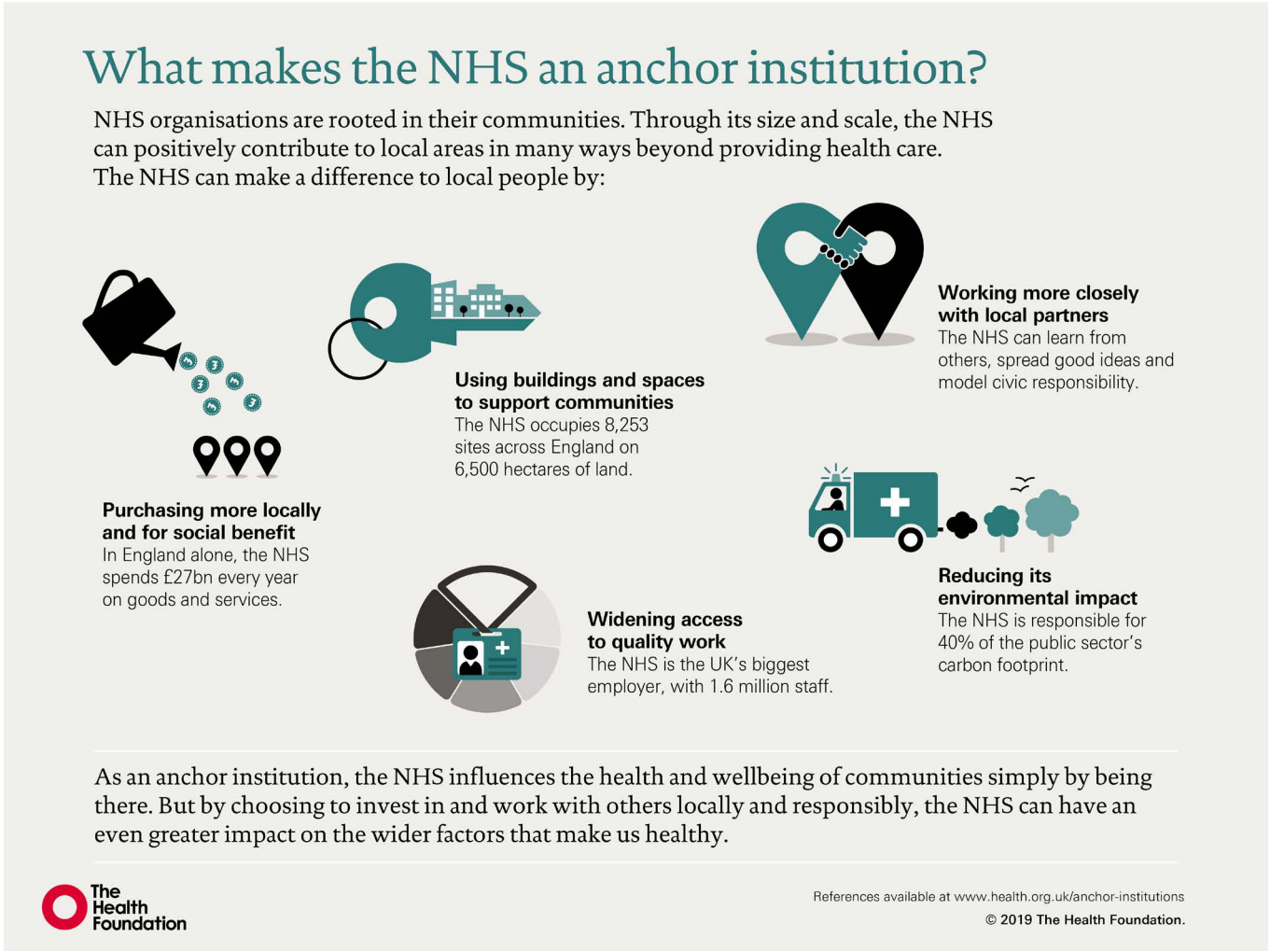
The NHS as an anchor

An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. 'Anchors' tend to be large, spatially immobile and have a strong social ethos, and traditionally include bodies such as councils, universities, colleges, voluntary, community and social enterprise (VCSE) organisations, sports clubs, increasingly businesses and, of course, the NHS.

NHS organisations are renowned as important local anchor institutions given their size, workforce, procurement budget, environmental impact, industrial stimulant and general economic, social and civic influencing power. They also operate in every part in the country, meaning the NHS voice matters whether you are in a rural, urban or metropolitan economy.

In 2019, the Health Foundation worked with the Centre for Local Economic Strategies (CLES) to publish a report showcasing where NHS organisations were implementing anchor practices and outlining how decision-makers can maximise the contribution the NHS makes to the wider determinants of health – the social, economic and environmental conditions that shape good health. The infographic overleaf brings this report to life:

> "It is important we understand that all economic decisions have direct and in-direct health implications and vice-versa. There should be no neutral position here."
>
> NHS Trust Chief Executive



The journey from NHS Long Term Plan periphery to core ICS principle

Subsequently, the NHS Long Term Plan, published in 2019, was the first national NHS strategy to reference the role of the NHS as an 'anchor' in local communities. For those who had been long-championing the wider social and economic impact of the NHS this inclusion was something of a landmark moment. It recognised not only the growing impact of social and economic development on the demand for NHS services but the role the NHS itself had in supporting local economies and communities.

The NHS as an 'anchor institution' reference in the NHS Long Term Plan (page 120)

As an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities. Some NHS organisations are the largest local employer or procurer of services. For example, nearly one in five people employed in Blackpool work for the NHS and the gross value added (GVA) from health spending is significantly higher than in areas in the south (over 17 per cent vs 4 per cent in London). Sandwell and West Birmingham Hospitals NHS Trust has committed to deploying 2 per cent of its future annual budget with local suppliers, estimating it will add £5-8 million to the local economy. Leeds Teaching Hospitals NHS Trust is supporting the city's inclusive growth strategy by targeting its employability and schools outreach offer at neighbourhoods in the most deprived 1 per cent nationally and is increasing its apprenticeship programmes by 51 per cent year-on-year. In partnership with the Health Foundation, we will work with sites across the country to identify more of this good practice that can be adopted across England.

Since the publication of the NHS Long Term Plan, successive national NHS and ICS policy documents have stressed the importance of the anchor role of the NHS, ensuring it formed a part of strategies looking at workforce, procurement, net zero and the annual operational business planning. Further to this, and building on the original work of the NHS Confederation, several national NHS representative bodies and health think tanks have openly spoken about its importance, with NHS England and the Health Foundation working with the Innovation Unit to launch the Health Anchors Learning Network.

Defining one of the four ICS purposes in this area is a further and significant step down this path and a positive recognition that this thinking will remain in both policy and practice, despite the growing operational pressures. With the NHS Long Term Plan to be refreshed by NHS England, we await the next stage of this health and prosperity journey.

Becoming a core ICS purpose

In November 2020, NHS England published Integrating Care: Next steps to building strong and effective integrated care systems across England. This signalled a new direction of travel for health and care policy and described the core purpose of an integrated care system (ICS) as being to:

- **improve outcomes in population health and healthcare**
- **tackle inequalities in outcomes, experience and access**
- **enhance productivity and value for money**
- **help the NHS support broader social and economic development**

"For the NHS, the anchor policy is perhaps the first real example of one that is bottom up, not top down. This is real strategy addressing real issues."

NHS Trust Chief Executive

While this momentum provides an excellent base upon which ICSs can start to build a more systematic approach to addressing the NHS's role in social and economic development, the sector is still very much in the foothills of fully understanding its potential. If we are increasingly cognisant of the impact on health from economic decision-making elsewhere, the reverse is not currently true. Anchor approaches are beginning to widen leaders' knowledge of the externalities of NHS decision-making, however the service is still essentially at a basic level of understanding how to change the landscape in which it operates and the incentives within the system often do not drive further exploration.

An all-encompassing agenda

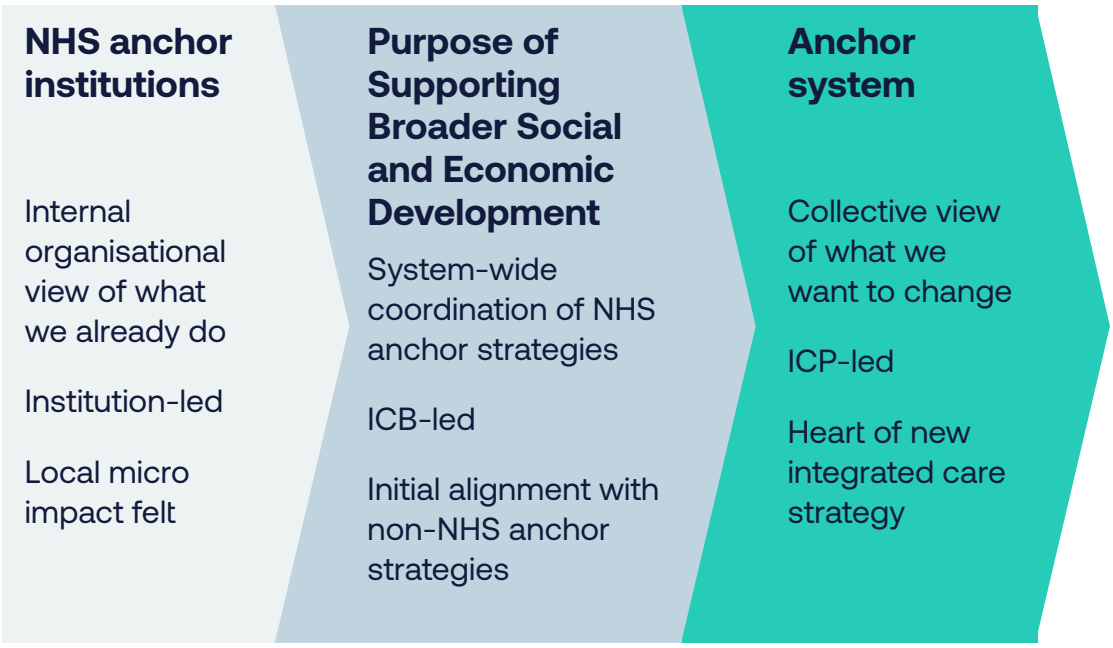
What is perhaps most striking about this agenda is its breadth. Local NHS anchor strategies have rightly focused on early areas such as workforce and employment; procurement; estates; net zero; digital and innovation. While we routinely see national plans for some of these areas issued by the respective part of NHS England or other arm's-length bodies, it is the local anchor strategy which can link them together to understand what actions might most usefully derive impact given the local context.

This breadth offers a range of opportunities, however it has also challenged the traditional siloed nature of NHS organisational thinking. Within many NHS institutions for example, an anchor approach focused on Good Work has often been disconnected from what the same trust is doing around procurement, despite the obvious and important links between supporting and engaging those we employ directly and those who provide contracted services.

Where anchor approaches have been more successful to date is where the NHS organisation's central strategy has been built around a coherent anchor vision. This strategic and operational positioning of the anchor work at the heart of corporate affairs ensures broad support from across the executive and a connected, collaborative approach to delivery. It also encourages a focus on real strategy, not simply planning.

From anchor institutions to anchor systems – the further evolution of the NHS's role in social and economic development

Institutional NHS anchor strategies have played a significant role in deepening our understanding of where and how the NHS can make an impact locally. Delivering on the ICS purpose of supporting social and economic development will push the health and care sector to move beyond this institutional perspective to one more akin to a social movement. The next stage of this journey should be evolving a much more strategic and aligned focus on what it is the ICS wants to change, developed in partnership with the range of other anchors in the system, all pulling and participating in the same strategic direction for the economy. Together, we must transition from anchor strategies to anchor systems to fulfil this ICS purpose, as described below:



Chapter 4: Creating a national model for local change

This chapter describes a model framing for ICSs that can help them understand where to focus their energy, time and resources to achieve maximum impact, including:

- Knowing where to act?
- Introducing the ICS social and economic development model framing, in four clear steps:
    - Step 1: Understanding the social and economic potential of the ICS – a data-driven collection of where we might make a difference
    - Step 2: Asking the right questions – moving from being transactional to transformational
    - Step 3: Securing partners, leveraging policy, unlocking funding – thinking before we act
    - Step 4: Measuring impact, reviewing policy and embedding into practice – what works?
- Making the most of the model framing

Knowing where to act?

To stimulate action and delivery against integrated care systems' purpose of helping the NHS to support social and economic development, we believe there is a need to develop a light touch framing that has broad consent from health service and local authority leaders and their partners, and enables a system to begin formulating its own plans. As the level of ambiguous complexity in this ICS purpose is too great to prescribe in detail at a national level, this report sets out an approach that an ICS can follow. This cycle can be national in description, but it must be local in prescription.

The consensual nature of this framing is vital. In seeking to determine what we do, with whom, why, and how, an ICS must be seen to be

"Realising this purpose will depend on developing a concept that: raises awareness, has broad consent, and starts or accelerates the ICS journey."

ICB Chief Executive

addressing today's problems in a way which makes tomorrow easier. An ICB ignoring the immediate and urgent may risk losing credibility in the eyes of NHS staff, the public and politicians. However, being too focused on the operational will undermine the ICS, disappoint our partners and not help address the many barriers to improved population health.

While acknowledging the continuous need to evolve and develop this work as the local social and economic context in which we operate changes, this chapter offers an initial outline of how such a model framing for a system might start to emerge.

Introducing the ICS social and economic development model framing, in four clear steps

The light touch model we have developed with and for system leaders has four key steps through which an ICS can deliver on this purpose:

Step 1: Understanding the social and economic potential of the ICS – a data-driven collection of where we might make a difference

Step 2: Asking the right questions – moving from being transactional to transformational

Step 3: Securing partners, leveraging policy, and unlocking funding – thinking before we act

Step 4: Measuring impact, reviewing policy and embedding into practice – what works?

Our accompanying guide talks through these four steps in detail, but will also explore how following this model framing will in itself spur greater awareness, commitment, influence and impact – giving us the tools to improve the lives of your populations and change the very landscape in which we operate.

Chapter 5: Accelerating the ICS journey

This chapter builds on the model developed in the previous chapter and outlines some of the supporting infrastructure necessary to truly embed this thinking, including:

- Assessing the NHS's ongoing contribution to social and economic development – introducing the ICS maturity framework
- Putting down roots for the longer-term
- Focusing on the necessary skillset for change
- Questions for system reflection
- Working with mayoral combined authorities
- Examples on which to build

Assessing the NHS's ongoing contribution to social and economic development – introducing the ICS maturity framework

This report has focused on the mindset, skillset and toolset necessary to move the dial on influencing social and economic development. To support systems on their journey, a number of ICB and ICP chairs led by Cathy Elliott, chair of NHS West Yorkshire ICB, have co-developed an outline maturity framework against which a system can gauge progress in the coming years. This tool reflects the long-term nature of this work and is intended to support progress and discussion in key areas of focus. It should be seen as an enabling framework rather than to be rigidly adhered to and can be adapted to include other areas over time.

"This is an opportunity to reshape the rules of engagement and bring the NHS into it."

ICB Director

Health and wealth: A maturity framework tool for health and care system leaders

By Cathy Elliott, West Yorkshire Health and Care Partnership

As health and care leaders we have an opportunity via system working to take a holistic view of how people's lives can be improved. The evidence is in plain sight that adverse socioeconomic conditions in turn affect the health of individuals, families and communities. Working formally in partnership across public services and sectors in the service of one population should bring further to the fore the connection between health and wealth. These partnerships can mobilise the subsequent action needed to be taken and impact to be achieved for the better, especially in the pursuit of inclusive growth for their local people.

This maturity framework aims to be a practical tool for health and care system leaders to support the design and delivery of their policies and strategies in relation to the purpose of an integrated care system to make a broader contribution to social and economic development in their communities. We must acknowledge that the NHS makes a significant contribution to GDP, employment and economic activity as well as providing health and care services available to all, and through this focus on health and wealth there is the opportunity for the partners in systems to contribute to the social mobility of its population, linked to tackling health inequalities.

This is a work in progress, a practical tool for health and care system leaders, especially for integrated care boards (ICBs), to be developed with them in practice from early 2023 onwards with the support of NHS Confederation, including the opportunity to design and agree milestones or targets for delivery at each life stage of a system.

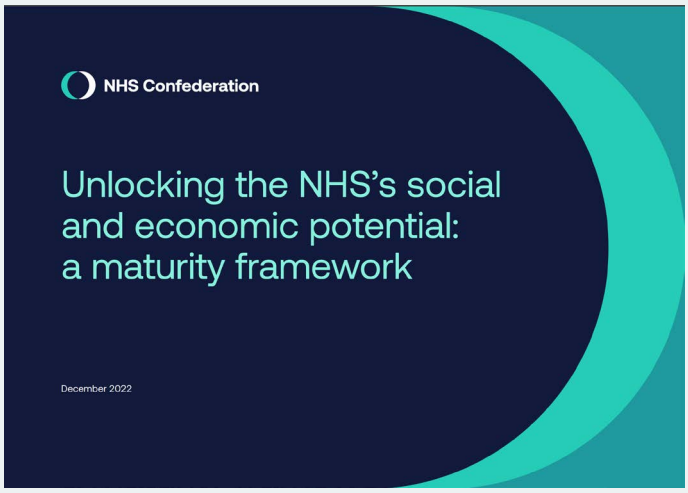
There are a number of emerging enablers (or even signs) to look out for in terms of an effective health and care system, and this maturity framework aims to reference a number of them, such as:

- Shared endeavour – for example, a common set of agreed system values and behaviours to support a positive working culture; the sharing of leadership roles and workforce; pooled finances, including the use of Section 75 and risk sharing agreements in provider collaboratives; shared back-office; joint system care records; collaboration on estates; and shared clinical risk across service providers and care pathways; and

- System ingredients – for example, proactive community engagement and embedding citizen's voices in decision-making; inclusion of public health in system working; partnerships at least across a care pathway, if not across the joins in services for holistic care; shared financial principles; combined policy making and delivery; shared commitment to equality, diversity and inclusion (EDI); workforce recruitment and retention across the broadest employment in health and care; and robust multi-agency and cross-sector partnerships with medium to high level trust across sectors and places.

This maturity framework aims to contribute to supporting the delivery of each system's strategic plan built from health and wellbeing board plans, to enhance partnerships across sectors, especially with local government, and to broaden the NHS's ways of working in communities. The framework is primarily aimed at ICB senior leaders and policymakers, linked to broader work with a system's integrated care partnership (ICP) with local government and the voluntary, community and social enterprise (VCSE) sector.

The opportunity for integrated health and care system working is surely to contribute to a new approach to health economics to ensure the communities we serve are resilient now and in the future.



Framework developed by Cathy Elliott, West Yorkshire Health and Care Partnership, 2022.

Putting down roots for the longer term

We have already spoken about the importance of the NHS supporting social and economic development for the broad success of an ICS, in terms of credibility and viability, but we must go beyond this. What we really want is a prosperous community and that requires people to be healthy, motivated, engaged and have a sense of purpose for them, their families, friends and neighbours. This is the real nature and goal of long-term social and economic development.

The external landscape is rapidly changing, with significant social and economic churn. The following points are important for system leaders to consider as longer-term prompts when developing their approach:

- The development of any place is, by its very nature, continuous, with social and economic highs and lows one of the only certainties we have in strategic planning. This means the value of the NHS to our partners and to our communities is not fixed and will itself change as the context in which we operate changes. An ICS that has a maturing understanding of how to support social and economic development will be implicitly playing an important and positive part in this wider place development.
- What this purpose may well expose in practice is how little the NHS has traditionally understood about its own role within place and what our partners and communities actually want from it. With systems now becoming rightly focused on improving their forms and purpose of community engagement, this ICS purpose can provide structure and focus for this essential requirement.
- We have heard repeatedly from non-NHS partners about our value, influence and significance for wider policy development. This is particularly the case in the social and economic development agenda, where there is a growing movement away from investments in, for example, physical infrastructure and measurements relating strictly to GPD, and towards addressing the more social requirements of a place such as skills and wellbeing. As ICSs become more aware and active in this space, we can expect to wield a significant influence on the wider policy landscape and advancing what people value.
- Investment, both public and private, is finite, particularly in times of economic hardship, and therefore highly competitive. ICSs will be expected to play an active and growing role in advocating for their area, helping attract local interest and investment, thus raising money as well as spending it. This new advocacy role will strongly correlate with the system's potential success of delivering against this purpose to support social and economic development.

> "Since 2010, local government has had more power and less money and the NHS has had more money and less power. Rather than unite to work out how we collectively support places, we have allowed it to drive a wedge between us."
>
> Matthew Taylor, Chief Executive, NHS Confederation

- The levelling up white paper, published in February 2022, established for the first time a Devolution Framework, setting out which powers and resources are on offer for local and combined authorities depending on their governance arrangement. Addressing the causes of England's social and economic imbalance is at the heart of devolution, meaning this ICS purpose will be directly related to local devolution plans. While the role of health within devolution deals is still emerging, we should expect this to be a priority for many.

The NHS Confederation has been at the forefront of this policy area, articulating the importance of the health sector to the local growth agenda and strategic economic planning. We will continue to advocate for and support systems in engaging.

Focusing on the necessary skillset for change

One of the core challenges identified by leaders from within and outside the NHS is the necessary skillset required to deliver cross-sector change in this area. Those outside the NHS repeatedly cited a lack of 'curiosity' as a barrier to local collaboration, with NHS leaders not appearing interested in why things were as they were – a necessary pre-condition for discussing how they should be. Linked to this lack of curiosity was a subconscious bias towards seeing the provision of a 'service' as the routine solution to local challenges, one that would often then be provided by the NHS itself.

NHS leaders we have spoken to do recognise the step change in skills and approach required to look outwards, not upwards, and this has been a constant refrain in embedding early anchor strategies. Indeed, this work has in some cases highlighted NHS skills, understanding and resources which are of particular use or importance to local partners, reflecting the two-way nature of this agenda. One priority for the

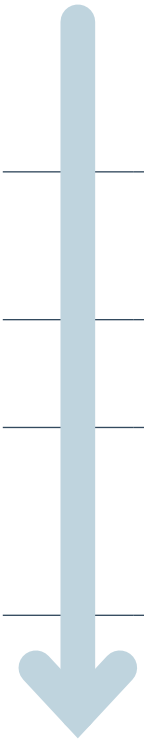
"The NHS has a range of skills that we can offer to local partners as part of achieving these shared goals. This should form part of the offer."

NHS Trust Chair

various NHS leadership bodies and programmes in the coming months and years must be to focus heavily on supporting the skillset and mindset necessary to foster consistent, local collaboration, change and impact.

To help systems with this shift we reviewed an analogous example from the private sector where big business began to take its responsibilities towards climate change much more seriously, often surpassing progress made by governments. The five stages of this leadership development journey are reflected below, with a steer for how this applies to systems approaching the ICS purpose:

The five stages of development



Statement of intent	Setting out an ICS's commitment to social and economic development
Voluntary regulation	Collective ICP-led action oriented around a particular issue of importance
Partial engagement	Leadership shown from some of the ICB's constituent parts
A new business model	ICS purpose on social and economic development seen as fundamental basis for wider approach to upstream strategy
System leadership	ICP shaping the social and economic context in which local public services are being provided

"How much risk are we willing to take to improve the lives of our populations? Some of this will expose tensions in policy and practice or make our staffs' jobs harder, but these should not be excuses."

NHS Trust Chief Executive

A leadership model for change – how business has led the climate debate and what we can learn

We should not underestimate the task of turning this ICS purpose into concrete and impactful policy and action. As an analogous process of change, Matthew Taylor, chief executive of the NHS Confederation has reflected on how big business began to take its responsibilities towards climate change seriously and the strong parallels with this ICS purpose:

The five stages of development

This is a journey that has gone from isolated pioneers like the Body Shop, to the point at COP26 last December when it sometimes felt that the business community was more willing to endorse radical action than governments.

Intent

The first step can be no more than a statement of intent. This might be signalled in a mission statement, a leader's speech or signing a joint declaration. This may not in itself achieve a great deal, but, as the saying goes, even the longest journey must start with a single step. Just as 20 years ago, most corporate leaders would have seen talk of environmental responsibility as irrelevant or a dangerous departure from shareholder value, some health leaders as yet have little to say about this ICS purpose. After all, it is not what they are judged on. Any absence of this agenda from NHS strategy or planning guidance will reinforce the sense that social, economic and environmental impact is still marginal to core business. In such a context, simply acknowledging the objective can be important.

Voluntary regulation

At this point, words turn into some action. In terms of climate change, it is when a company starts to explore how its own actions are contributing to global warming. If there are ways of doing things that are less harmful or more beneficial than current practice - while not being too disruptive - then leaders will agree they should be pursued. Actions at this stage can be radical. One NHS example could be a commitment to avoiding elective recovery worsening inequality. In West Yorkshire, people with learning difficulties have been placed nearer the top of the list, while in Coventry and Warwickshire an assessment is made of social and economic as well as medical need. As public health practitioners often point out: if the NHS is serious about its social contribution it could start by tackling the inverse care law.

Partial engagement

This is the stage when some parts of a company or organisation start to do things differently even while others continue business as usual. In banks, for example, customer concern about climate change might lead to actions in the retail division, while the less visible but more significant investment arm

continues to resist change. An example in health might be an HR department taking genuine steps to recruit from under-represented areas or improve the quality of staff experience, while procurement policies under finance continue to require the purchase of goods and services from the lowest bidder regardless of their employment practices.

A new business model

At this stage, strategic leadership is crucial. Now the commitment to action is seen to have direct implications for the organisation's business model. In terms of environment, this might be the point at which a farmer commits to organic methods or a car maker to build only electric models. For the NHS, the critical pivot is from meeting demand to meeting need, and from focusing on medical activity to focusing on health outcomes. This shift would require, among other things, a long-term commitment to 'leftward shift' of resources into community, primary and public health.

System leadership

In reality, few health organisations can transform their business model without change in the wider public service and socio-economic context in which they operate. Just as the most impactful business leaders have sought to show leadership beyond their company in their wider sector or geography, health leaders genuinely committed to ICS purpose four will need to bring their health and other local partners with them. This is, of course, the big vision and opportunity that ICSs can offer.

These five stages have a sequential logic to them, but life is rarely that orderly. Some further lessons can be taken from the shift in business attitudes to climate (which is far from complete). First, any progress is worthwhile because each stage makes further ones more possible. However, secondly, over-claiming is a mistake and can lead to cynicism or backlash. For example, asserting that the organisation is at the business model stage when only embarking on voluntary regulation.

Finally, although it is generally harder to do, it is possible with determined leadership to concertina the stages and go swiftly from limited commitment to effective action.

This may be generic, but given that work on the NHS's wider impact is still in its infancy, a basic framework like this might help structure conversations and set expectations. After all, while this ICS purpose may be the one least well understood in traditional NHS terms, it's likely to be the one our partners truly judge us against.

Developed by Matthew Taylor, chief executive of the NHS Confederation. @FRSAMatthew

Setting a local culture to embed this thinking

To continue supporting this work we have developed some questions for systems to reflect on as they sharpen their local approach. The questions are intended to stimulate thinking about how we establish the necessary local culture and behave more broadly in ways which truly enable and empower this purpose.

- Do we have the processes needed to properly incentivise and systematise this thinking?
- Do we know where and who our system connectors are and are we empowering them?
- What can our partners within the wider system architecture offer across this work? For example, should universities lead on reviewing impact? Could business prioritise design principles? Can civil society set out engagement measures? What are we asking of academic health science networks regarding data and impact?
- What tools or skills might we lack locally that need resourcing or buying-in?
- Are we routinely looking for secondment opportunities or ways of hard-wiring in collaboration?
- What expectations and demands should ICSs place on place-leaders and partners to help move this dial?

"This isn't about responsibility for the delivery of services. It is about responsibility for the wider social model and that requires constant collaboration."

VCSE Chief Executive

Working with mayoral combined authorities

Devolution deserves a special mention in this report for reasons mainly related to footprint, prioritisation and accountability, but also because it truly matters to the social and economic development of a place.

As previously mentioned, the levelling up white paper set out the government's mission to extend, deepen and simplify devolution across England so that by 2030, every part of England that wants a devolution deal will have one with powers at or approaching the highest level of devolution and a simplified, long-term funding settlement. While not always coterminous, there will certainly be some convergence of boundaries across both combined authorities and integrated care systems given the strategic, macro nature of their respective roles.

English devolution since the first combined authority in Greater Manchester was established in 2011 has focused on devolving and decentralising power and enabling local people to make decisions

"Of our top ten priorities as an ICS, half of these directly align with those of the local metro mayor. If this wasn't the case, we would be doing something drastically wrong."

ICB Chief Executive

in areas which create the conditions for sustainable growth, better public services and a stronger society. Of the ten current combined authorities, only Greater Manchester (and to a lesser degree Greater London) have formally sought powers in health and care, though many existing deals, and some in the process of being agreed, reference the importance of public health and addressing health inequalities. It is highly likely that public service reform, including specifically health and care, will become a more explicit part of English devolution in the coming years given the new levelling up mission which states that 'by 2030, the gap in healthy life expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.'

In the meantime, all current and future combined authorities will have a core focus on economic growth and many of the determinants of health, making them, and their directly elected metro mayor, a primary partner for an ICS in understanding, designing and delivering on their purpose of supporting social and economic development.

The role of the metro mayor in particular is an interesting one. Their 'soft' convening and influencing power is becoming increasingly evident in how they align local partners and voices around civic issues that matter to local populations, but often do not belong in any one sector, such as homelessness. They are also operating as an increasingly powerful bloc across the country as their numbers grow, meeting formally through the cross-party M10 mayoral group. With more metro mayors being established and with health and the economy increasingly spoken about in the same conversation, we can expect an overlapping of not simply strategies but also accountability for a given place, irrespective of the sector's policy and funding origins. Decentralisation in this context is a means to an end, not simply an end in itself, with local leaders sharing a vision for change.

Emerging examples on which to build

What is clear both from discussions and from some of the early approaches taken by systems is that progressing this purpose can take multiple forms. We have seen different types of collaborative engagement, the development of local charters, a raft of episodic pilot projects, new research programmes, the development of formal and informal networks, several policy changes and experiments, the creation of new organisations and collaborations and varying forms of campaigning on specific local issues.

In this section of the report we have summarised a small number of examples of emerging practice from across the country, which can help visualise what progress may look and feel like and inspire others.

- **Collaborative Newcastle** is a partnership established by a range of local organisations to improve the health, wealth and wellbeing of everyone in the city. There are three pillars underpinning Collaborative Newcastle, including: health and care, growth and prosperity and net zero. A wide range of projects are underway across the three areas which bring together the city's 'anchor institutions' to promote inclusive growth, through the creation of good jobs and productivity growth across our key economic sectors.
- **Dorset ICS** has been working with public service organisations, charities, businesses and Bournemouth University to be at the forefront of using research and technology to transform health and care services across the county. This YouTube video talks about the development of the ICS's Living Lab, which will collaboratively bid for innovation funding opportunities and improve workforce education, enhancing Dorset's position as a leading area for research into transformative healthcare nationally.
- **Barts Health NHS Trust's** anchor work is long-standing and highly respected. Their Healthcare Horizons programme, developed in association with JP Morgan Chase Foundation, has been set up to inspire young people in east London into health careers. Healthcare Horizons promotes workforce opportunities in the NHS and boosts recruitment, giving advice on completing university applications as well as teaching interview skills.
- **The University of Bradford** has been working in partnership with the NHS to develop the Workforce Observatory for West Yorkshire Health and Care Partnership. The Workforce Observatory will provide a forum to pool relevant intelligence so that the health and social care workforce can be analysed, planned, forecast, grown and developed in an evidence-informed manner, enabling integrated system-wide workforce planning and development.

> "Sitting on a LEP board, I was struck by the number of investments and decisions that were being made locally that, at their heart, were really about health. And yet our sector was the one not around the table. No one asked me to, but I knew I had to step in and influence."
>
> Academic Health Science Network Chief Executive

- **South Yorkshire Combined Authority's** Working Win programme has reached more than 5,000 residents with over 2,500 returning to work or finding work. This has helped the region's fightback against the pandemic and supported people in South Yorkshire and Bassetlaw with physical and mental health issues to find or stay in training and work. Funded by the Government's Work and Health Unit, and delivered in partnership with the South Yorkshire Mayoral Combined Authority and local NHS partners, Working Win provides holistic employment support for people across South Yorkshire.
- **The Strategy Unit**, hosted by the Midlands and Lancashire Commissioning Support Unit, undertook an economic impact of the NHS in the Black Country in 2017. The impact assessment reviewed data on the local NHS, including procurement spend, employment figures and Gross Value Added (GVA), and explored three scenarios to illustrate how using NHS resources in a different way could boost economic output in the Black Country.
- **West Yorkshire Health and Care Partnership** has sought to develop strategic partnerships and to experiment in new ways in this space. Their Fuel Poverty Fund saw £1 million invested to help keep people warm in winter so they could live a long, healthy life. They have also set up a Health Inequalities Academy and Health Equity Fellowship to develop the long-term leadership needed to underpin social and economic development.
- **University Hospital Coventry and Warwickshire NHS Trust** has developed a tool which seeks to mitigate against inequalities on waiting lists for elective care. This webinar focused on the Clinical Priority Tool explains how taking additional factors impacting patient healthcare (age, metal health, gender, underlying health conditions and many others) into account allows a detailed comparison of patient need and makes recommendations on booking when comparing patients on the same priority and procedure.
- **The Mid and South Essex NHS Foundation Trust** has been developing its Anchor Programme since 2019. Its annual impact report, Putting Communities at the Centre, published in April 2022, sets out recent tangible achievements in a range of areas, including access to quality work, local value and wellbeing, nurturing young people, collaborating with partners and protecting the environment.
- **The Greater Manchester Health and Social Care Partnership** published Commissioning for Reform in 2016, setting out how the newly established Joint Commissioning Board could act as a driver for public service reform in its widest sense by helping to tackle the underlying issues of deprivation and poverty. The strategy's vision stands the test of time, with the GM Transformation Themes in particular highlighting the interdependencies between health

and social care commissioning decisions and those made across broader public services, and therefore the need to integrate the approach to commissioning to deliver reform.

- **The NHS London Procurement Partnership** (LPP) has been leading on social value for the NHS in London. Through the NHS London Anchor Network, LPP has commissioned a social value reporting and monitoring tool on behalf of the five London ICSs, with a view to standardising the approach to social value across the region. To complement the tool, and to assist systems in understanding the local outcomes they wish to focus on, there will be a range of supportive documents produced and the tool will be regularly reviewed, including in partnership with the GLA.
- **The Universities for Nottingham Civic Agreement** was signed in 2020, between the universities, local government, the NHS and LEP. As with many Civic University Agreements being developed, health remains a key focus for the universities as they pledge to develop a major new joint medical technology offer to business, with an ambition to make Nottingham and Nottinghamshire a leading destination in which to invest or establish new businesses in health and life sciences. The Universities for Nottingham programme also details how the universities will explore the development of a joint programme of training and support to meet clinical skills needs in the local healthcare system.
- **The Healthy Urban Development Unit** has developed a range of tools and guidance to help assess and provide for the health impacts of new development and works with health organisations and local planning authorities to maximise the opportunities that an integrated approach to health and planning can bring. Their 2019 Planning Contributions Model can be used to influence the planning process via S106 planning negotiations or CIL and to gain necessary resources for health improvements or expansion.
- The **Mayor of London** committed to developing a wellbeing and sustainability measure in his 2021 manifesto, helping measure London's success as a place to live and work for all its residents. This is intended to counteract the fact that, for years, London's success has been mostly measured in terms of its material wealth. The GLA's City Intelligence Unit is leading on the development of this measure of wellbeing and sustainability, bringing together data on the multiple aspects of our lives that underline wellbeing. The draft recommendation is currently out for consultation.
- The chief executive of **North East and North Cumbria ICB**, Samantha Allen, wrote to the chief executive of the Office of Gas and Electricity Markets (Ofgem) in September 2022 to raise serious concerns that vulnerable people have seen their electricity or gas

services disconnected as a result of non-payment. The letter made clear that 'increased demand not only limits the NHS ability to provide treatment to those who need help most but there is also evidence that unnecessary admission to hospital can negatively affect a person's quality of life and health outcomes.'

- The West Midlands Economic monitor published by **Citi-REDI** is a good example of a regularly updated localised economic overview which will be of real interest to the relevant ICSs. Produced on a monthly basis, the monitor highlights economic developments in the West Midlands in line with the UK government's Industrial Strategy - Infrastructure, Ideas, People, Business Environment and Place.
- As part of the **Welsh Government's** broad Foundational Economy (FE) focus they have developed a Healthier Wales foundation economy programme. With more than half of the Welsh Government's budget spent on health and social services, the FE programme ensures that they spend this money in a way that benefits the people and the economy.

These examples and vignettes provide a brief window into some of the discussions, pilots and programmes underway across the country. We will continue to support, collect and share examples of how this ICS purpose is being addressed.

Chapter 6: Recommendations on which to build

This chapter looks at what more is needed nationally to fully empower and embed this thinking and the system recommendations involved in the four-step model framing, including:

- National recommendations – filling the gaps
- The system-wide recommendations from the four-step model framing
- Further information and contact details

National recommendations – filling in the gaps

With the right support, leadership and collaboration we believe ICSs can make significant progress in delivering against their purpose of supporting social and economic development. We would make the following national recommendations to realise our impact:

- **NHS England sets out a broad vision statement for the NHS's role in social and economic development,** which can inspire and support ICPs as they begin to deliver on their strategies, building on existing work and building momentum for system approaches to delivering on this purpose.
- Recognising the innovative and unique nature of this focus, **NHS England sets a collective expectation for the 42 ICSs to work together, potentially through the NHS Confederation's ICS Network, to come up with a joint plan on how they will fulfil this purpose through their ICP strategies.** NHS England may wish to specify priority areas where there should be progress, but it would be left to systems as a group to explore how they could make their best contribution. Such an approach would mean ICSs are accountable for progress collectively, but retain the scope for different geographical clusters to focus on different thematic priorities and to work at different speeds, all through agreed annual reporting. This new form of accountability and collaboration is

"Every part of NHS England should be modelling this work through their policy development, leadership and, most importantly, behavior."

ICB Chair

highly suitable to a frontier area of work like this and could point to a reimagined future relationship between the national level and systems across all four stated ICS purposes.

- **A national support package to be co-developed with ICS leaders and rolled out across England.** This package could be broadly summarised as:
  - **Peer system learning** – with action learning sets and communities of practice enabling ICSs to share real-time progress and approaches across systems.
  - **Modular leadership development** – focused on breaking down some of the challenges in understanding the role of partners and the broad policy landscape associated with decentralisation
  - **Individual fellowships** – with accredited programmes of Fellows in social and economic development developed to act as champions and ambassadors, providing the lasting leadership needed at all levels to embed this principle in the culture of the ICS.
- **The NHS Leadership Academy prioritises the skillset necessary to develop this ICS purpose in their various programmes,** working with representatives from other sectors.
- **NHS England models the behaviours required to develop this principle by showing the social and economic impact of their own policy and decision-making,** both nationally and regionally. It should also routinely seek to engage metro mayors and others in large-scale strategic change, such as the refresh of the NHS Long Term Plan.
- **NHS England national and regional teams support ICS and ICB leaders to form geographic cross-sector partnerships focused on social and economic development.** These geographic partnerships could, for example, mirror the emerging supra-national growth bodies such as the Northern Powerhouse and Midlands Engine.
- **The Department of Health and Social Care and NHS England should convene a national, multi-stakeholder partnership to establish consistent arrangements for aligning the sector's work to support social and economic development** with the range of government departments, ALBs and key partners, and to develop associated incentives for local leaders.
- **NHS England works with the government to ensure health is explicit in future funding and policy decisions,** including for example those related to levelling up, town deals and the UK Shared Prosperity Fund.

Examples of recent collaborative programmes – The Local Growth Academy

In 2017, the NHS Confederation worked with the Local Government Association, the Higher Education Funding Council for England, and Universities UK on an exciting new development called the Local Growth Academy.

The purpose of the Local Growth Academy was to support universities, local and combined authorities and NHS organisations in navigating the fast-evolving social and economic environment, and to build operational capacity in order to maximise their contribution as anchors to and involvement in local developments. At the time, the first wave of Devolution Deals were being discussed and the structure of investment finance was changing, with a range of new mechanisms that reflected an increased focus on local economic partnerships and performance. These trends required institutions to think differently and engage with external stakeholders in new ways.

Benefits of the Local Growth Academy included:

- Better understanding of the range of new infrastructure financing mechanisms emerging
- An increase in the number and value of projects which attract new forms of investment finance
- Building the individual and collective capacities of NHS organisations, universities and local government to act as more sophisticated clients when developing large-scale collaborative projects
- Strengthening and sustaining collaborative capacity across different institutions
- Sharing innovation and best practice

Its sessions were delivered by public agencies and professional service firms selected by the academy's steering group, bringing together leaders from across the public, health and higher education sectors.

With the levelling up white paper launching a new Devolution Framework, past examples such as the Local Growth Academy can provide building blocks on which to develop new supporting structures to our local anchors.

The system-wide recommendations from the four-step model framing

Step 1 recommendations

ICSs begin or accelerate their journey with a data-driven exercise across the typical determinants of social and economic development. ICPs tasked with developing their integrated care strategies will benefit from this data trawl as they seek to understand the assets, strengths and needs locally and the issues to coalesce around to achieve wider impact.

ICPs use this information to frame their internal understanding, shape new relationships with partners and provide something of a detailed baseline for future progress. It can also help an ICP reimage the scale of the impact its decision-making and investments can have on society locally. Over time, interactive forms of publishing this information in the public domain can be developed but this is not an immediate priority.

ICSs share the data within and across systems in thematic or geographic ways that can provide an important collective evidence base through which to support national change in select areas. For example, national NHS procurement guidance is often focused on what it perceives as scale and efficiency. Enabling an ICS to truly support local economies will require a greater understanding nationally of the power and value of local discretion. Strong regional or thematic ICS alliances on issues derived from this data must help change national policy for the better.

ICPs compare this data with institutional anchor strategies from NHS and non-NHS organisations across the ICS geography where they exist. This will help to build on and challenge what has already been developed locally, understand common or potential areas of joint focus and priorities, and spread support to those yet to look in detail at this agenda. The ICS will have a leading role in moving from individual anchor strategies to a more connected anchor system. A broad partnership will better inform what institutions can strategically do for the given populations these varied organisations collectively serve, around which future strategic work can and should align.

Step 2 recommendations

ICPs prioritise a selection of the transformational questions to test through the development of their Integrated Care Strategy. As previously mentioned, many of the early local anchor institution strategies will have made progress in some of the areas listed above, though the extent to which this progress is truly transformational and place-based will vary. An Integrated Care Strategy that asks new and transformational questions can refocus minds and redouble effort, in turn sharpening and targeting local anchor strategies around where collective impact and leverage can be found. This action will also help identify what health and care policy and economic policy has in common across an ICS footprint and where some of the overlapping priorities can bring tangible and mutual benefit tailored to the local population.

ICPs undertake a relationship audit across their partnership. The Annex to this report reflects some of the views of the NHS from other sectors in a social and economic perspective. Understanding what local partners think and want is an important part of identifying barriers, developing a successful strategy and finding out what is possible. An ICP is well placed to seek private and public views locally of where working with the NHS is and isn't being optimised, to raise and explain its own policy agenda (including the rationale behind this purpose itself) and to gauge what the asks on an ICB might be. These could relate for example, to how we might usefully share the skills or knowledge within the NHS more widely, what parts of our own architecture most appeal to non-health partners, and to where NHS impact might accrue.

Step 3 recommendations

ICPs nominate a lead for the ICS purpose of supporting social and economic development, whose role is to understand the emerging landscape and the partners, policies and funding programmes that can support activity. This lead can act as a single-entry point for external partners and will be vital in being at the table as discussions locally progress and in looking for testable propositions to build on the transformational questions now being asked. Depending on the priorities under review for the Integrated Care Strategy this horizon-scanning will enable critical connections to be made that can determine where change can be driven. There is certainly a critical lead role for local government in this work. Leaders who understand their communities, and whose portfolios are much broader than health, can help make connections across the local economy.

ICPs use the guiding social and economic checklist to follow when initiating local programmes of work. The ten questions will help leaders to make decisions that are right for them.

Step 4 recommendations

ICPs develop a living map across their footprint to help understand the variety and focus of where an ICB is adding social and economic value. This interactive map can also highlight the multiple aspects of the interventions and the local anchor institutions most relevant to this work.

ICPs approach Local or Combined Authority and University colleagues about new approaches to measuring piloted place-based work programmes. Measurement outside a single sector will always be a complex process and in discussing local priorities ICPs may need to experiment with a range of measures that stretch across traditional NHS boundaries and timescales. The Technical Annex to the levelling up white paper, published in February 2022, is helpful when reviewing metrics on the twelve levelling up missions set out by government. These metrics relate to a variety of issues such as wellbeing, employment rates, research investment, educational attainment, skills training, healthy life expectancy, life satisfaction, and first-time home ownership – all vital for population health yet not traditionally something an NHS organisation would consider. An amalgamation of some of these metrics, perhaps using local academic expertise (such as business schools) and leadership to prioritise and structure, would increase the broader knowledge of an ICS significantly.

ICPs keep under review areas where further devolution or decentralisation of powers or resources could stimulate greater impact. Given the breadth of issues which this ICS purpose can help local leaders focus on, some of the new initiatives and programmes supported will highlight where a system can scale up and deliver significant change in ways that is difficult to achieve nationally. In these areas an ICP should be ambitious about seeking further support from national leaders, whether from the Department of Health and Social Care or NHS England or indeed from other governmental departments. Such a process would be analogous to the wider devolution agenda, where Mayoral Combined Authorities discuss with government on a regular basis where further local empowerment can unlock broader challenges and support the UK economy.

Viewpoint

History has taught us that significant change (especially cultural change) happens when we can articulate and align the top down, the lateral and the bottom-up drivers. Perhaps given events over the past few years, we are now in a unique place in which to do this. The national reforms in health and care have strengthened the system focus around prevention and the determinants of a healthy, prosperous place. The broader social and economic landscape in which the NHS itself operates has radically shifted, with for example the burdens of ill-health and caring now the biggest reason for working-age adults to be out of the labour market. The growing understanding of the role of the NHS as anchor has championed local action and advocacy. Could the links between health, care, inclusion and prosperity be any clearer?

Of all the four purposes of an ICS it is this one which will most test our ability to look beyond the immediate and to be curious, complementary and collaborative. The NHS Confederation has led the public discourse on understanding the links between the health sector and the economy for several years, articulating the value of the NHS as an anchor in both national policy and local practice and building bridges for our membership to the range of partners. Through our convening, challenging and support, we remain committed to playing a full role in embedding this purpose across the 42 ICSs in England; strengthening the national focus, connecting the practitioner community and empowering local engagement.

For further information, please contact Michael Wood, head of health economic partnerships at the NHS Confederation:
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Annex

The annex includes some further reflections, reading and tools that can support local delivery, including:

- A personal reflection from Dorset by Dr Phil Richardson
- Holding up a mirror – the NHS when seen from other sectors
  - The university view – Dr Peter O'Brien, Executive Director, Yorkshire Universities
  - The business view – Jordan Cummins, Health Director, CBI
  - The local authority view – Paul Hanson, Chief Executive of North Tyneside Council and Henry Kippin, Chief Executive of the North of Tyne Combined Authority
  - The VCSE view – Andrew van Doorn, CEO, HACT
  - The college view - Ian Munro, Area Director (South West), Association of Colleges
  - The economist view – Mark Gregory, Visiting Professor, Staffordshire University and Ex-Chief Economist, EY
  - The public health view – Greg Fell, Director of Public Health, Sheffield City Council and Vice President, Association of Directors of Public Health
  - The local enterprise partnership (LEP) view – Will Morlidge, Chief Executive, Derby, Derbyshire, Nottingham and Nottinghamshire Local Enterprise Partnership
  - The social innovator view – Helen Goulden, Chief Executive, The Young Foundation
  - The police view – Sean Russell, former Police Superintendent and now Programme Director and Principal Investigator, Mental Health and Productivity Pilot, Midland Engine
  - The inclusive growth think tank view – Charlotte Alldritt, Chief Executive, Centre for Progressive Policy
- Aligning health and prosperity – further reading
- Social and economic glossary

A personal reflection from Dorset

My journey with system integration and driving health as a contributor to economic prosperity, Dr Phil Richardson @DrPJRichardson

In 2017 I was offered the opportunity to join the Dorset local enterprise partnership board to help develop the industrial strategy. At the time, the board consisted of local businesses and the local authority. While health is the biggest employer locally, there wasn't anyone from health on the board. Following a rigorous selection process, I was co-opted to bring my insight from industry and as a member of the Dorset integrated care system leadership team. This presented a real opportunity to look at health in a much broader context and through an economic and industrial development lens. I spent 18 months, working with a motivated LEP executive and a passionate board. The One Health strategy has set the tone for investment, decision-making and collaborative working.

Challenges included changing the paradigm from a more traditional investment in infrastructure to a vision that focused on health and productivity in terms of physical health and wellbeing and economic health and wellbeing. Like Dorset's clinical services review, the development of the strategy was evidence based. Collectively we gathered a significant amount of evidence which highlighted the local situation, the trajectory of plans, the engagement of health and wellbeing organisations, and the ambitions that were collectively held. Work done by the health and care partners in the system, developing a clear sustainability and transformation plan and the evidence-based ICS plan were all used to create a shared understanding across business and public services. There was a clear focus on working together and a step away from organisational focus.

This work with Dorset LEP was part of a much bigger conversation around the NHS's role in the local economy. Dorset Council had done some initial investigation on the economic worth of having a local hospital to find that the economic contribution was significant. Dorset County Hospital's work on social value and the clinical commissioning groups' (CCG) work on driving the integration across public services and academia and industry meant that we had a rich, diverse set of experiences and thinkers focusing on how to make things better. Our digital and innovation teams have created a thriving community of small businesses that we're actively engaged in improving care pathways. Our innovation and partnering teams had successfully built a network of like-minded individuals who could see the benefit of working together to improve not only clinical outcomes but also the health of the local economy.

Focus was also changing on any qualities and attention given to those that might need differential support rather than the more traditional standardised model. Bournemouth University took a proactive role in helping marshal together academia, research, innovation, and enterprise. They agreed to sponsor and host a breakthrough conference which attracted senior people from global digital, pharmaceutical, and biotechnology brands. They mingled with local researchers with an international reputation in health, public health, and social care, as well as south coast entrepreneurs who have been at the forefront of remote monitoring and diagnostics.

The CCG in Dorset has driven this work since starting the clinical services review (CSR) in September 2014. It was a bold strategic decision to step up to the emerging challenges around quality, workforce, finance, and care delivery. CSR was an evidence based needs-led programme to develop the future model of care for the Dorset system. It has been fundamental in redesigning the approach and strategic thinking about the integration of care, the design of services and the focus on ensuring services are delivered closer to home. CSR provided the bedrock of what is now the integrated care system in Dorset.

The key to our overall approach has been integration. And this has been the golden thread through strategic thinking, planning and implementation. We created roles which worked across digital, service improvement, innovation, research, collaboration, system working, governance and transformation. It allowed us to work seamlessly across the different functions and collaboratively with partners across the system. We developed an integrated approach to innovation and research. Set up as Research Active Dorset to bring together all partners from across the patch, it has been a critical driver in bringing industry and the NHS together for innovation. This value-based thinking meant we were in good shape to set up a vaccine research hub for COVID-19 research and, as a result, were one of the first systems to deliver research results that supported the national vaccine effort. A direct contribution to the economy. We have published our research strategy, which sets out an ambitious future to be a progressive, collaborative partner across the south coast and a valued partner in national and international innovation.

As a result of this new way of working, we have managed to secure industrial investment for a new histopathology laboratory, a clinical trials unit, and several health and industry collaboratives. We have a pipeline of investment that will help us tackle the key strategic issues that will help our local population choose better how they contribute to their communities because they will enjoy better health. To further build out our innovation ecosystem, we have been working on an

organic intelligence approach named locally as the Living Laboratory. This hybrid physical and virtual space co-develops and co-delivers research and service delivery. It will exploit technology to create an engaging experience for those needing help and space for innovators and clinicians to imagine new and effective services.

Our relationship with the AHSN, NIHR ARC, universities, local authorities, and industry is key to making this work. By working with a shared vision and a common purpose, the local authority has already commissioned architect plans and a potential co-located NHS site identified by University Hospitals Dorset for the first sustainable design influenced by Biomimicry.

The innovation ecosystem, including the Living Laboratory, will provide hard and soft data intelligence with insight through quantitative, qualitative and real-world evidence that will transform services and the business model. It will accelerate the evolution of how we work, identify and allocate resources, and emphasise the importance of strategic decision-making in helping people lead the best lives they can. It is much more than a medical model focusing on pathways and body parts; it gets to the true heart of care delivery by focusing on the needs of the person.

I've been immensely proud to be part of the leadership in Dorset that has developed this new thinking and approach and set the scene for the new integrated care board and the new integrated care partnership. There is a real opportunity to build on the bold decision to embark on a whole system clinical services review and the appetite to set up and grow teams that drive innovation, collaboration, transformation and partnerships. The boundless energy that has created an opportunity to develop a common purpose across the clinical, research, managerial, and commissioning space has been transformative. And an aim to succeed on an economic plan for health and wellbeing that will be better for the person, better for staff, better for local organisations and businesses, better for academia, global industry and all those that can see our shared goal of healthier communities.

The legacy of the work today sets the bar for what could be achieved in Dorset and frames the conversation for what other systems that choose to take out the whole system economic approach could achieve. There has also been significant benefit with the launch of this work in partnership with NHS Confederation and broad interest from other national and international systems.

Based on my eight-year journey to lead and drive an integrated approach to health and care, I would give my top five lessons learned in guiding this process for those who would like to jump-start their system approach:

- Give someone with imagination the resources and headroom to pull the thinking together.
- Frame it as a health and wellbeing economy, not an operational fix.
- Embrace diversity of thinking through a ‘mashup’ of organisations and experiences.
- Do be pragmatic. Accept that the insight will come from outside your experience, your organisation, and the NHS.
- Don't make this a business case. It's an experiment.

Dr Phil Richardson was the programme director for the clinical services review and the development of Dorset's integrated care system. He was the executive lead for digital, commissioning and transformation at Dorset CCG up to July 2022 and a member of the system leadership team. Phil is a health systems scientist and a visiting professor at Bournemouth University and AECC Health Sciences University. He holds PhD is in Biomimicry from the University of Bath and an MBA from the Open University. Phil is now the chair and chief innovation officer for Mtech Access.

Holding up a mirror – the NHS when seen from other sectors

The below extracts help evolve this thinking, reflecting the experience and thoughts of non-NHS partners and leaders on what we might do to realise this ICS purpose.

The university view – Dr Peter O'Brien, Executive Director, Yorkshire Universities @obrienpeter72

Universities and the health and care sector, including the NHS, are organisations with deep roots embedded in specific places. Anchor institutions play a pivotal role in local economies and communities – especially in regions still managing the implications of industrial and technological change, inadequate housing, poor health and rising disparities. These challenges have been exacerbated by COVID-19 and are being reinforced by the growing cost of living crisis. Better health is vital to improving overall and long-term prosperity and wellbeing.

Tackling stubborn inequalities and driving recovery and growth through a renewed focus on health requires bold action and leadership. And it depends on strengthening collaboration. As the NHS comes under renewed pressure, we need to redouble our efforts and our partnership in two areas.

First, we need to strengthen the relationship between higher education and the NHS to deliver better workforce planning. In 2020/21, nearly 212,000 students, from over 120 countries, were studying at Yorkshire's universities, of which 68,000 graduated. Over the next 5 years, universities in Yorkshire will train over 15,000 nurses and 5,400 medics. Better planning, including foresight and analysis of where the future health and care sector workforce will be sourced, and crucially, how they will be retained, is critical.

Second, our relationship with the NHS is long and enduring, and we have stood together in the most difficult of times. We share a common goal and aspiration to increase opportunities. We need the NHS to continue to play a leading role as an social and economic agent, as part of a wider system that includes universities, and to not retreat into an exclusive service delivery model. While there are understandable and justifiable demands to clear patient backlogs for treatment, if we ignore the causes as well as the consequences of poor health, then we are setting ourselves up to fail continually.

"Places give us the ability to develop shared vision, values and agenda. This should be the basis for addressing this principle but also for an ICS in general."

NHS Trust Chair

The business view – Jordan Cummins, Health Director, CBI @cumminsjr

The NHS plays a central role in the functioning of a highly productive, healthy and happy society, and goes far beyond the immediacy of treatment. Structurally, the NHS can play a formative role at both macro and micro level, though like any large complex organisation, innovation and change can take time. This is where partnership between the NHS, local government and business can really change the game.

The last two years have proved two things. Firstly, that the health service is our most coveted asset and it deserves long-term support and attention; and without it everyone from patients to partners will struggle. Secondly, that the system can clearly be pushed to its limits, again impacting staff and outcomes alike. As we try to look ahead, we need to form a new relationship between industry and the NHS.

So, what does that mean? Well, in short, we need to stop solely seeing industry as part of the determinants problem and start viewing them as part of the prevention solution. The NHS, at both ICS and national levels, has a once-in-a-generation opportunity to forge real partnerships with business as we emerge from the pandemic, from experimental med-tech solutions and ground-breaking treatment to knowledge exchange and a material increase in healthy working years. ICS and ICP structures provide us with an early frame, it's up to those with convening abilities to make it a success in the coming years.

The local authority view – Paul Hanson, Chief Executive of North Tyneside Council and Henry Kippin, Chief Executive of the North of Tyne Combined Authority @h_kippin

Health, prosperity and inclusion – and their opposites – are deeply intertwined and mutually reinforcing. Any local public health report will show how Sir Michael Marmot's 'social gradient' plays out at a local level – and the negative and positive trajectories that this can precipitate over time. Historically we have lacked the tools to work across sectors to meaningfully address what is now uncontested analysis. But there is now potential for this to change.

Through a combination of devolution, collaboration and a long-held recognition of the importance of closing the health inequality gap to our economy, partners in the North East and other regions have the opportunity to address the wider social and economic determinants of health in a consolidated and focused way.

Three factors will be critical to making this work.

First is meaningful collaboration around shared outcomes. The great singer and sometime NHS policy advisor Dolly Parton famously said that the secret of success in life is to "find out what you're good at and do it on purpose". No agency or sector (including the NHS and local government) can do it all. Better outcomes come through understanding mutual expertise and learning to work together in a way that recognises and respects this. The Collaborative Newcastle model – overseeing strong collaboration on out-of-hospital care, system governance and economic innovation – is a good example of how this can work in a city.

Second is embracing the politics of place. NHS strategists have long recognised the interdependence of health and social care in terms of system performance and outcomes for individuals. But this has sometimes come with a suspicion of local politics, and a level of discomfort with the natural variation in local models that this brings. Yet for the prevention and health inequalities agenda to be successful within communities, it is precisely this kind of local nuance political leadership that is needed to make it make sense for communities. Look at North Tyneside's work on poverty prevention and community based intervention for examples.

The third factor – most critical as we embed new commissioning arrangements – is to quickly get practical. Commit to some meaningful, tangible things that show the added value of collaboration. Joint skills pathways, healthy housing initiatives, enhanced employment support and local social value in procurement as part of the 'anchor' agenda. Northumbria NHS Foudation Trust's innovation hub – creating local jobs through PPE manufacture shows what can be achieved at pace. Each NHS organisation is a huge employer whose recruitment can hit the priority demographics and post codes where work can make such a massive difference. And each NHS organisation is a serious shopper whose shopping list, targeted locally, can make a big difference to local business.

The reagent for all of this is greater devolution. It gives places the ability to take joint decisions about the future, and the potential to embed health, growth and the reduction of inequalities as bedfellows within a single strategic narrative. It is an opportunity that we cannot miss.

The VCSE view – Andrew van Doorn, CEO, HACT @Andrewvandoorn

It is already clear that the NHS makes a significant social and economic contribution in all our communities, be it through creating jobs, working through their supply chains, improving healthcare, or being part of local partnerships with other public, private and voluntary and community sector organisations. But how far is their contribution intentional? And what choices can and do NHS organisations make to enhance and build their social and economic impact?

Social and economic impact is something that every organisation and individual does, in some way or another. But elevating this to the level of strategy and planning, and actively seeking out ways in which you use your resources and long-term role in communities to enhance and strengthen your impact, is where the greatest prizes lie.

For many working in the VCSE sector, including social housing organisation, we experience the NHS as a major social and economic player, but as a relatively disconnected one. Social development is best achieved at a local neighbourhood level. Strengthening, enhancing and growing social capital across the many networks and relationships of people in their communities. Social capital enhances our health and wellbeing and builds the resilience of people and places. Whereas economic development is often planned and delivered at a wider level, strengthening more formal types of capital that contributes to successful places where local economies and people can thrive.

The NHS needs to seek out new partners to work alongside them to enhance what they already do. NHS leaders need to look beyond their own organisations, and beyond local government to the many community-based anchors, organisations like housing associations, who are committed to the people and places where they live and work. This can be messy work. It can not always make sense. And there are many voices and opportunities to grasp. But with a desire to drive intentional impact, the NHS can work with others to solve their own problems, be part of the solutions of others, and be part of programmes where social and economic development come together to create the thriving places where we all want to live.

The college view - Ian Munro, Area Director (South West), Association of Colleges, @AoC_info

AoC has been working with Heath Education England, NHS Trusts and other partners at local, regional and national levels to support colleges to develop and refine their support for service providers – and are ambitious about the potential to continue to strengthen these partnerships. There is increasing recognition that colleges can and will need to play a pivotal role, as educators and system leaders - both in supporting the NHS to meet their workforce needs, and in playing a key role in supporting public health priorities across their localities. Colleges are anchor institutions at the heart of their communities, and through deepening partnerships across the NHS can play an ever more important role here.

The provision of health and care support requires significant adaptation by the NHS and its partners to meet the significant demands it will face in patient care over the next decade. It will need a radical and innovative approach to secure a flexible and skilled workforce with the acceptance that traditional jobs and roles may disappear, and with new ones will be created, and new technologies will play a greater role in all areas of health care and prevention. AoC and colleges across the country stand ready to play their part in supporting NHS partners in anticipating and meeting these changes, and ensuring that we support people to study, train and upskill to meet these future skills needs. Colleges are experts in developing and delivering new models of education and training quickly, taking into account geographical spread, population need and future learner and workforce requirements, providing a strong offer that improves recruitment into and retention of a health and care workforce. Strengthening and improving collaboration and engagement with a clear focus and purpose across health, care and education sectors is the way forward and achieves an improved approach to strategic integrated workforce planning and transformation meeting the needs of the population, the service, and the workforce.

And there is much more that can be done to harness the role of colleges in supporting wider public health ambitions – as anchor institutions serving a wider range of people across their communities. The COVID 19 pandemic has seen innovative new partnerships and practices develop here, and there is much more that can be done to harness the role of colleges in supporting healthy, connected communities.

There must be continued energy and commitment from all sides to harness the considerable expertise and support available from colleges. There must be a joined-up approach at local, regional and national levels, to ensure a coherent long-term focus, which avoids duplication, effectively targets resources, and ensures colleges are able to play their full role in educating and training the NHS workforce of the future, and playing this wider role in public health.

The economist view – Mark Gregory, Visiting Professor, Staffordshire University and ex-Chief Economist, EY @MarkGregory21

Before the pandemic, we tended to view health through its impact on individuals. COVID-19 shone a new light on the social and economic impact of health: people who were ill were unable to work reduced both demand and supply in the economy, and the need to care for those who were ill. It is therefore, very timely that one of the primary objectives of the new integrated care systems (ICS) in the NHS is to support local social and economic development.

Working to ensure people are fit and healthy to work, study, care for others and enjoy their lives clearly will increase the supply capacity in the economy. We can expect higher output, a reduced burden on the NHS and, through higher earnings, stronger consumption and larger tax receipts.

But there is much more potential. In many places the ICS will be one of the largest employers, the home of a significant share of the highest skilled jobs and a major consumer of goods and services. The NHS must consider how to use procurement to drive local activity and act as an exemplar in local labour markets using its capabilities to improve pathways to work through outreach to schools and colleges.

And health has a role to play in attracting investment and stimulating supply chains. In EY's 2022 UK Attractiveness Survey, 37 per cent of businesses identified the quality of the health system as a factor influencing their decisions on which countries to invest in. Not only does health play a role in investment decisions across sectors, with nearly 3 in 10 investors citing health and wellbeing as a growth area for the UK in the same survey. It also provides direct growth opportunities. ICS teams should seek to engage with local economic development teams to identify how they can help promote their local areas and attract investment.

The public health view – Greg Fell, Director of Public Health, Sheffield City Council and Vice President, Association of Directors of Public Health @Felly500

Health and wellbeing are influenced most strongly by the social, economic and environmental conditions in which people live.

There is no denying that the NHS, as the anchor of many of our communities, is a significant social and economic power. It is after all, the fifth largest employer in the world and largest in the UK, with around 1.5 million employees. Through its day-to-day activity, the NHS saves and changes millions of people's lives for the better.

In addition to providing effective and equitable health care services – which allow people to contribute to society themselves, the NHS has great potential to promote health and prevent illness and it is here that its role as a social agent should be further explored.

With the number of interactions with patients and families, it provides millions of opportunities to engage with the population and promote positive behaviour change to address the wider determinants of health and reduce health inequalities.

There is also much the NHS can do as a service provider, business, landowner and employer to harness its power as an economic agent, investing in and promoting local business and talent which will improve our communities not just on an individual level, but at a societal one too.

However, the NHS cannot tackle the health inequalities arising from disparities in our social and economic landscape alone. Neither can local authority partners or indeed our voluntary sector partners. Coordinated action is needed and only through stronger, more effective collaboration can issues like poverty be tackled.

Through its role as an anchor institution and by understanding the social and economic value it can help create, the NHS has the power to make a significant contribution to this.

There is a great deal of positive activity across many areas of the NHS, and much to be learned from, for example, the Democracy Collaborative's Anchor Mission Playbook and the Healthcare Anchor Network but it is understandably hard to pull this type of work together.

The new integrated care systems offer an ideal vehicle for the collaboration, coordination and connection needed and it is vital that we all – local authorities and other stakeholders – pull together to make a real difference.

The local enterprise partnership (LEP) view – Will Morlidge, Chief Executive, Derby, Derbyshire, Nottingham and Nottinghamshire LEP, @D2N2LEP

LEPs are partnerships who have been tasked with increasing productivity in their areas.

We work with Health Education England, our NHS trusts, ICBs, universities and colleges to help to better align the needs of the health system with provision from the skills system. When we created this group, we thought we were plugging a gap. It turned out that so did several other groups. We covered the gap so well that we managed to create duplication! We've been able to work things out – the promise of HEE funding can be so helpful! - and we now have the opportunity to drive system change as never before.

I think the creation of that duplication illustrates the only frustration I find when working with the NHS. It's something that I'd say about working with many large employers: your sheer scale poses a challenge in terms of ensuring joined-up conversations within and between NHS institutions.

But that's a minor frustration when compared to the great work we see. D2N2 has been championing social inclusion for some time. Part of that work is about helping people overcome barriers to the workforce, especially for people with multiple barriers. I've been blown away by the work the NHS is doing to encourage people from their local communities to think about NHS careers. We're lucky enough to have Project Search operating in our area, supporting young people with special needs to gain valuable experience of the world of work in some of the key support roles that keep the healthcare system running. The NHS is an amazing champion for our work to engage schools – not just pupils but also teachers, parents and governors – to ensure that our young people have better awareness of the future jobs available to them in our region, including that huge array of roles available across the NHS.

In fact, a great deal of our work with the NHS involved the education and skills systems. In our area we have colleges working with their local hospitals to put on entirely new nursing provision, tackling staff shortages and addressing levelling up in one go. We have three great universities building new innovation facilities to support the NHS by turning more R&D into actual medical products and services.

One final thought: we did a bit of rough work last year. We multiplied the number of vacancies being advertised online in our region by the average salary of those roles. That gave us a proxy measure for which

roles, if left unfilled, we're having the biggest negative impact on the local economy. The answer was, by some distance, nurses. It turns out nurses are doing an amazing job not just for our health, but also to keep our economy going.

The social innovator view – Helen Goulden, Chief Executive, The Young Foundation @HelenGou

The multi-sector voices in this report are representative of a genuine shift towards shared priorities, outcomes and deeper collaboration in the places we live, work and love. The new ICS requirement to support broader social and economic development alongside its statutory duties also demonstrates an institutional shift towards tackling the social determinants of health. But the healthcare system is not unique in seeking to 'colour outside the lines' of its more traditional remit and role. Universities are working to understand and deepen their civic contribution to the places and communities in which they are located. Businesses are seeking to become more purposeful, and navigating a complex and confused world of environmental, social and governance practices and measurement; with deeper questioning about where their boundaries of social responsibility lie. Local government, no stranger to having to meet rising demand with less financial resources, are also advancing toward deeper models of collaboration, as we see in the contribution from local authority leaders Henry Kippin and Paul Manson.

Underpinning these similar shifts happening across different sectors lies a fundamental, half-glimpsed truth: that our patterns of organising to meet the bewildering demands of a complex (and somewhat troubled) society are no longer fit for purpose. The needs 'out there' demand that institutions tend toward collaboration, which if effected in its deepest sense will ultimately shift not just our ways of working, but our infrastructure, institutions and accountabilities over the longer term.

The things most likely to depress these efforts are ego and governance. Too often the core locus of attention in cross-sector partnerships is the governance; the bringing together of the right people in the right room to read the right bits of paper. This is important, but it is not the work. In pioneering new ways of working to create good health and good social outcomes, it is the strategy in action – the practice of working in new ways, and the capability to reflect and learn from that practice – which drives real, sustained change; as well as serving to cultivate the necessary leadership competencies to navigate highly complex and changing operating environments.

As importantly, more engaged and equitable relationships with people and communities are fundamental to any successes. Whether it is to more deeply connect with the lived experiences and opportunities to inform plans and strategies, engaging communities in the trade-offs of a financially constrained world, supporting communities to create good health through community activities, social enterprise, mutual aid and creating a sense of safety and belonging - communities are our partners. They can be an amorphous, plural, messy partners, who agitate for the things they care about. But a successful strategy for shifting the social determinants of health, must start by being social.

The police view – Sean Russell, former Police Superintendent and now Programme Director and Principal Investigator, Mental Health and Productivity Pilot, Midland Engine @russells70

The police play a vital role in maintaining the social fabric of communities by preventing harm and keeping people safe. Policing is part of a core collaboration where communities and stakeholders work together to promote happier, healthier, and safer places. The introduction of health and wellbeing boards through the Health and Social Care Act 2012 enabled partners to come together on a statutory basis and in most part included the police to support an improvement in local area health and wellbeing.

Everyday police officers are witnessing the increasing poor health and wider inequalities within our society. The level of demand facing our blue light services are unprecedented and creating significant demand and impacts on already stretched services. Over the last four years the number of calls relating to poor mental health alone has quadrupled, creating challenges for all the agencies involved. The level of substance misuse is increasing, and everyday staff are feeling the direct challenges faced by people in their communities who are experiencing levels of hardship not seen for generations.

Working with the NHS and the wider health system creates an opportunity for reducing demand, improving health inequalities, and driving change but we must go wider than just crisis intervention. There have been many examples of good working practice where blue light services have been part of the solution to the wider challenges faced in society. The Mental Health Street Triage programme saw blue light services working with mental health nurses to reduce detentions under the Mental Health Act. There are now mental health nurses working in most police custody suites providing access to support and driving diversionary opportunities for people who are at the lower end

of offending. We have seen multi-disciplinary teams working to share data about families who are at significant risk of harm or living with vulnerabilities that may be exploited.

The work of the violence reduction units placing youth workers into A&E departments for when young people come in with gang related injuries create the teachable moment for those individuals and their families. This work should be part of the DNA of a place-based approach that helps to keep our society well. However, there is still more to do to move us away from spending all our days putting the metaphorical fires out.

The NHS is a trusted and valuable partner in our community. It is also one of the largest employers in the UK and with that comes great responsibility. Following the pandemic and as we enter the most fiscally challenged position in decades, we need to work smarter together. Data driven insights across partnerships that lead to more collaborative system thinking and intervention can have a long lasting effect on places. Working to drive early intervention and prevention as a core role for all our partners will help to create an asset-based approach society that drives improved health and wellbeing. The opportunity provided now for the NHS to collaborate and work in true partnership is a pivotal moment in history. In partnership it will lead to improved social and economic outcomes for individuals, families and communities. If it operates in a silo, it has the potential to strip away all that makes our Great Britain great.

The inclusive growth think tank view – Charlotte Alldritt, Chief Executive, Centre for Progressive Policy @calldritt

It took a global pandemic for many policymakers to realise the impact of poor health on the nation's economy. As half a million more people are economically inactive due to long term sickness compared to 2019, it is all too clear that poor health has a direct impact on the size and productivity of the UK's labour force. It not only puts a brake on national growth, but also inflicts most damage in our poorest places – pushing people out of jobs, dissuading investors and leaving communities vulnerable to the low-skilled, low-paid, precarious work trap; itself a recipe for worsening health.

The relationship between health and wealth is not a new one. But pre-pandemic Treasury officials would roll their eyes if economists like us at the Centre for Progressive Policy (CPP) talked about the case for investment in public health on productivity grounds. Another ruse, they thought, to justify ceaseless demand for more NHS spending.

But CPP analysis has shown that healthy life expectancy is the leading indicator of inclusive local economic growth. In Blackpool, for example, long term sickness accounts for 43 per cent of economic inactivity (compared to 25 per cent for Great Britain as a whole). Whilst employment and unemployment figures are roughly in line with the national average, Blackpool has the highest percentage of jobs paid below the Joseph Roundtree Foundation's Minimum Income Standard for a single person (£25,500 in 2022). In today's precarious labour market, a job isn't necessarily a route out of poverty, and – while the health effects of being in work are usually positive – poor quality jobs undermine health outcomes too. For men and women in Blackpool, healthy life expectancy and overall life expectancy is the lowest of all local authorities in England.

NHS staff in primary and secondary care have long witnessed the impact of poverty and inequality on health outcomes. It isn't their job to fix the local economy. But unless population health strategies are aligned to local economic development then NHS staff will forever be picking up the pieces of rising demand in a system already under pressure. In Blackpool one in three homes in the private rental sector have been classified as 'non-decent'. In Rochdale a boy of two died from chronic exposure to mould in his home. Efforts to plug NHS workforce gaps or protect acute spending only get us so far. Initiatives such as the Warm Home Prescription pilot are one example of new thinking in action.

Integrated care systems cannot cure every ailment nor prevent every tragedy, but they are the beginning of a new approach to health in England that recognises every patient is more than their symptoms. It will need new ways of looking at the same problems that have plagued us for decades, recognising, for example, that public health isn't the inferior cousin to clinical medicine or that a trust's economic context isn't just luck of the draw.

The good news is that, however complex the challenges, the policy interventions needed to create healthy places are integrally linked to those needed to create more productive and prosperous places. And vice versa.

Aligning health and prosperity – further reading

An increasing number of think tanks and subject-matter experts are exploring the links between health, prosperity and place and we strongly recommend these findings are communicated widely; influencing future ICS policy, both nationally and locally, and providing a base on which to test out practical ideas. For further reading the following may be of interest to ICS and ICP leaders:

The **2030 Agenda for Sustainable Development**, adopted by all United Nations member states in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests. Download the SDGs and use them to guide local thinking.

The **IPPR Commission on Health and Prosperity** launched in April 2022 and will look to develop a new, positive vision for the role of good health in a just and prosperous country. Over the next 18 months, it will focus on questions looking at the economic cost of health inequalities, how can we design services that meet the health and care demands of the 21st century, what do citizens want to see from their public sector institutions, employers, businesses, politicians and built environment, and how can R&D, the life sciences and innovation best support the future needs of both UK health and UK prosperity. Follow the Commission's progress.

The Levelling Up Yorkshire and the Humber report, jointly published by the **NHS Confederation, Yorkshire and Humber AHSN and Yorkshire Universities** in July 2020, set out a plan to tackle spatial health and socio-economic inequalities and boost health outcomes as part of the recovery from the pandemic in Yorkshire and the Humber. The report argued that on most economic and health measures, Yorkshire and the Humber needs to improve, but the region has many exceptional assets and strong and effective institutions which need to play an even stronger role in the regional recovery. Anchor institutions in the region can make health a much more visible focus for growth through their work with industry, research and development, and acting as large employers and the commissioners of goods and services. They can do this by adopting a stronger health-led and inclusive economic growth agenda, bolstered by increased 'place-sensitive' policy and strategy from government and national agencies. Read the report.

The **North East Commission for Health and Social Care Integration** published Health and Wealth - Closing the Gap in the North East in 2016, urging North-East local government and NHS leaders to take a fresh look at how the region's significant health and wellbeing challenges could be collectively tackled. This seminar work of the Commission set out a vision for transforming the health and wellbeing of North East residents and in so doing helping to improve the performance of its economy and the prosperity of its people, highlighting the need to address the determinants of health in any devolution deal. Download the report.

The **Public Health England (PHE)** guidance on developing Inclusive and Sustainable Economies: leaving no place behind supports place-based action 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 2021 document can help local leaders define and make the case for an inclusive and sustainable economy; suggesting opportunities for local areas to build back better from the impacts of the pandemic; and proposing an inclusive and sustainable economies framework and data catalogue to support local areas to get started, or continue to take action on, this agenda. Review the guidance.

Build Back Fairer: the COVID-19 Marmot Review was produced by **UCL Institute of Health Equity** and commissioned by the **Health Foundation** as part of its COVID-19 impact inquiry to investigate how the pandemic has affected health inequalities in England. The review and its recommendations follow on from Health Equity in England: The Marmot Review 10 Years On, published in February 2020, and reported that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19. The report makes clear that the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health. Download the report.

The **North Health Science Alliance** published Health and Wealth: Building a Healthier Northern Powerhouse for UK Productivity in 2018. The report explored the existing productivity and health gaps between the northern powerhouse and the rest of the country and linked the learning together. It found that improving health could reduce the £4 gap in productivity between the Northern Powerhouse and the rest of England by 30% or £1.20 per-person per-hour, generating an additional £13.2 billion in UK GVA. This critical conclusion highlighted the importance of health to productivity, and thus the economy. Read the report.

Lord Dennis Stevenson and Paul Farmer published Thriving at Work, their seminal independent review of mental health and employers in 2017, in response to the then-Prime Minister's request to carry out an independent review into how employers can better support all individuals currently in employment including those with mental ill health or poor well-being to remain in and thrive through work. Download the report.

The **Greater Manchester Independent Prosperity Review** undertook a detailed and rigorous assessment of the current state, and future potential, of Greater Manchester's economy. Published in March 2019, it informed the actions of local and national decision-makers from across the public, private, and voluntary, community and social enterprise sectors in driving forward Greater Manchester's future productivity and prosperity. Read the report.

Social and economic glossary

There are a series of typical terms, strategies and approaches related to social and economic development. For ease of reference and to support local systems we have included some of the most frequently used ones below in a glossary.

Term	Meaning
City deals	Tailored arrangements between central government and local authorities and/or local enterprise partnerships that give cities new powers over local funding and decision-making. Between 2012 and 2014, the first wave of city deals were agreed with the eight core cities outside of England, with plans to add 175,000 jobs over the next 20 years and 37,000 new apprenticeships to the area.
Civic university agreements	Civic university agreements (CUAs) are civic strategies developed by universities. They should be rooted in a robust and shared analysis of local needs and opportunities, and co-created with local partners.
Community wealth building	First articulated by The Democracy Collaborative in 2005, community wealth building (CWB) is an economic development model that transforms local economies based on communities having direct ownership and control of their assets.
Devolution deals	Agreements between the central government and local authority leaders that delegate responsibility for specific policy areas to local government. Devolution deals vary across the country but have delegated responsibility for over transportation, housing, skills and healthcare and have involved the establishment of new combined authorities or directly elected mayors.
Economic development	Economic development is the process in which an economy grows or changes and becomes more advanced, especially when both social and economic conditions are improved.
Economic growth	Economic growth is an increase in the production of economic goods and services, compared from one period of time to another.
Good Work	The concept of Good Work allows for people to have a fair income and can help improve productivity. Good Work is vital for people's health and wellbeing too.
Gross domestic product (GDP)	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 production, it functions as a comprehensive scorecard of a given country's economic health.

Term	Meaning
Gross value added (GVA)	Gross value added (GVA) measures the contribution made to an economy by one individual producer, industry, sector or region. The figure is used in the calculation of gross domestic product (GDP).
Inclusive growth	Inclusive growth is economic growth that is distributed fairly across society and creates opportunities for all.
Inward investment	Inward investment involves an external or foreign entity either investing in or purchasing the goods of a local economy. It is foreign money that comes into the domestic economy.
Local enterprise partnerships	First established in 2011 by the Department for Business, Innovation and Skills, LEPs are business-led partnerships between local authorities and private businesses that set economic priorities and steer growth in local communities. There are currently 39 LEPs that are responsible for delivering growth programmes worth £2 billion annually.
Local industrial strategy	Local industrial strategies (LIS), led by Mayoral Combined Authorities or Local Enterprise Partnerships, promoted the coordination of local economic policy and national funding streams, establishing new ways of working between national and local government, and the public and private sectors.
Local strategic economic plan	Developed by local enterprise partnerships, strategic economic plans were initially published in 2014, demonstrating how they would drive forward a modern, diverse and entrepreneurial economy that would deliver economic benefit to residents and businesses across the region.
Mayoral combined authorities	Local government institutions established through the Local Democracy, Economic Development and Construction Act 2009 that enables two or more local councils to make decisions and shape policy across council boundaries. The Cities and Local Government Act of 2016 amended this act and provided the legal framework for the implementation of devolution deals. Combined authorities are councillor led and may have a directly elected mayor.
Productivity	Productivity is a measure of economic or business performance that indicates how efficiently people, companies, industries and whole economies convert inputs, such as labor and capital, into outputs, such as goods or services.
Social value	Social value is a measurement of the benefits that your services and programmes bring to people and communities.
UK Shared Prosperity Fund	The UK Shared Prosperity Fund (UKSPF) is the government's domestic replacement for the European Structural and Investment Programme (ESIF), which supported regeneration, innovation, employment and skills.

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