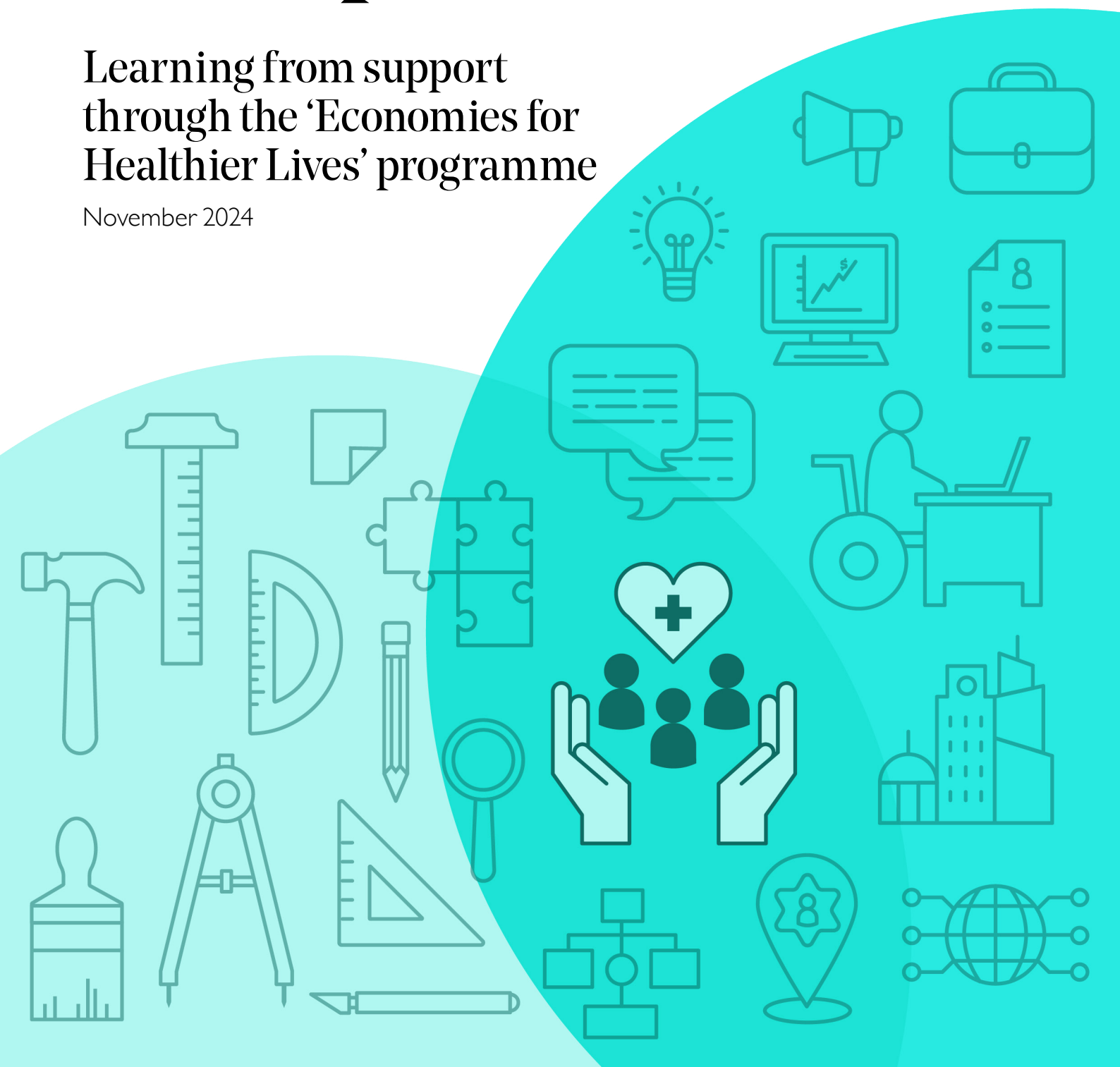# Improving health through economic development

Learning from support through the 'Economies for Healthier Lives' programme

November 2024

Why Integration Matters

Integrating public health and economic development offers a transformative approach to local prosperity, addressing structural inequalities while driving sustainable growth. For local and regional bodies, this represents an opportunity to maximise the impact of resources – their own and that of other system allies – to create thriving communities.

Health & Wealth: Two sides of one coin

Health and the economy cannot be viewed in isolation. Andy Haldane, former Chief Economist at the Bank of England and Chief Executive of the RSA (The royal society for arts, manufactures and commerce) observed in a lecture for the Health Foundation, "the links between health and the economy are many, various and two-way".[1]

Economic factors such as income and employment are well-established determinants of health. 31 percent of individuals on the lowest incomes report being in poor health, compared to just 12 percent of individuals on the highest incomes,[2] highlighting the physical and mental toll of financial hardship.[3,4] Moreover, employment significantly influences health outcomes; a 10-percentage-point higher local employment rate is associated with a higher male healthy life expectancy of 5.1 years.[5]

Conversely, ill-health imposes substantial economic costs, particularly since the Covid-19 pandemic. Approximately 2.8 million people in the UK are economically inactive due to long-term sickness,[6] with around 50 percent of those reporting long-term illness excluded from the workforce, directly reducing labour supply and economic potential.[7] Among the around four million employed with a work-limiting health condition, poor health can diminish productivity and pay/security, serving neither their interests nor the wider economy.[8]

1   The Health Foundation (2022) Health is Wealth. [online] Avaialble at: www.reader.health.org.uk/health-is-wealth/health-and-the-economy

2   The Health Foundation (n.d.) Money and resources. [online] Avaialble at: www.health.org.uk/evidence-hub/money-and-resources

3   Kiely, K.M., Leach, L.S., Olesen, S.C. et al (2015) How financial hardship is associated with the onset of mental health problems over time. [online] Soc Psychiatry Psychiatr Epidemiol. Available at: www.link.springer.com/article/10.1007/s00127-015-1027-0

4   Roelfs, D.J. et al (2011) Losing life and livelihood: A systematic review and meta-analysis of unemployment and all-cause mortality. [online] Social Science & Medicine, Available at: www.pmc.ncbi.nlm.nih.gov/articles/PMC3070776/pdf/nihms-269025.pdf

5   The Health Foundation (n.d.) Work. [online] Avaialble at: www.health.org.uk/evidence-hub/work

6   The Health Foundation (2024) Health Foundation responds to ONS update on economic inactivity due to long-term sickness. [online] The Health Foundation. Available at: www.health.org.uk/news-and-comment/news/health-foundation-responds-to-ons-update-on-economic-inactivity-due-to-longterm-sickness#:~:text=The%20Office%20for%20National%20Statistics,in%20February%20to%20April%202024

7   The Health Foundation (2022) Health is Wealth. [online] Avaialble at: www.reader.health.org.uk/health-is-wealth/health-and-the-economy#the-two-cylinders-of-economic-growth

8   The Health Foundation (2024) Towards a healthier workforce. [online] Available at: www.health.org.uk/publications/towards-a-healthier-workforce

Introduction

This interconnectedness has spurred a growing recognition among policymakers of the need to integrate health and economic strategies. The UK government's 2024 'Get Britain Working' White Paper explicitly acknowledged these links, committing to prioritising health as a driver of economic growth.[9] In this context, integrating public health and economic development offers a significant opportunity for local authorities to create a virtuous cycle of health and prosperity.

The Case for Integration

When public health and economic development operate in silos, systemic challenges such as health inequalities and workforce underperformance remain entrenched. Integration of these departments can address these challenges by:

1. **Boosting Economic Productivity:** Healthier populations are more likely to be economically active, have greater productivity and be more financially secure. Research by the Tony Blair Institute suggested that a 20 percent reduction in six major disease categories could raise annual GDP by £19.8 billion within five years.[10]

2. **Reducing Public Expenditure:** Poor health drives higher demand for public services. The Office for Budget Responsibility in 2023 found increased working-age inactivity due to long-term sickness since the pandemic (alongside rising ill-health among those in work) added £6.8 billion to the annual welfare bill.[11]

3. **Enhancing Resilience:** Integrated approaches equip the local system, and the communities it serves, to better weather economic and health shocks by building robust, equitable societal infrastructure. Even business leaders have called on governments to recognise the need to focus on health as an imperative for economic resilience.[12]

Benefits for Local and Regional Authorities

1. **Meeting Multiple Objectives:** Integrated strategies deliver on multiple statutory obligations, from improving public health outcomes to fostering local economic growth and addressing environmental challenges. In Glasgow's Clyde Gateway, collaborative investments in health and economic regeneration have transformed some of the UK's most deprived neighbourhoods into thriving hubs of opportunity.

2. **Securing External Funding:** Many grant-makers and government funding streams, such as the Health Foundation and UK Shared Prosperity Fund, prioritise projects that demonstrate cross-sector collaboration.

9   Gov UK (2024) Get Britain Working White Paper. [online] Available at: www.gov.uk/government/publications/get-britain-working-white-paper

10   Tony Blair Institute for Global Change (2024) Prosperity Through Health: The Macroeconomic Case for Investing in Preventative Health Care in the UK. [online] Available at: www.institute.global/insights/economic-prosperity/the-macroeconomic-case-for-investing-in-preventative-health-care-UK

11   Office for Budget Responsibility (2023) Fiscal risks and sustainability - June 2023. [online] Available at: www.obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#chapter-2

12   Business at OECD (n.d.) Stronger Together. [online] Avaialble at: www.businessatoecd.org/health-resilience

Introduction

3. **Building Stronger Communities:** Addressing health and economic challenges together fosters community trust and engagement as they can see their holistic experiences are being considered. Working in collaboration with community partners also meeting local health and economic needs (such as employers and the not-for-profit sector) can bring benefits of confidence on the part of local people and local authority credibility that new initiatives will work in practice.

Evidence of Success

Integration drives tangible results:

- **Havant Borough Council's Youth Hub:** A financial assessment by the University of Portsmouth on the benefits of investing in health and economic opportunities for young people in Leigh Park found that £26 million in benefits across health costs, crime reduction and public and private individual finances would be realised over a five-year period. In just one year into the sample group being in work, it has made a £2.48 million positive impact on the local economy.
- **Liverpool's improving outcomes through joint data:** Through linking up public health and economic development data sets, the Liverpool City Region will be better able to inform the way support programmes are commissioned through the UK Shared Prosperity fund, Connect to Work, and apprenticeships. Additionally, the data linkage work allows for a more focused approach to the delivery of services and at more local area.

Economies for Healthier Lives (2021-2024), funded by the Health Foundation, invested in five 'Hubs' across the UK, each exploring different approaches to how economic development can best improve health and tackle health inequalities by supporting partnerships in local areas. The work of this programme is continuing into 2025.

The RSA was the Learning Partner for this programme; we collaborated with each Hub to understand their challenges and develop a support model with a focus on adopting innovations and sharing emerging practice.

This coaching resource has been created based on the coaching frameworks used with the Hubs, from project inception through to legacy planning.

Five projects across the UK

The Glasgow City Region's economic development and public health teams worked together to assess the impact of infrastructure spending on health inequalities through their Capital Investment Health Inequalities Impact Assessment tool. This tool will be used in the development and delivery of capital infrastructure projects at all stages to ensure that spending decisions focus on maximising benefits for local communities, including reducing health inequalities.

The Liverpool City Region Combined Authority and the University of Liverpool shared data on employment and health to better understand the challenges faced on a micro-neighbourhood level. This will form the basis of redesigning employment services to better address local needs.

Salford's Local Anchor Network (led by social enterprise Unlimited Potential) prioritised community wealth building through creating new social cooperative businesses that aim to benefit the health of local people and boost the local economy. Public and private sector commissioning organisations engaged to identify where new contracts can be set up with local social enterprises and where around £1 million of spending can be shifted to the local system.

The Leeds Inclusive Anchors Network is building employers' understanding of how to improve people's health through procurement, through service delivery or as a civic partner. Leeds expanded this network into the private sector, with communities and employers learning how to jointly design interventions and effectively measure impact.

The Havant partnership worked with local schools to address low education, training and employment outcomes for young people. They've seen how young people disconnected from work with training and education been reached by in-person support.
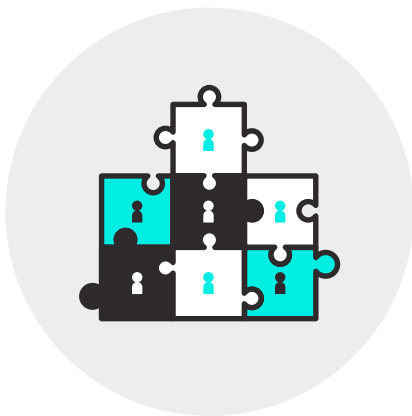
The Coaching Resource

USING THIS RESOURCE

Who is this resource for?

Local and regional bodies innovating around health inequalities and organisations that may be supporting them.

A majority of the Economies for Healthier Lives (EHL) programme Hubs were led by economic development teams in councils, with one Hub led by a social enterprise. The EHL Hubs worked with local business and residents, the NHS system, the third sector, academic centres and councils/combined authorities.

What projects can it be applied to?

This resource can be applied to economic development teams supporting better partnerships and work with public health teams.

How can you navigate this resource?

The coaching resource outlines a suggested project process: understanding your ecosystem, setting a vision of success, preparing to deliver, finding and testing new ways of working, gathering evidence and planning for legacy. You can use the resources in the suggested order or as a complement to your planned/existing activities.

The resource also integrates with the more detailed learning resources created by each of the five Hubs, referencing tips and learning that you may want to expand on if this is directly relevant to your project.

Learning from Economies for Healthier Lives

The Economies for Healthier Lives (EHL) programme sought to uncover the key challenges to integrating public health and economic development, and pilot novel, innovative approaches in five areas across the UK.

The EHL programme reveals that when public health and economic development teams align strategies, they can amplify impact—evident in projects across the UK that have started to embed health considerations into local economic plans. This alignment promotes a holistic vision where economic growth, social wellbeing, and environmental sustainability reinforce one another.

Achieving this integration requires reimagining public services to shift from fragmented approaches to those that support the whole person and community. They allow for greater value for money. Leaders have a unique opportunity to engage their communities and develop strategies that not only address immediate economic and health needs but also ensure long-term prosperity for all.

This resource sets out how other authorities might think strategically and systematically about doing the same. It outlines the rationale, challenges, and processes for aligning these domains to build healthier, more economically resilient communities.

Challenges in Integrating Public Health and Economic Development

Integrating public health and economic development departments presents multiple challenges, including:

- **Cultural and procedural differences**, with established ways and rhythms of working differing between departments, including timelines and objectives
- **A lack of familiarity with relevant counterparts and policies and resource constraints and operational pressures** that distract from meaningful partnership building and working
- **Siloed approaches to working and disincentives to working holistically**, with limited partnerships both within and beyond local government
- **Different metrics and inadequate data-sharing**, resulting in competing priorities and suboptimal decision-making

By identifying these barriers, the programme also highlighted solutions that other leaders can implement to bring about systemic change.

This resource seeks to set out a practical set of steps that local governments can take to bring together these interdependent, but often divided, departments. It breaks down each barrier and provides case studies, tools and recommendations to overcome it.

Project Process

1   Explore your ecosystem

2   Set a joint vision and prepare for the journey

3   Develop strategies and identify levers for change; reflect on their efficacy

4   Evidence your impact

5   Sustain the legacy

SECTION 1
EXPLORING THE ECOSYSTEM

Mapping the local ecosystem is foundational to understanding how health and economic systems intersect in each area. A comprehensive map reveals:

- **Key Players:** Identifying stakeholders—local government, employers, healthcare providers, and community groups—who can influence or benefit from integration.

- **Assets and Gaps:** Recognising community assets (e.g., green spaces and cultural heritage) alongside unmet needs or service gaps. In Salford, for example, the Public Health team has switched to undertaking a Joint Strategic Strengths & Needs Assessment.

- **Opportunities for Alignment:** Highlighting where goals and resources can converge to deliver shared outcomes.

By visualising the ecosystem, leaders can identify leverage points, create coalitions, and avoid duplication, ensuring a coordinated approach that builds on local strengths.

Section 1 looks at
Exploring the Ecosystem

Barrier

A lack of familiarity with relevant counterparts and/or with relevant local stakeholders can impede an effective and holistic approach.

To address inequalities in health and economic wellbeing requires a focus on the wider social determinants and the involvement of all players within the local ecosystem. However, public health and economic development teams, as well as wider local allies including businesses, NHS and Integrated Care Board colleagues, and community groups, might not be used to working together and may not be aware of one another's remit, goals and strengths. If the wider system is engaged, this might not be in a holistic way (for example, health professionals are not consulted on economic inactivity). All such stakeholders will have a role to play and together can identify all relevant strengths and assets.

Learning

To create a thriving and resilient local ecosystem, local and regional authorities must identify and engage a wider range of stakeholders early on. These actors have local influence and impact and should be thought of as delivery partners, critical to achieving their aims in a joined-up and holistic manner. Stakeholders have enormous local expertise and collective intelligence that an effective strategy should seek to tap into to develop effective interventions, identify relevant gaps, and/or harness their impact. Council teams should be clear on how to communicate with, work with, and inspire them around what could collectively be achieved, taking into account their ways of working, strategic priorities, and operational pressures/capacity.

Case Study: Havant Borough Council

Havant Borough Council used their Youth Hub, funded by the Department for Work and Pensions, as a focal point for bringing together different system partners including young people and their families, schools and colleges, local employers and primary and mental health professionals to provide more effective access to work for young people with health conditions.

Sec. 1: Exploring the ecosystem

ACTIVITY

Map the system:
Create a systems and stakeholder mapping across local, regional, national levels

What do we mean by **systems**?

A system is a group of interconnected entities that together form a coherent whole.

A system, surrounded and influenced by its environment, is described by its **boundaries**, **structure** and **purpose**, and expressed in its functioning.

An **agent** is anything that acts (ie has agency) within the system—not only an individual, but could also be a group, an idea, a story etc.

RESOURCES NEEDED

Consider in advance:

Who are the people, partnerships, organisations, groups, and communities closest to your beneficiaries?

In the workshop:

Post its and pens, tracing paper

TIME

Step 1: Stakeholders and Organisations
(25 mins in workshop)

Use the bullseye diagram and with the beneficiary/issue/idea at the centre, start to fill in:

• People, partnerships, organisations, groups, communities across local, regional, and national levels

Step 2: Discussion
(15 mins in workshop)

Discuss what insights are you gaining from the map? Where are the gaps? Capture these on post its.

Step 3: Draw Connections
(25 mins in workshop)

Draw connections amongst the agents in your system and start capturing insights on:

• Where will these stakeholders help you on your journey?

• Are there shared categories of stakeholders across the cohort?

• What have you learned from working with a specific category of stakeholder?

• How do they shape the system?

• What is the resulting effect?

BULLSEYE DIAGRAM

HEALTH SECTOR · PUBLIC SECTOR · OTHER · COMMUNITY · PRIVATE SECTOR

BENEFICIARY · NATIONAL · REGIONAL · LOCAL

See the system through influence mapping: Map out your stakeholders' influence/incentives to understand how you're going to co-produce with them

RESOURCES NEEDED

Tools:

Influence mapping

Prepare in advance:

Stakeholder mapping bullseye

In the workshop:

Post its and pens

TIME

Step 1: Annotate the System Map
(30 mins in workshop)

Annotate on your stakeholder mapping bullseye diagram where there is responsibility/influence for, or access to:

*   Funding

*   Other resources/assets

*   Policy/regulations

*   Decisions

Also highlight: Any blocks, disconnects, gaps or competing incentives in the system.

Step 2: Influence and Impact Matrix
(20 mins in workshop)

Utilising the Influence and Impact Matrix, drop in your mapped out stakeholders according to their impact (interest) vs influence (power).

Step 3: See the Wider System
(20 min in workshop)

Now you can start to see the wider system.

*   What insights are you gaining?

*   Where are the gaps?

*   Where are there competing incentives?

Add your responses to post its and discuss.

STAKEHOLDERS MAP

GATEKEEPERS	POWER	SPONSORS AND GUIDES
+ High Power		+ High Power
− Low Interest		+ High Interest
Eg Regulator, accountant		
SPECTATORS	INTEREST	TEAM-MATES
− Low Power		− Low Power
− Low Interest		+ High Interest
		Eg Customers
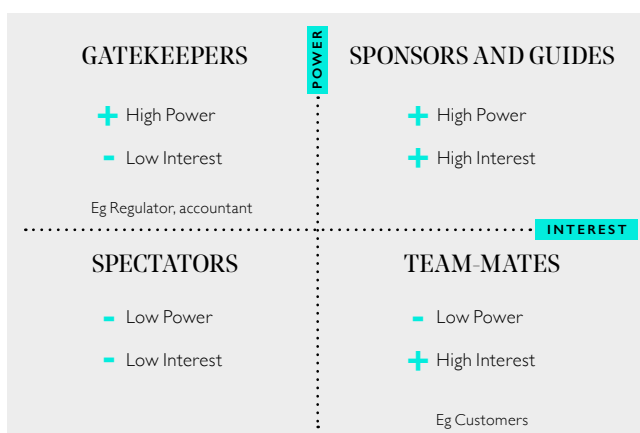
INFLUENCE X IMPACT MATRIX

INFLUENCE	Keep Satisfied	Actively Engaged
	Monitor	Keep Informed
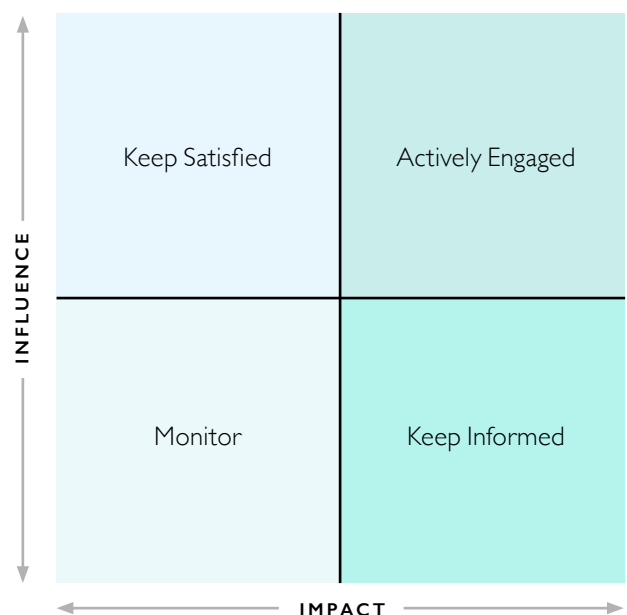
IMPACT

Stakeholder Mapping and Impact x Influence matrix
Example from Havant Hub

*Please note some examples are from earlier in the programme and aren't reflective of the final output from each Hub.
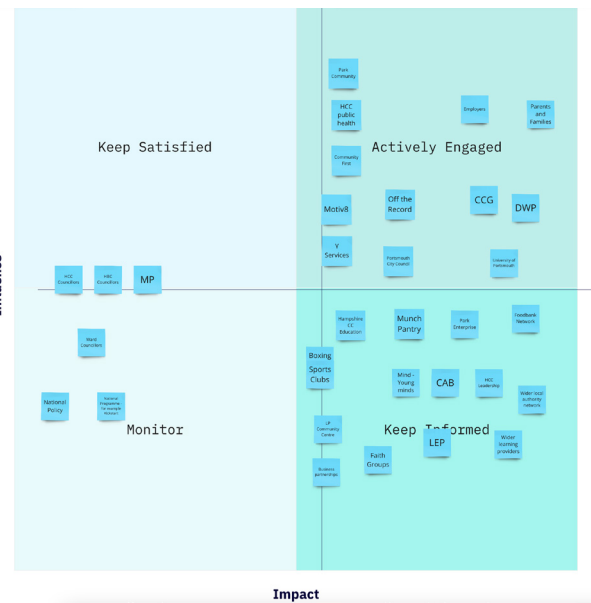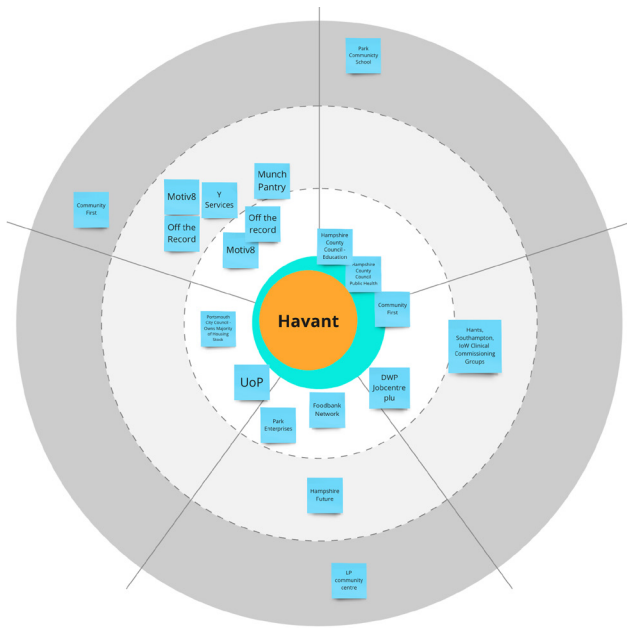
TIPS:

Overcoming potential barriers during the explore phase

- Think about how you will set the right boundaries for the scope of this project. For example, is the focus on collaboration between public health and economic development teams, or do you also want to bring in departments such as digital, transport, housing and other health services?

→ Check out the different scope of work for each of the Hubs e.g. the Leeds Learning Resource outlines how they decided which local employers and businesses to invite to their Anchors Network.

- A challenge you may encounter is that ringfenced project funding with a narrow scope might encourage silo'd working. How can you ensure that everyone who needs to collaborate has the dedicated resources they need?

SECTION 2
SETTING A JOINT VISION

A clear, shared vision aligns stakeholders and sets the direction for integrating public health and economic development. To craft this vision:

- **Engage Stakeholders:** Include community members, businesses, and service providers in defining what "success" looks like.
- **Focus on Interdependence:** Emphasise how economic prosperity and population health are mutually reinforcing.
- **Incorporate Equity and Sustainability:** Ensure the vision prioritises inclusion, long-term wellbeing, and community and environmental resilience.

Section 2 looks at
Setting a Joint Vision

Barrier

Departments come from different starting points and with differing priorities and time horizons, meaning there is no shared alignment for what they want to achieve.

Public health and economic development have previously been treated as separate domains with different 'languages', leadership and governance structures, leading to fragmented approaches, lack of shared priorities and a missed opportunity to connect. Local government staff are not given the strategic clarity that they are working on mutually reciprocal goals. When joint working projects are set, their funding remit can be too narrow in scope, inadvertently reinforcing existing silos.

Learning

Leaders in local and regional authorities must set a vision that unites health and economic development under one strategic 'north star'. They should be prepared to create a climate for long-term and bold decision making, with the right culture, space and support for staff to experiment and let go of the old ways of working.

This can help to focus minds and ensure derived incentives and metrics are pushing in a consistent direction. Authorities and departments must be clear on the rationale and build an understanding and shared language around mutual priorities/interests. It is essential that senior leadership buys into, and demonstrates an active commitment to, this vision to ensure that others are brought onboard. As well as focusing minds across public health and economic development, this vision should also be credible, relatable and applicable to wider stakeholders and residents. It should answer the 'what's in it for me?' question for all teams and crucially local people.

Case Study: Glasgow City Region

Glasgow City Region set clear and targeted aims through their work, with an understanding of their context and where they could add

value. They had a tight scope—to develop a practical, light-touch health inequalities impact assessment tool that can be applied to Capital Investment projects. They also used Appreciative Inquiry as an approach to proactively 'dream' a shared vision of success and create a common language with other local stakeholders to ensure the tool would be used in practice. This clarity of goal allowed the team to more successfully focus on the systemic change and new ways of working required to achieve it.

Sec. 2: Setting a joint vision

ACTIVITY

Evidence Safari: Understand the now and possible futures

RESOURCES NEEDED

Share in advance:

Relevant local and national data on health and economic factors

Relevant policies and strategies:

- Future trends data and reports eg Health Foundation publications
  - Local authority dashboard
  - Evidence hub
  - Commission for Healthier Working Lives
  - Health inequalities in 2040 report

- Reflections on past initiatives to integrate health and wealth—what worked? What didn't? Why?

TIME

Step 1: Prior Individual Reading
(c. 1/2 day in advance)

Individual reading to understand and reflect on shared resources in advance.

Set up the workshop space with images, printed materials and interactive online resources for participants to explore.

Step 2: Exploratory Workshop
(30 mins in workshop)

Explore the gallery wall with images, infographics and insights about the current context and future opportunity areas. Add insights that you feel are missing using post its. Reflect together on what all stakeholders see as the risks and opportunities.

ACTIVITY

Step into the Future: Imagine what could be better

RESOURCES NEEDED

In the workshop:

Print outs/reference material on hand in the workshop

Post its and pens

Flipchart

TIME

Step 1: 100 True Things
(10 mins in workshop)

Based on insight gained from the Evidence Safari and/or personal expertise, jot down 100 things true about today's situation with health & economic development in your area eg 'we don't share data between departments'.

Step 2: A Possible Better Future
(10 mins in workshop)

Now flip these into statements about a possible better future in one, five, ten years time eg 'we all can access a single source of truth about our local residents'.

Step 3: Final Selection
(10 mins in workshop)

Select the future statements you are most excited by and add them to a flipchart.

Sec. 2: Setting a joint vision

+ BENEFIT

Set a compelling, joint 'north star' to focus your efforts and outline what success looks like in the near & long-term.

ACTIVITY

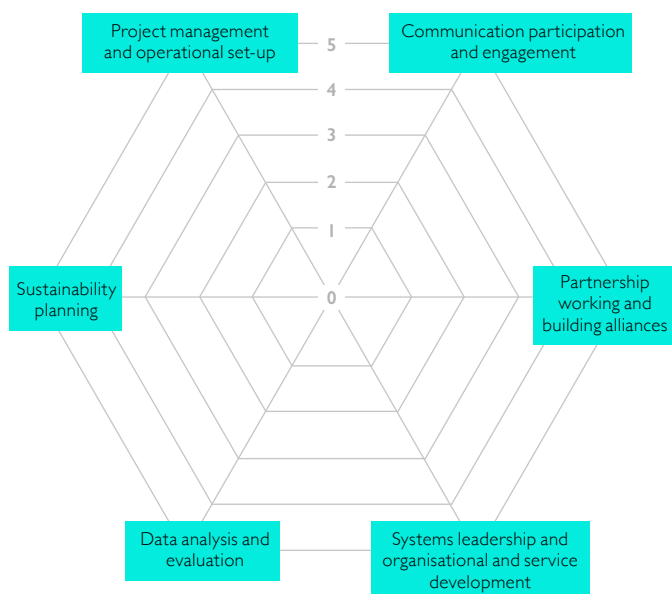## Needs and Strengths Assessment: Identify where the needs/gaps are

RESOURCES NEEDED

Tools:

Needs and strengths assessment map

In the workshop:

Post its and pens

NEEDS & STRENGTHS ASSESSMENT MAP

TIME

Needs and Strengths Assessment Workshop
(30 mins in workshop)

Plot your level of strength in each area starting from the centre (lowest strength) to outer ring (highest strength). Dropping in each level will help identify project readiness and set up. Consider doing the exercise with delivery partners to visualise what some key support needs/peer support opportunities are available.

Explanation of areas:

1. **Project management and operational set-up**
   • Having the right team, structures and processes in place to develop and deliver the project

2. **Communication, participation and engagement**
   • Using citizens' insights to inform priorities and build momentum for action
   • Capitalising on local assets and using local powers more actively
   • Engaging different stakeholders and building alliances across economic and health sectors and organisations
   • Communicating relevant stories and impact across sectors

3. **Partnership working and building alliances**
   • Cultivating engagement between public health and economic development

4. **Systems leadership and organisational and service development**
   • Leadership providing long-term visions for local economies and designing these economies to be good for people's health
   • Organisational change and transformation to enable the delivery of long-term visions
   • Providing and improving services that meet people's health and economic needs together

5. **Data analysis and evaluation**
   • Building a thorough understanding of local issues, using robust analysis of both routine and innovative data sources

6. **Sustainability planning**
   • Maintaining engaged teams, partners and networks in providing continued services that meet people's health and economic needs together
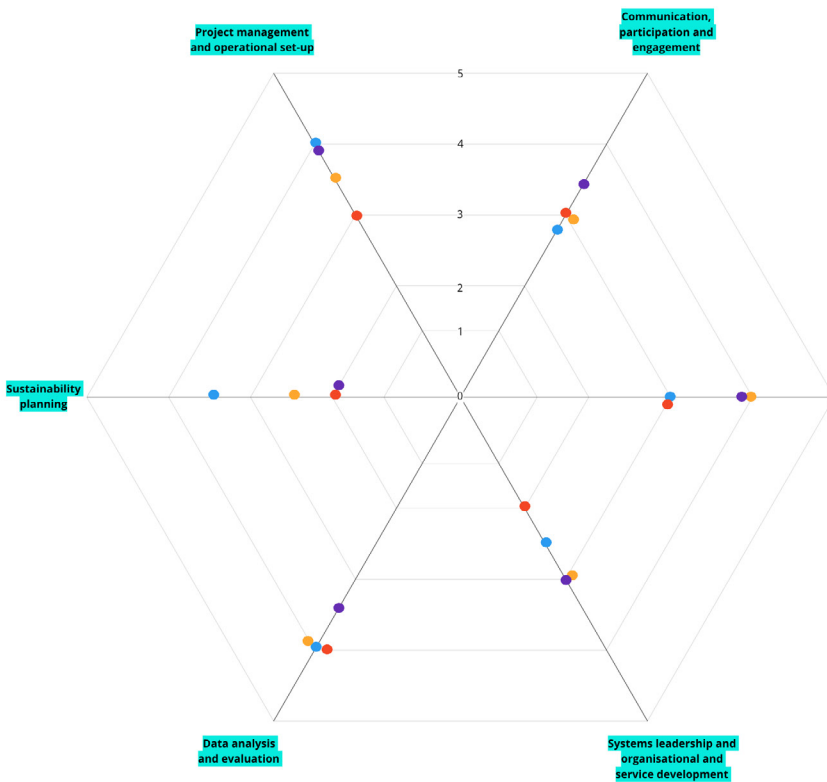
Needs and Strengths Assessment Mapping
Example from Hubs' work

*Please note some examples are from earlier in the programme and aren't reflective of the final output from each Hub.

4

Needs & Strengths Assessment Map

- Glasgow
- Liverpool
- Havant
- Leeds

Explanation of areas:
1. **Project management and operational set-up**
   - Having the right team, structures and processes in place to develop and deliver the project
2. **Communication, participation and engagement**
   - Using citizens' insights to inform priorities and build momentum for action
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   - Organisational change and transformation to enable the delivery of long-term visions
   - Providing and improving services that meet people's health and economic needs together
5. **Data analysis and evaluation**
   - Building a thorough understanding of local issues, using robust analysis of both routine and innovative data sources.
6. **Sustainability planning**
   - Maintaining engaged teams, partners and networks in providing continued services that meet people's health and economic needs together.

Locality	Priority 1	Priority 2	Priority 3
Glasgow	Public engagement & participation	Systems leadership (cross-agency collaboration / partnership)	Process evaluation
Liverpool	Systems leadership	Sustainability planning	
Havant	Sustainability planning	System Leaderships	Comms, engagement & participation
Leeds	systems leadership	Sustainability Planning	

TIPS:

Overcoming potential barriers during the Vision and Prepare phase

- One key challenge might arise if you haven't secured buy-in from all decision makers that need to be involved. Have you thought about how you can be clear in why this would benefit them?

→ Learn more about how each of the Hubs approached this by reading Salford's blog on 'Securing buy-in from system leaders' and Glasgow's 'Appreciative Inquiry' method.

SECTION 3
IDENTIFYING LEVERS FOR CHANGE

To enact change, leaders must identify and activate key levers in their systems, including:

- **Policy Alignment:** A better understanding of health and economic challenges/opportunities will align with the government's growth and health missions.
- **Collaboration Mechanisms:** Establishing co-location or job-share models to bridge teams.
- **Incentives for Employers:** Encouraging businesses to invest in employee and community health, as well as ensuring local health and skills strategies match with their business insight.
- **Training and Development:** Building cross-disciplinary capacity within teams on an on-going basis embedded into budgets, roles and policies.

Section 3 addresses how to
Identify Levers for Change

Barrier

Policy fragmentation, siloed resourcing and a lack of integrated data systems hinder the ability to develop coherent and holistic strategies that address both economic development and public health.

Learning

Local authorities need to identify clear levers for change across all levels of the system. This should include aligning policies and practices, job roles and incentives, as well as investing in data-sharing systems. By integrating policies, resources and data, local partners can make informed decisions that address health and economic needs simultaneously, driving impactful change in the local economy.

Case Study: Liverpool

Liverpool City Region and the University of Liverpool made significant strides by creating a Civic Data Cooperative. They worked with the local Integrated Care Board and the NHS Commissioning Support Unit to link the employment support programme data with the data infrastructure held within Combined Intelligence for Population Health Action (CIPHA). This provided a more comprehensive view of local challenges and opportunities. This allowed for better joint understanding of the health and employment barriers faced by those with long-term health conditions. That enabled a more targeted service redesign of interventions that could drive both economic and health improvements.

Sec. 3: Identify levers for change

ACTIVITY

Idea Generation

RESOURCES NEEDED

In the workshop:

Post its and pens

Tracing paper

TIME

Idea Generation Workshop
(10 mins in the workshop)

- Get an A4 sheet of paper divided into eight equal sections. Each section has a title: Initial Idea, Subtract, Reverse, Add, Exaggerate, Simplify, Make Impossible, and Multiply. With your chosen idea to the challenges of integrating health and wealth for your beneficiaries, fill in each section.

- Sketch or describe an idea related to the challenge in Initial Idea.

- Then go through each section. Subtract or remove something from the idea, reverse the idea (to create the opposite idea), add something to any of the ideas you've generated so far, exaggerate any of the ideas, simplify the idea (make the idea as simple as it can be), and then make the idea impossible. Finally, you are asked to try multiplying the different ideas together.

- Once the timer stops, take a few minutes to review your eight ideas.

- Which one do you find most intriguing or promising to develop further?

- Add a star to the grid to indicate your selected idea or ideas.

- Reflect on your creations and how this activity can help you create different ideas.

SOME GUIDANCE

Embrace the flow
Don't judge your ideas while brainstorming and don't overthink it. When a minute ends, move on to the next idea and try to make each idea as different as possible based on the prompts. The goal at this stage is to stretch your imagination. Even wild and seemingly impractical ideas are welcome!

Think visually
Use sketches or diagrams to quickly convey concepts.

Stay focused
Keep your mind on the challenge at hand and avoid distractions.

Have fun
Enjoy the process and let your imagination run wild.

ACTIVITY

Identify which relationships have enabled you to make change at various levels and how you've been noticing these changes

What do we mean by Levers for Change?

Examples of Levers for Change:

Structural change:	Relational change:	Transformative change:
Policies: what protocols, guidelines and ways of working get shared as expectations of how things work? Any changes in rules and/or strategic initiatives?	Relationships and connections: who knows whom? Who gets consulted and informed about work? Are there examples of people starting to work together without you having been the instigator?	Mental models: how convinced are people about this combined way of working? What assumptions or biases may they still hold? What old ways of thinking may arise again if you were to step back?
Practices: observed behavioural changes at individual or organisational level eg discussing this work in meetings even when you're not there? What gets praised?	Power dynamics: changes in formal or informal governance eg what gets signed off, layers of oversight. Who gets a seat at the table? Whose opinion is final? Which voices are not heard or remain absent?	
Resource flows: money, staff, space, equipment and time on the agenda at meetings. What gets rewarded?		

TIME

Step 1: Identify Levers for Change
(20 mins in workshop)

Identify your Levers for Change by filling out the table with post its and pen identifying "What relationships have enabled you to make change?"

Step 2: Influence and Impact Matrix
(20 mins in workshop)

Once the levers have been identified, answer the following to consider what metrics you're informally noticing as indicators of system change

- What have you TRIED... did it work? If not, what is your hypothesis about why?

- What are you NOTICING... about changes that are happening or resistance that persists?

- What would be the IMPACT if you could achieve change in partnership with this stakeholder (group)?

- Discuss and take notes on the Levers for Change table.

RESOURCES NEEDED

In the workshop:

Post its and pens, tracing paper

Tools:

Printed out Levers for Change table ("What relationships have enabled you to make change?")

Sec 3: Identify levers for change

DIFFERENT LEVELS OF CHANGE

POLICIES	PRACTICES	RESOURCE FLOWS	**Structural Change** (explicit)
RELATIONSHIPS & CONNECTIONS	POWER DYNAMICS		**Relational Change** (semi-explicit)
	MENTAL MODELS		**Transformative Change** (implicit)
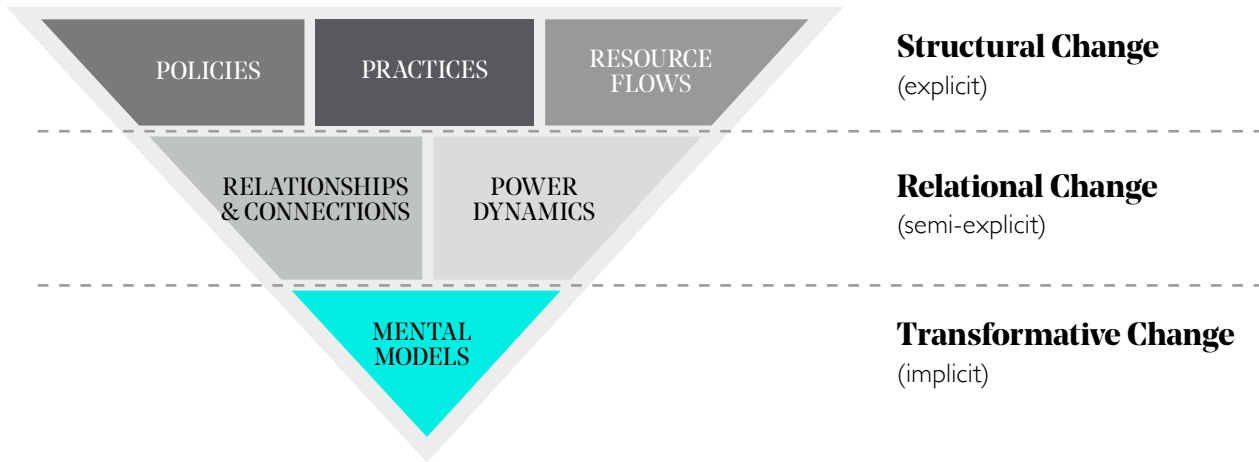
RELATIONSHIP TABLE

What relationships have enabled you to make change?

STAKEHOLDER	POLICIES	PRACTICES	RESOURCES	RELATIONSHIPS	POWER	MENTAL MODELS
RESIDENTS						
BUSINESSES						
PUBLIC HEALTH						
LOCAL AUTHORITY SENIOR LEADERS						
ETC. eg Hospital Trusts, VCFEs, Academic Partners, Job Centers						

EXAMPLES

Levers for Change
Example from Havant Hub

*Please note some examples are from earlier in the programme and aren't reflective of the final output from each Hub.

Havant

1. What have you **TRIED**... did it work? If not, what is your hypothesis about why?
2. What are you **NOTICING**... about changes that are happening or resistance that persists?
3. What would be the **IMPACT** if you could achieve change in partnership with this stakeholder (group)?

Q from Anna: what is our hypothesis about what's driving the change in perspective? Has there been a mindset shift in terms of willingness to change?

How do we sustain our end of the delivery to ensure alignment with the youth hub's aim? Tangible delivery element

Change in resource/funding flows from EU

HCC Skills & Participation
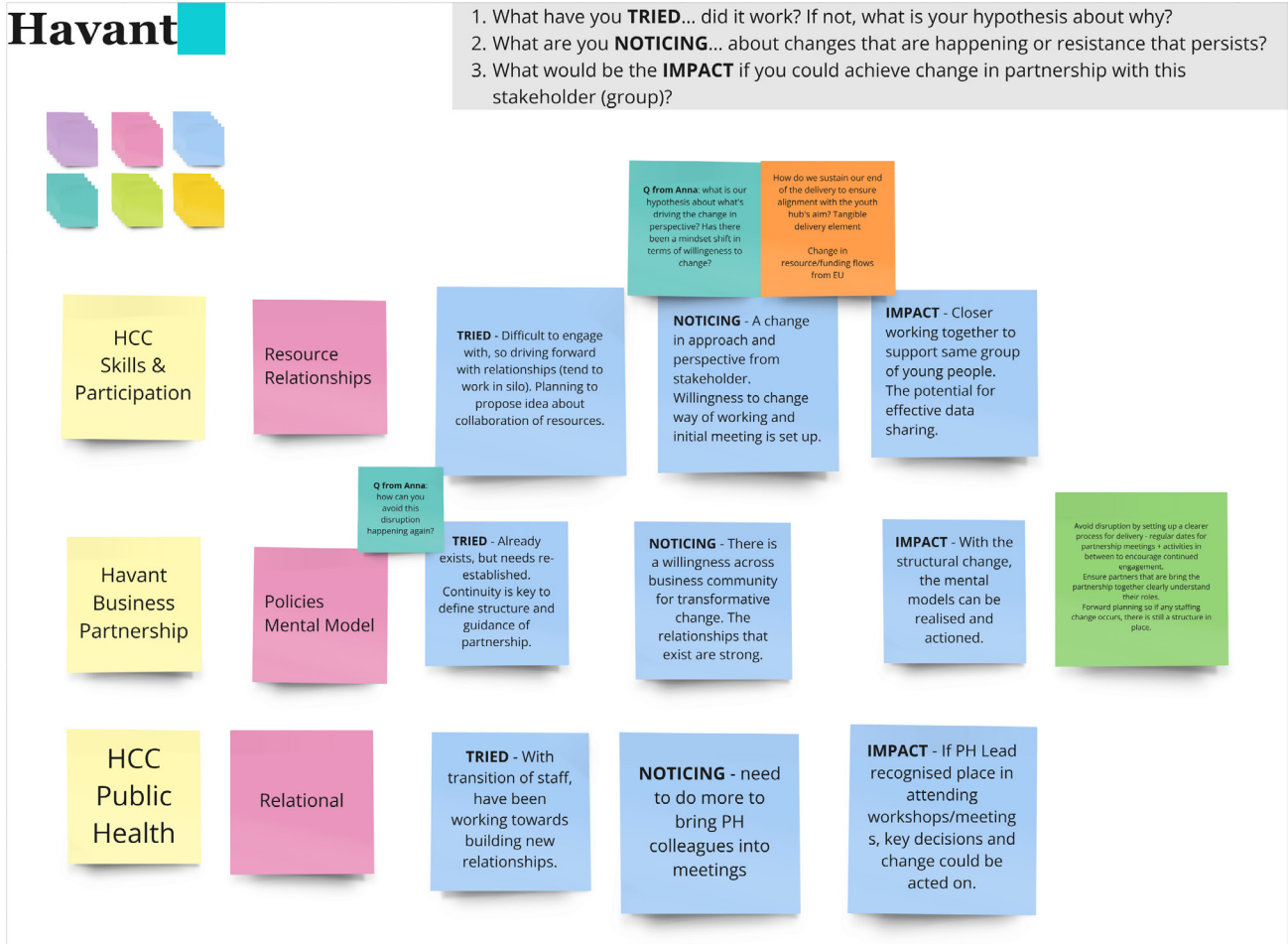
Resource Relationships

TRIED - Difficult to engage with, so driving forward with relationships (tend to work in silo). Planning to propose idea about collaboration of resources.

NOTICING - A change in approach and perspective from stakeholder. Willingness to change way of working and initial meeting is set up.

IMPACT - Closer working together to support same group of young people. The potential for effective data sharing.

Q from Anna: how can you avoid this disruption happening again?

Havant Business Partnership

Policies Mental Model

TRIED - Already exists, but needs re-established. Continuity is key to define structure and guidance of partnership.

NOTICING - There is a willingness across business community for transformative change. The relationships that exist are strong.

IMPACT - With the structural change, the mental models can be realised and actioned.

Avoid disruption by setting up a clearer process for delivery - regular dates for partnership meetings + activities in between to encourage continued engagement.
Ensure partners that are bring the partnership together clearly understand their roles.
Forward planning so if any staffing change occurs, there is still a structure in place.

HCC Public Health

Relational

TRIED - With transition of staff, have been working towards building new relationships.

NOTICING - need to do more to bring PH colleagues into meetings

IMPACT - If PH Lead recognised place in attending workshops/meetings, key decisions and change could be acted on.

TIPS:
Overcoming potential barriers during the Develop phase

- Consider how you can ensure you properly resource for change to happen and be embedded.

→ You may want to look at how Havant created a new 'Health Partnerships Officer' role to sit across Public Health and Economic Development, what resources it took Leeds to set up their Business Anchors Network and how Liverpool established a cross-department Data Cooperative.

- Another tip is to make space for changes by letting go of old ways of working. Which assumptions and mental models might be holding you back? What processes no longer serve the needs of teams and local residents? Reflect as a project team and with wider stakeholders.

SECTION 4
MEASURING IMPACT IN SYSTEMIC CHANGE

Systemic integration requires innovative approaches to impact measurement:

- **Shared Metrics:** Develop indicators that reflect joint priorities, such as wellbeing, equity, and productivity. This can help with a shared language and commitment to shared timescales for delivery (even when ultimate impact can be a long-way off).

- **Data Infrastructure:** Identify key data holders. Facilitate data-sharing agreements and invest in collaborative analysis.

- **Long-Term Perspective:** Measure not just outputs (eg number of meetings held between public health and economic development) but outcomes (eg creation of an integrated Health & Economic Wellbeing Strategy) and impacts (eg more residents with long-term health conditions are being routinely supported into high income careers).

Section 4 goes into how to Evidence Your Impact

Barrier

Public health and economic development do not have a common set of metrics they are working towards, making it difficult for them to incentivise and assess joint change initiatives.

Traditional evaluation frameworks often fail to capture the interconnectedness of health and economic outcomes. Metrics might exist at different levels of the system (eg number of people back to work this month as compared with healthy life expectancy or self-reported meaningful careers) and speak more to different stakeholders within that system. It can also be hard to reconcile the differing time horizons and expected levels of evidence between the two departments; public health teams can think in terms of life time impact and require a high burden of proof, whilst economic development teams may be working towards in-year targets and more rapid decision making.

Learning

Local authorities should develop comprehensive evaluation frameworks that track both health and economic outcomes. By measuring success across both domains, local authorities can ensure that initiatives are achieving their intended results, and make adjustments where necessary to improve impact.

Case Study: The Leeds Social Progress Index

The Leeds Social Progress Index was developed to measure inclusive economic growth using indicators that relate to quality of life (such as health and wellbeing, environmental quality and shelter), recognising that traditional economic measures like GDP do not do this. It uses public health data and has been used by councillors and council officers across disciplines as evidence of health and economic outcomes in Leeds wards and to inform decision-making.

Sec. 4: Evidence your impact

+ BENEFIT

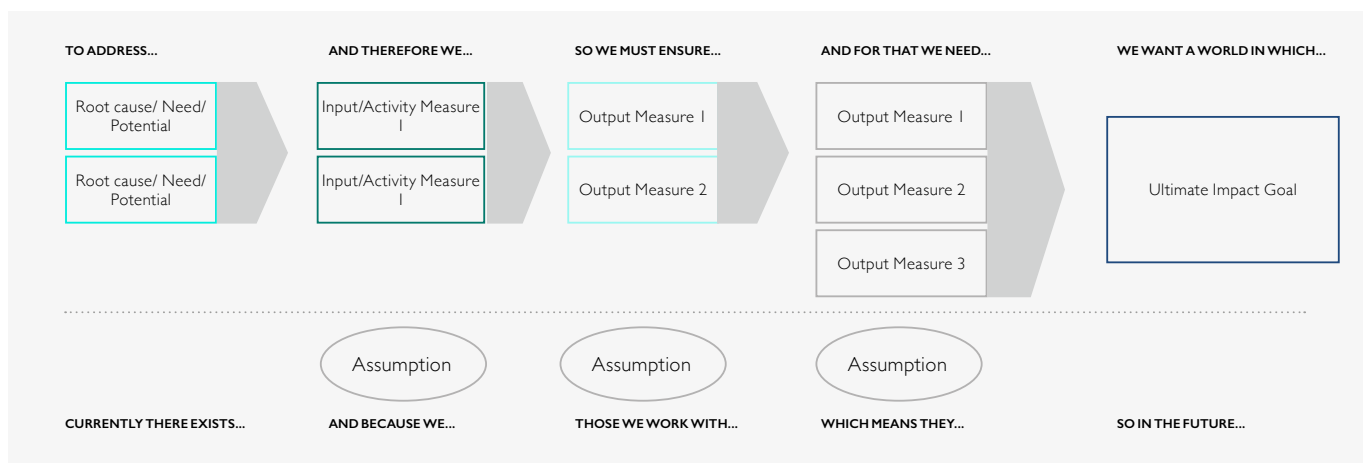Make the case for your work and develop impactful storytelling.

ACTIVITY

Evidence your impact

Let's use the Theory of Change (ToC)

The ToC is the most commonly used in social innovation and emphasises the journey to impact. ToC enables data collection at all stages and is effective for improving service delivery and reporting.

The assumptions are important as it clarifies: Does it work?, who does it work for?, and in what context?

One way of showing ToC:

TO ADDRESS... — Root cause/ Need/ Potential — Root cause/ Need/ Potential

AND THEREFORE WE... — Input/Activity Measure I — Input/Activity Measure I

SO WE MUST ENSURE... — Output Measure I — Output Measure 2

AND FOR THAT WE NEED... — Output Measure I — Output Measure 2 — Output Measure 3

WE WANT A WORLD IN WHICH... — Ultimate Impact Goal

Assumption — Assumption — Assumption

CURRENTLY THERE EXISTS... — AND BECAUSE WE... — THOSE WE WORK WITH... — WHICH MEANS THEY... — SO IN THE FUTURE...

TIME

Step 1: Metrics
(20 mins in workshop)

With the stakeholder mapping in place (from Explore), answer the following questions to develop metrics for stakeholders and a better understanding of how to communicate this impact. Jot down your answers next to your map on post its.

- How do they see the problem and mission?
- What do you want to tell them?
- What do they want to know?
- What would make this worth your time to communicate?

Step 2: Storyboard
(10 mins in workshop)

Now storyboard this by answering the following:

- What problem are you solving?
- What is your solution?
- What have you delivered?
- What has that meant for communities you are serving?
- Where do you want to be in five years?
- What do you want your audience to __ as a result of this work?

Step 3: Consider the impact
(10 mins in workshop)

Consider impact reporting best practice while developing your storyboard:

- Make your assumptions clear
- Use both qualitative and quantitative data
- Benchmarks and context data help to demonstrate impact
- Set realistic targets
- Iteratively improve your reporting over time
- Make the storytelling exciting—look back over what your stakeholders will want to know
- Talk about the future—and ask for help

RESOURCES NEEDED

Prepare in advance:

Stakeholder mapping from Explore stage

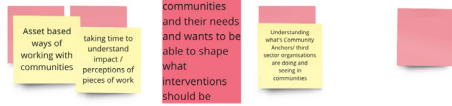Tools:

Post its and pens

Tracing paper

Theory of Change
Example from Leeds Hub

*Please note some examples are from earlier in the programme and aren't reflective of the final output from each Hub.

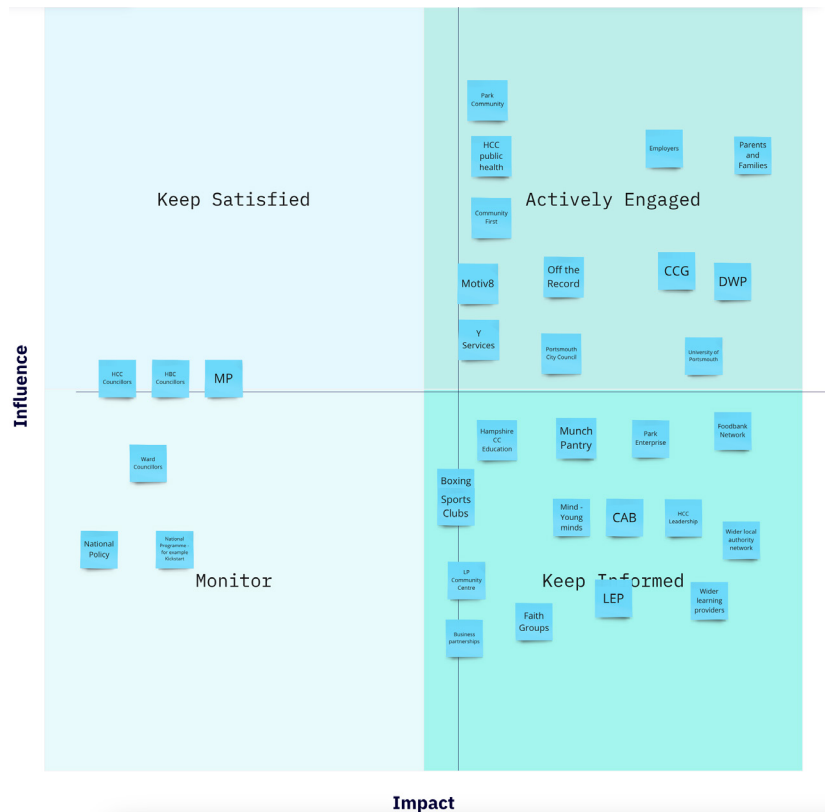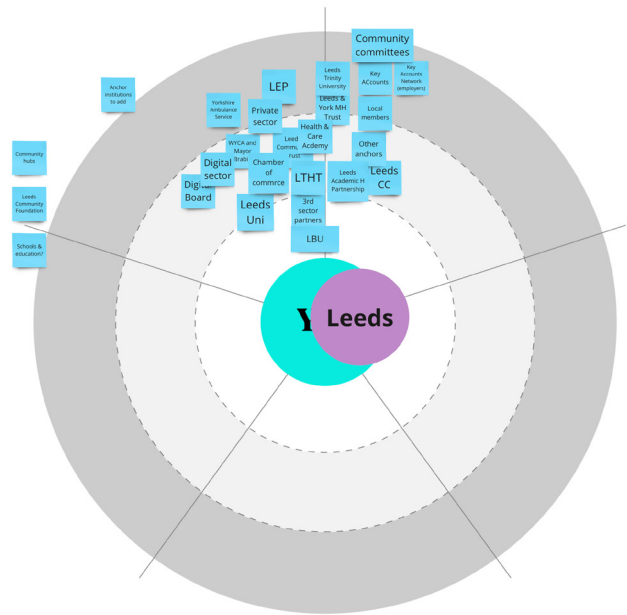- **How do they see the problem & mission?**

  May be (overly?) focused on delivery of specific projects

  wanting to 'replicate' other projects that have worked well

- **What do you want to tell them?**

  Asset based ways of working with communities

  taking time to understand impact / perceptions of pieces of work

  Think about the communities and their needs and wants to be able to shape what interventions should be

  Understanding what's Community Anchors/ third sector organisations are doing and seeing in communities

- **What do they want to know?**

  Evidence that will prove proof of concept

- **What would make this worth your time to communicate?**

  knowing it will result in real commitment to working differently

  being able to forge the right connections to the right people within Anchor organisations

Sec. 4: Evidence your impact

+ **BENEFIT**

Make the case for your work and develop impactful storytelling.

ACTIVITY

Refine and map the process

TIME

Metrics Table Workshop
(30 mins in workshop)

Look over your impact storyboard and identify the full range of metrics and qualitative data you would like to collect.

RESOURCES NEEDED

In the workshop:

Post its and pens

Tracing paper for metrics table

METRICS TABLE

EVIDENCE NEEDED	INDICATOR	SOURCE & TYPE OF DATA	TARGET & TIME-FRAME eg: x% in x months	METHOD OF COLLECTION how, when, who	COST (time/£)

Metrics Table
Hub Example

*Please note some examples are from earlier in the programme and aren't reflective of the final output from each Hub.

Evidence needed	Indicator	Source & type of data	Target & timeframe eg x% in x months	Method of collection incl. how, when, who	Cost (time/£)
Routine use of the CHIIA tool / Completed versions of the CHIIA tool	Regular training sessions on the CHIIA / X number of CHIIA tool submissions / Number of people trained in CHIIA	Documentary evidence / Internal staff training records	70% uptake in 12 months / 50 people trained in 12 months	Documentary evidence from regional organisations / Local authority records	Unknown
data from other stakeholders / demographic data which shows need in local area	changes in language/behaviours	supply chain data inc categories and monetary values			
system behaviours - perspective, participation, power / co-production of innovative local solutions / Improvement in health outcomes	regular attendance and participation of diverse local people in co-production sessions / number of anchors institutions across private, public and VCSE sectors / development of a local anchors network				
Investment into the voluntary, community and social enterprise (VCSE) sector / numbers and growth of social enterprises and start ups	realistic and practical market opportunities identified by anchor institutions / Analyses exploring the available market opportunities in bearing and developing a realistic and sustainable social enterprise				

SYSTEM CHANGE LEVERS

Outputs: What our activites produce on our clients, users, stakeholders, and shareholders, etc.	**Outcomes**: The processes that unleash, drive, and sustain structural changes in the system.
• Empower actors to engage with others more proactively and creatively. • Promote interactions for co-creation and joint action. • Communicate for uptake. Two types: Strategic Communication and Systemic Communication (get the system to "do the talking").	• Self-organisation, self-esteem, and peer-mobilisation. Identification of local problems and exploration of local solutions. Learning capabilities. • Variety, recombination, and innovation. Trust. "Weak" links (increased access to information). Synergies. Economics of scale. • Amplification and adoption of good practices and new ideas, products and services.

TIPS:

Overcoming potential barriers during the Evidence phase

• Think about how you can evidence impact on health inequalities, economic activity, and the new ways of working. Tracking things like new interdisciplinary jobs being created or more businesses becoming anchors can give you early indications that system change is happening.

→ Consider The Shared Ingredients for a Wellbeing Economy by Centre for Thriving Places and Carnegie UK when thinking of your metrics. From each theme, the key ingredients can be a starting point for brainstorming metrics and developing the qualitative data needed for collection to evidence them.

• Consider having an exercise—or even a real event—where you explain the impacts of this work to local residents. How would they understand the benefits of two teams having regular meetings? Make sure you can explain the 'so what?' of the changes you've made.

SECTION 5
PLANNING FOR LEGACY

Legacy planning ensures that integrated approaches are sustainable beyond initial funding or leadership changes. Key considerations include:

- **Embedding Structures:** Formalise collaborations through governance frameworks, pooled budgets, and shared KPIs.
- **Capacity Building:** Train future leaders to understand and champion the integration of health and economic strategies
- **Community Empowerment:** Transition from consultation to co-ownership, ensuring community voices remain central.
- **Policy Reform:** Advocate for national and regional policies that support local integration efforts.

Section 5 shares what is needed to Sustain the Legacy

Barrier

The ultimate measure for success of any integration projects is their ability to create lasting change for the communities they serve. But many initiatives are designed without input from the local community, leading to solutions that do not align with residents' needs or priorities. This lack of co-production can undermine the long-term sustainability of health and economic initiatives.

Learning

To ensure the long-term success and sustainability of health and economic projects, local authorities must plan for legacy by involving local communities in the decision-making process. This approach fosters ownership and ensures that projects continue to meet the needs of the people they are designed to benefit.

Case Study: Unlimited Potential in Salford

Unlimited Potential in Salford addressed this by involving local residents in the design and implementation of both health and economic initiatives. By co-producing solutions, the city ensured projects were both relevant and supported by the community, leading to more sustainable outcomes. For example, social enterprises were founded by local people based on direct market needs of local anchor institutions, making it more likely those social enterprises would find sustainable revenue and be able to provide needed jobs.

Overcoming these challenges requires systemic thinking and a commitment to breaking down barriers between teams, stakeholders, and disciplines.

Sec. 5: Sustain the legacy

ACTIVITY

Use the GROW Model to clearly define success, understand motivations and blockers, and make decisions

What do we mean by **sustainability**?

Sustainability is considering how we might ensure ongoing impact and legacy of this work beyond the funding. What would ensure continuity if we were to leave the project tomorrow?

TIME

GROW Model
(30 mins in workshop)

Jot down responses to the following questions as you consider sustaining the legacy of your work:

- Goal: Where would you like to get to by 2030?

- Reality: What's happening now?

- Options: What are your options?

- Way forward: What will you do?

RESOURCES NEEDED

In the workshop:

Post its and pens

Tracing paper

GROW MODEL DIAGRAM
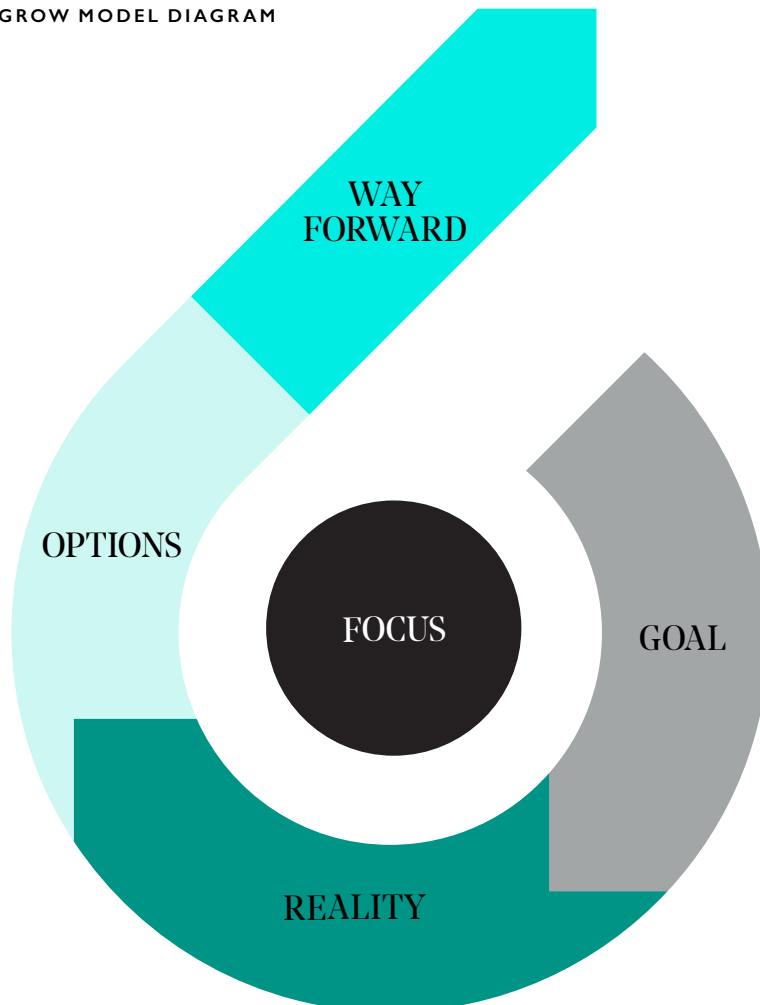
Sec. 5: Sustain the legacy

BENEFIT

Have a well-structured check-point towards the end of your initially scoped project to define the next actions.

ACTIVITY

Use the Legacy Canvas
to clearly define success, understand motivations and blockers, and make decisions

RESOURCES NEEDED

In the workshop:

Post its and pens
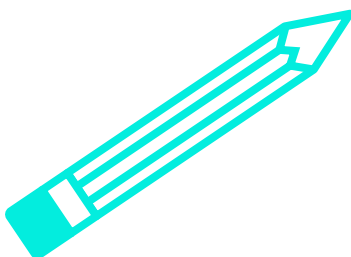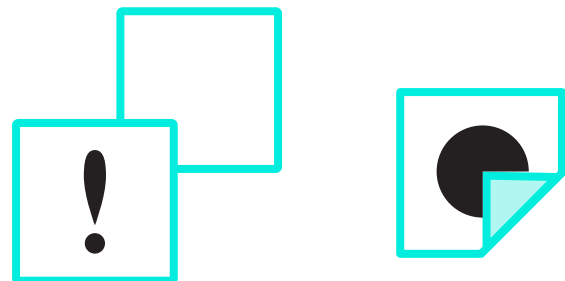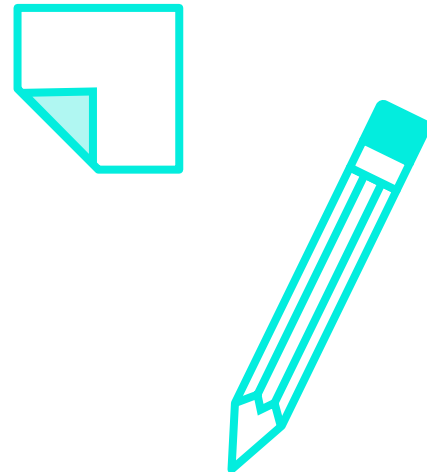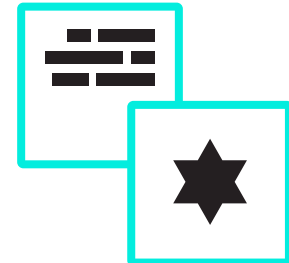
Tracing paper

TIME

Stakeholder Meeting
(90 mins in workshop)

Bring together all project stakeholders to reflect on the learning from the project so far and agree a shared commitment to sustaining, and further building on, the initial work. Go through the canvas.

Project Legacy Canvas

RSA | The Health Foundation

Given progress made during this project, what is the new ambition for health and economic development teams to work together to improve health and health inequalities?

What are the SMART goal(s) for the next 1 and 3 years in your local region?	Who will lead on this work now and who else will be involved?

What are the risks that may prevent this from happening?

What can be done now to mitigate this risk? Considering different system levers including:

Shared vision and strong leadership	Relationships, communication and governance	Metrics and data	Policies, job descriptions, ways of working	Funding, resourcing, capabilities

Legacy Canvas
Example from Glasgow Hub

*Please note some examples are from earlier in the programme and aren't reflective of the final output from each Hub.

Project Legacy Canvas | HUB REFLECTIONS | RSA | The Health Foundation

Given progress made during EHL, what is the new ambition for health and economic development teams to work together to improve health and health inequalities?

The new ambition for Glasgow City Region to continue to work together with local and national public health organisations to support the implementation of the CHIA process and resources across Glasgow City Region and beyond.

Glasgow City Region will support local authorities to use the CHIA resources to include health and equity considerations in business case development processes, then including health in decision making throughout the Design - Build - Operate stages.

Public Health and Economic Development will continue to collaborate with other local and regional initiatives, including Health Determinants Collaborative (HDRC) to develop relevant and robust evidence around capital infrastructure and health. This will be instrumental in continuing to support the use of the CHIA and influencing Capital Investment decision making, making the determinants of health Health core criteria in the planning and delivery of the capital investment projects.

What is the SMART goal(s) for 2026 for your local region?	What role will the existing EHL Hub team play in achieving this?
- All 8 local authorities in the City Region use CHIA to develop business cases for city deal projects or sub - projects. - All 8 Local Authorities in the City Region use the CHIA consistently and routinely to guide business case development. - Glasgow City Region develops evidence base to support Clyde Metro and Transport Planning.	- Glasgow City Region with support from PHS will develop training and support materials to help Local Authorities use the CHIA resources. - Glasgow City Region will embed CHIA within business case appraisal processes via the City Region's Project Management Toolkit and Appraisal template. - Glasgow City Region and PHS will collaborate with academic institutions and Glasgow City Council as part of the HDRC to develop evidence around Capital Infrastructure types - Glasgow City Region and Public Health Scotland to monitor implementation of CHIA toolkit annually, capture and disseminate key impacts.

What are the risks that may prevent this from happening?

- Personnel changes can lead to lack of continuity and loss of key support for collaboration.
- Financial constraints in the public sector may restrict time, financial and human resources to meaningfully include health in capital investment decision making.
- Budget constraints can potentially limit Public Health input available in the system.
- Change of strategic priorities as a result of national policy changes.

What can be done now to mitigate this risk? Considering different system levers including:

Shared vision and strong leadership	Relationships, communication and governance	Metrics and data	Policies, job descriptions, ways of working	Funding, resourcing, capabilities
CHIA has been endorsed by the Chief Executives of all 8 Local Authorities in the City Region. GCR PMO will set out a pledge which local, regional and national partners will sign, committing to support the implementation of the CHIA Toolkit.	GCR PMO leadership continue to work with PHS leadership and Local Health Boards Health Improvement Teams as part of Regional governance mechanisms to ensure that there is adequate support for implementing the CHIA toolkit. The CHIA Champions Network will support use of the toolkit, helping to strengthen relationships and build capacity within Economic Development to better embed Health. GCR PMO and PHS continue to build relationships with the Scottish Government to influence national health in all policies approaches.	GCR PMO have started discussions with the HDRC to help develop data and evidence to better support the CHIA. GCR PMO and PHS will monitor the implementation of CHIA and will set up short, medium and long term indicators to support this.	GCR PMO intelligence Hub in collaboration with SIPHER Health Mod will have a resource to support development of health data and modeling to support decision making. Clyde Metro will continue to use the CHIA to develop its Case for Investment, with support from a dedicated public health resource who can potentially also support the wider roll out of the CHIA. GCR PMO will consider developing and offering CHIA training annually to all local authorities.	GCR PMO has allocated resources to support the embedding of the CHIA. GCR will explore opportunities for ongoing support and collaborations to develop evidence and build capacity.

TIPS:

Overcoming potential barriers during the Sustain phase

- Thinking about legacy shouldn't just happen at the end of the project. This is a conversation we had with each Hub throughout—for example, at the midpoint getting them to imagine what newspaper article or conference presentation they'd like to share three years after their work ends. How are you building legacy conversations into your regular rhythms? How are you tracking and mitigating risks to sustaining the momentum?

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