Inclusive Growth, Healthy Places

How national policy can help realise the potential of devolution

The Health Foundation
Growth and Reform Network
Metro Dynamics

ACKNOWLEDGEMENTS

Written by Rosie Fogden and Elizabeth Hopkins and researched by Rosie Fogden and Tanya Singh.

The authors would like to thank the following people for their thoughts and feedback over the course of this project: Warren Heppolette from NHS Greater Manchester Integrated Care, Eve Roodhouse from the Local Government Association, Charlotte Augst, Stephen Jones from Core Cities, Helen Iles from UK Mayors, Hannah Bartrum, Nigel Riglar and Kylie Russell from the Association of Directors of Environment, Economy, Planning & Transport (ADEPT) and colleagues from the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government.

They would also like to thank Katherine Merrifield and Sharlene McGee from the Health Foundation and Ben Lucas and Annabel Smith from the Growth and Reform Network for their ongoing support and advice over the course of this project.

Full responsibility for the report and its content remains with the authors.

CONTENTS

1. Executive summary

Population health is currently a major policy concern in the UK. At an individual level, health is a fundamental precursor to economic participation, and poor health has consistently been recognised as a drag on national and local economic growth. Many of the tools to address ill health lie outside health policy, and the deepening and widening devolution of powers to regional mayors offers new opportunities to address poor health through economic levers.

This policy report focuses on the role of national government in creating the systemic conditions for integrating health and economic development at place level. It draws on new insight from a comprehensive evidence review of 144 studies from high-income countries on how socioeconomic policies shape health outcomes. The evidence review is published alongside this paper.

As regional institutions are maturing and building their internal capacity, this report highlights the ways that national policy could support local and regional governments across the UK to embed health outcomes in their economic development and growth strategies to address place-based disparities and ensure that growth is inclusive. While the bill is concentrated on England, this report also considers the experience of places in Scotland and Wales as they, too, look to address health through socioeconomic policy and the greater devolution of powers.

The devolution agenda offers an unprecedented opportunity to mainstream understanding of the interrelationship between economic development and health into embedded practice and governance. If fully realised, this shift could help unlock more inclusive, resilient local economies and create the conditions for healthier lives across the UK. Yet at local level, the practicalities of integrating health and economic development have proved challenging. National policy, therefore, has a critical role to play in supporting institutional and cultural shifts across sectors.

Key policy insights from the evidence review and experiences of UK local and regional authorities

1. There is clear potential to align economic and health objectives in economic development policy areas, such as housing, regeneration, transport and skills. These policy domains already have clear subnational levers, and regional power over these levers is being deepened through the English Devolution and Community Empowerment Bill, including through a statutory health duty for strategic authorities; expanded integrated funding settlements; local growth plans; and local government reorganisation.

2. Economic development policy plays a significant role in shaping population health, and effective interventions typically share several characteristics: multicomponent design, sustained intensity and duration, context-sensitive delivery, workforce capacity and implementation quality, delivery infrastructure and financial sustainability, and embedded learning and political coherence.

3. Certain features of our national policy system limit the scope for these characteristics to be realised at local and regional levels. These include the narrow scope, short timescales and siloed delivery of centrally commissioned programmes. Different funding streams, lines of accountability, data sources, and performance metrics across NHS organisations and strategic and local authorities are also inhibitors as they limit the scope for join up between health and economic development teams on the design and delivery of policy interventions.

4. Experience from regional and local authorities across the UK, including areas that participated in the Health Foundation's Economies for Healthier Lives (EHL) programme, demonstrate the salience of some of these features, particularly the themes of political and institutional coherence, context-sensitivity and sustained intensity and duration.

5. Investing time and funding in emerging institutional relationships across economic development and public health teams, between strategic and local authorities, and with NHS integrated care boards (ICBs) and other local business and voluntary sector partners presents many challenges, but it is essential for creating political and institutional coherence in the medium term.

6. Working closely with local communities - and partners such as business and voluntary sector organisations and job centres who act as access points to these communities - has been identified as highly valuable by policy practitioners. This is in line with findings from the evidence review on the importance of interventions being context-sensitive.

Key recommendations for national policymakers leading on growth, health and devolution

1. **Agree shared key indicators of population health and intermediate outcomes with an evidenced link to health.** The Ministry of Housing, Communities and Local Government (MHCLG) should work with the Department of Health and Social Care (DHSC) and HM Treasury (HMT) on an outcomes framework for achieving health through economic development that can support strategic authorities to align with ICBs, including through their local growth plans. This shared framework should include specification and routine monitoring of intermediate non-health indicators that are responsive to policy and are understood to positively impact health in the longer term. Indicators could include preventative measures such as school readiness at age 5, and labour market health-related measures such as return-to-work rates after health care.

Central government should support local partners to identify their own outcomes that are informed by an assessment of local barriers to growth where there is capacity to do so but provide headline indicators to help to align the system and create policy coherence. These key indicators should inform joint outcomes between economic development and public health teams and feed into broader Integrated Settlement Outcome Frameworks as they are developed.

2. **Require health outcomes for funding but avoid rigid implementation prescriptions**. HMT, and other Whitehall departments issuing local and regional economic development funding – including pots like the National Wealth Fund and UKRI innovation investments – should embed health outcomes into funding requirements and performance measures. Integrated funding settlements are the gold standard, but in reality much programme funding is still nationally commissioned. To empower local areas to deliver better health and economic development outcomes, this funding should be outcome - rather than output-oriented and flexible on the delivery mechanism.

3. **Focus on inequalities**. The MHCLG should emphasise the primacy of addressing health inequalities within the new health duty on strategic authorities. The new health duty requires authorities to 'have regard to improving health and reducing inequalities' but the evidence review finds that 'interventions that improve health at the population level do not always narrow health gaps'.[1] Guidance should focus regional efforts on the reduction of intraregional and demographic economic inequalities and health inequalities within their areas, including through a investment in workforce training and alignment with local context.

4. **Embed cross-departmental working on health**. The MHCLG and the DHSC should create a cross-departmental team to support the role of place in delivering the health mission, in particular its long-term focus on 'addressing the underlying drivers of ill health and tackling persistent inequalities'. This team should link the devolution agenda and local growth plans with neighbourhood and prevention priorities within the NHS 10 Year Health Plan and ensure that local priorities and economic assessments also consider barriers to health.

5. **Publish clear guidance for strategic authorities on co-design and iterative evaluation and provide resources for capacity building**. The MHCLG should look to support local capacity by providing clear guidance and resources for strategic authorities on the co-design of policies with those with lived experience, working collaboratively with constituent local authorities. Guidance and capacity support should also be provided on iterative – or agile – evaluation strategies that are a practical tool for learning, adaptation and accountability rather than an additional bureaucratic burden. The MHCLG should work with HMT to ensure that practical guidance on agile evaluation links back to HMT's Magenta Book.

2. Introduction

In the 2020s our health is increasingly being recognised as a major policy concern. The decade began with the COVD-19 pandemic and voters consistently rank health as a top priority. The government spends a significant portion of the budget on health, with health and social care spending taking up around a fifth of public spending.[2] People living in more deprived areas are more likely to experience health conditions including serious mental illness, obesity and diabetes, and during the pandemic years deprived areas suffered the largest falls in life expectancy.[3]

It should be no surprise, then, that local, regional and national policymakers are concerned with their population's health and the way that poor health maps onto other vulnerabilities. The risk that poor health is predicted to pose to the public finances, and the fact that labour market inactivity due to ill health has remained stubbornly high since the pandemic, adds to its salience as a policy issue.[4] Health is a fundamental precursor to economic participation and poor health is a drag on national and local economic growth. The government has set itself the core mission of '[raising] living standards in every part of the United Kingdom'; yet, where ill health is concentrated in deprived places it compounds disadvantage and perpetuates poor productivity in a cycle of poor health and work outcomes.[5],[6]

> Health is a fundamental precursor to economic participation and poor health is a drag on national and local economic growth.

The Health Foundation's Health Inequalities in 2040 research concludes that making progress on health inequalities will require long-term effort 'to address the underlying causes of health inequality, such as poor housing, low income and insecure employment'.[7] And analysis by the Centre for Progressive Policy in 2023 found that people in England are losing 1.5 years of life and 2.6 years of good health on average because of inequalities in employment, income, education, crime and housing.[8] Economic development and wider socioeconomic policies that influence areas such as housing quality, local area regeneration and employment services therefore have a clear role in improving health outcomes.

Alongside this report, we have published a structured review of the evidence on the health impacts of socioeconomic policies, which includes 144 papers published between 1990 and 2025 across a range of high-income countries. This evidence review finds robust indication that socioeconomic, and specifically economic development, policies can meaningfully impact health, but only if certain design features are considered. Many of these features concern the wider system within which interventions are delivered and the 'how' of delivery, including the funding mechanisms, the resources available to support workforce capacity and the coherence of the policy environment.

If national government is to raise living standards across all parts of the country, it must create the conditions that will support local and regional governments to work in a coherent way across policy silos and different tiers of government.

The design and delivery of local growth plans and the new health duty on mayors contained within the English Devolution and Community Empowerment Bill provides an opportunity for national government to do just this. As we publish this report, the bill is making its way through parliament. It sets out the functions of strategic authorities within health, wellbeing and public service reform, giving a new health duty to strategic authorities that requires them to '"have regard" to the need to improve the health of people in their areas and reduce health inequalities between people living in their areas when they act'.[9] It also includes a new statutory duty for public bodies to collaborate, including across tiers of government, and has the potential to transform the way that policymakers approach these issues through putting collaboration on a statutory footing.[10]

This report considers the ways that national and regional policy – including through the guidance around the bill – might support regional and local authorities to embed health outcomes in their economic development strategies. While the bill is predominantly focused on the devolution of powers to strategic authorities at regional level, this report also discusses local government. Local authorities hold planning powers and capital spending levers and are often the ones delivering economic development or public health interventions. The studies included in our evidence review include a mix of national, regional and local interventions and we believe that approaches to improving health though economic development should be considered as part of a move towards improving dialogue and partnership across tiers of government.

The policy insight included below is synthesised from the findings of our structured evidence review with experiences of places across the UK in delivering health-focused economic interventions. The report reflects specifically on the experience of the EHL programme and sits alongside other initiatives funded by the Health Foundation, such as the Mayoral Regions Programme, through which the West Midlands Combined Authority has designed a Health in All Policies (HiAP) toolkit for strategic authorities.[3] It is published alongside a technical paper detailing our structured review of the evidence on the health impacts of economic policies and a framework designed to support local and regional government to deliver interventions that are more effective at targeting health and health inequalities. Together, these comprise a set of resources that we hope will support places to tackle poor health and foster inclusive local economic growth.

3. Lessons from a structured evidence review on health and economic development

This section draws on our structured evidence review of how socioeconomic policies shape health outcomes, which considers 144 studies from high-income countries to identify the conditions under which local areas have been able to design and deliver effective, health-focused economic interventions.[12] It employs a robust search methodology including multi-stage screening, quality appraisal, risk-of-bias assessment and an assessment of transferability to a UK policy context, and it includes studies published between 1990 and 2025.

The purpose of the review was to contribute to the evidence base on which economic development interventions effectively prevent health problems, and under which conditions. It was researched in the context of the momentum towards greater regional devolution across the UK, which is currently expanding local control of these levers, and establishes that health and health inequalities are influenced by the structural conditions created by economic policies.

The review studied evidence from policies and programmes assigned to two broad categories: economic development and socioeconomic policy. It considered housing, labour market, community infrastructure and regeneration, and transport policies as being closely relevant to economic development and early-years support, and welfare and fiscal policy as broader socioeconomic policies that also exert a strong influence on health. The focus of this paper is on economic development powers, functions and programmes, and how health can be embedded in their design and delivery and how they can drive improved health outcomes. The inclusion of a broader set of socioeconomic policies allows policymakers working collaboratively across tiers of government to create a cogent system, to understand the fuller context in which they can impact health outcomes, for example by ensuring that welfare policies are not working against local and regional support programmes.

Health outcomes identified in the evidence review are defined across six interconnected dimensions:

1. **Physical health** – objective, measurable health states including all-cause and cause-specific mortality, morbidity, functional status and clinical markers

2. **Mental health and wellbeing** – clinical and subclinical outcomes including diagnosed mental health conditions, psychological wellbeing, stress-related outcomes, and cognitive functions through a lifetime

3. **Health behaviours** – outcomes and mediators in the relationship between policy and health, including substance use, physical activity and diet

4. **Health equity** – distribution of health outcomes and access to health-promoting resources across population groups, including disparities by socioeconomic status, geography, ethnicity, gender and other structural and demographic distinctions

5. **Child health** – physical health, mental health, early development outcomes, cognitive function through infancy, childhood and adolescence, early-life morbidity, emotional and behavioural issues and school attainment

6. **Mortality** – the ultimate health outcome and integrative indicator of population health over time – all-cause and cause-specific

The evidence review highlights clear opportunities for local and regional leaders to embed health considerations into their economic strategies, including through local growth plans: where the evidence points to positive impact on health from policies and interventions, there are common features that lead to some interventions outperforming others on measurable health improvements, enhanced outcomes and reduced inequalities.

3.1. Design and delivery of interventions to achieve health outcomes

Across the two categories of economic development interventions and socioeconomic policy, the evidence review focused on a number of policy domains through the following definitions:

	Economic development	Socioeconomic policy
Definition	Public action to improve regional economic capacity through investment, innovation, infrastructure and skills to improve productivity, employment and long-term wellbeing	Government programmes designed to influence economic development, but not usually defined as economic development interventions, to improve quality of life and population health
Policy domains	· Housing · Built environment and regeneration · Community infrastructure · Labour markets	· Welfare · Early-years and family support · Fiscal policy

Figure 1. Scope of our structured evidence review on health and economic development

In the robust studies available, there is strong evidence for some specific health outcomes against specific interventions within the selected policy domains. Findings are further detailed in the evidence review report accompanying this paper.

In this section we elaborate on the critical features of economic development and socioeconomic policies that improve health identified by the review. Subsequent sections consider these in the context of recent UK delivery experiences and suggest a set of principles for embedding health into economic development.

Multicomponent design

The evidence suggests that policies that combine economic development interventions such as regeneration or housing with complementary services that address behavioural and environmental conditions tend to be more successful in improving health-related outcomes. Those that fail to do so have tended to be less successful. For example, council housing improvements in Manchester in the early 2000s were found to increase mental distress, in part because they did not simultaneously work to alleviate the disruption to residents.[13] Similarly, a longitudinal study of the health impacts of relocation to improved housing for residents of disadvantaged urban neighbourhoods in Glasgow found that benefits depended on housing quality, social environment and existing conditions, and that targeted support during the transition was vital.[14]

The largely centralised nature of UK policy means that the ability of places to take a multicomponent approach – one that crosses the boundaries of economic development with other service functions – has tended to rely on national government policy and funding mechanisms. The recent introduction of integrated settlements for established strategic authorities such as Greater Manchester and the West Midlands should enable these places to implement more holistic policies, and is something that the Growth and Reform Network's predecessor, the Centre for Progressive Policy, has long been an advocate for.

For all places, understanding which components need to be included in a particular programme or intervention begins with creating shared language and agreeing to proactively include health outcomes in the goals of any intervention.

Local and strategic authorities are in core positions to convene anchor institutions and galvanise partners around achieving health outcomes as well as economic outcomes for residents, ensuring that shared priorities are more than the sum of their parts.

Sustained intensity and duration

Evidence finds that outcomes need time to be realised, sustained and recorded. Many place-based initiatives in the UK context tend to be short-lived, with programme funding profiles frequently lasting around three years or less. The evidence indicates that, as a result, in many projects and approaches practitioners do not see evidenced and measurable improvements in health outcomes within available delivery periods, which undermines the strength of any service experience insights and anecdotal evidence from individual beneficiaries.

A nationally led urban regeneration strategy in the Netherlands, for example, found that districts with more intensive interventions saw larger changes. The programme, which was known as the District Approach, and which ran from 2008 to 2012, implemented a tailored programme of housing and built environment upgrades and safety and crime prevention strategies in 40 of the most deprived Dutch neighbourhoods. Researchers found that changes in health-related behaviours emerged late, after several years of programme delivery, and were larger in places with more intensive programmes, suggesting a threshold effect.[15]

> Researchers found that changes in health-related behaviours emerged late, after several years of programme delivery, and were larger in places with more intensive programmes

The government is setting out its framework for devolution in England within legislation. Through national government's programme of completing the map and deepening devolved levers over time, this will provide a more consistent set of arrangements for the long term. For economic policies to effectively support better population health outcomes, these more consistent arrangements need to translate into more consistent and longer-term funding arrangements for individual programmes that transcend political cycles. As this framework is being developed and rolled out, places should put joint effort with partners into developing long-term shared commitment to achieving change through economic development levers.

Clarity on shared local strategy can be a platform for using available levers and funding to pilot practical projects and new approaches first – as tested in the Health Foundation's EHL programme – which then feed into the evidence for case-making to expand devolved flexibility. A deeper understanding of how health outcomes develop over time, and of the early indicators – such as changed health behaviours or increased access to active travel and nature – that places can observe in shorter-term interventions, shows that improved health outcomes and reduced inequalities will emerge over a longer period.

Context-sensitive delivery

While many lessons from individual projects and programmes are to some degree transferrable, it is critical to understand differences in context and to design local delivery based on local economic conditions, physical geography and residents' access to services, and the needs of the population. Design of interventions needs to be tailored to the people and places they are serving. The long-term (10–15-year) evaluation of the Moving to Opportunity housing programme in the USA, which used a voucher programme to support moves to safer and lower-poverty neighbourhoods, found that mental health outcomes varied across implementation sites, highlighting their dependence on local housing markets, employment opportunities, local service provision and neighbourhood characteristics.[16]

The evidence review repeatedly highlighted the importance of a deep understanding of the places and communities that specific interventions are delivered in and for, including its importance for the outcomes they are aiming to achieve. Interventions should be designed with insight from communities and people with lived experience, as this will inform how individuals with different characteristics and in different circumstances can interact with support, and what is needed to help people access benefits. This requires these communities to engage in the design process – particularly in interventions that do not provide an individual-level service, where embedding health outcomes may require new ways of thinking and engaging, for example, in public realm development and improvements. Engaging communities and taking an asset-based approach to development not only ensures that interventions address specific local needs but also enables them to improve wellbeing outcomes. Advancing this approach will require capacity building in local and regional governments and resourcing of the voluntary, community, faith and social enterprise (VCFSE) sector.

Workforce capacity and implementation quality

Evidence shows that where qualified practitioners with different areas of expertise come together – for example, clinical staff and employment support staff in one setting, in face-to-face contact with individuals – this positively impacts the quality of programme delivery and ultimately individuals' outcomes. This is particularly observed in examples in the evidence of engagement with regulated professionals, for example nurses and social workers, with supervision across integrated interventions. Workplace health circles in Germany, for example, which were participatory workplace groups intended to improve physical and psychosocial working conditions, succeeded partly because trained facilitators received ongoing support.[17]

Workplace health circles in Germany, for example, which were participatory workplace groups intended to improve physical and psychosocial working conditions, succeeded partly because trained facilitators received ongoing support.

Developing the right delivery partnerships will help to bring together the skills and expertise needed to tailor and adapt the delivery of programmes, from understanding target groups and places, to bringing together different types of intervention from different services – for example, mental health and housing practitioners – and setting up delivery arrangements between organisations that create joint capacity in places. Building evidence and relationships between services will require regular upskilling across economic development public health teams on their respective concepts and processes, but it can ensure more rounded engagement with people facing multiple barriers, joining the dots to achieve better health outcomes.

Embedded learning and evaluation

Real-time monitoring and evaluation during programme delivery allows for learning among practitioners and managers, and in-programme adaptation to flex how support is delivered, better serving individuals and shaping outcomes. The evaluation of the 10-year housing improvement programme GoWell in Glasgow, for example, found that adaptive evaluation design was central to unpicking programme impact via complex health indicators.[18]

The evaluation of the 10-year housing improvement programme GoWell in Glasgow, for example, found that adaptive evaluation design was central to unpicking programme impact via complex health indicators

This learning environment requires a number of the other features of successful interventions identified by the evidence review to be present. These include sustained commitment to the purpose of the programme over a long enough period, high quality of delivery and management, and connection to the community the programme is serving, to allow an open learning culture around joint programme aims with local political commitment and the necessary coordination between partners.

Setting up monitoring and evaluation processes at the start of the process – when agreeing which outcomes to target, getting buy-in from communities and designing approaches – is important in supporting a learning and adapting approach to delivery that all partners can recognise. This also helps in recording and responding to unintended consequences that crop up from trying new approaches or developments in new places and with new groups of people. Evidence also shows that eventual programme outcomes are enhanced when adaptive monitoring systems are in place throughout delivery, compared with programmes that stick rigidly to original plans. Building in evaluation processes from different policy areas – bridging the gap between how health and social interventions are measured compared with economic development projects – will also support recording of intermediary and ultimate health and wellbeing outcomes. Yet we know that a lack of political will to act on evaluation findings or a lack of resources to enable teams to commission good evaluations and work well with university researchers can be a barrier to realising these plans.

4. Building on experience from the Economies for Healthier Lives programme and beyond

The EHL programme was funded by the Health Foundation and ran for three years across five locations: Liverpool City Region (LCR), Havant, Glasgow City Region, Leeds and Salford. It funded economic development interventions with the aim of supporting health outcomes and intentionally cut across different tiers and geographies of government. For this report we interviewed project leads from each of the EHL sites about their experiences of delivering the programme. We also held a workshop on health and economic development with members of our Growth and Reform Network, which includes 27 local and regional authorities across all four nations of the UK. Our engagement with local and regional policymakers through these forums, as well as our engagement with representative organisations such as the Local Government Association, Core Cities and UK Mayors through our steering group, has informed the insights detailed in this section and throughout the report.

Across all EHL sites, project leads identified lasting impacts, with all five places seeking to continue the processes and projects established by the programme in some form. The primary lever for sustained impact was that of the connections the programme fostered between economic development and public health teams, giving them something specific to structure working relationships around.

The primary lever for sustained impact was that of the connections the programme fostered between economic development and public health teams, giving them something specific to structure working relationships around.

Key insights from each of the EHL project sites are detailed below, along with our takeaway insights for strategic authorities grappling with local growth plans and a new health duty as part of the English Devolution and Community Empowerment Bill. Fuller project reports and evaluations are available on individual partner websites.

Project	Key insight
Liverpool City Region (LCR): employment and health integration toolkit	Building cross-sector relationships and integrating data is essential but takes time and resources. The programme in LCR aimed to improve the use of data in the design of employment services to benefit health. It laid important foundations for longer-term integration between the combined authority and the Integrated Care System (ICS) and the maturing of relationships and partnerships between economic development and health more broadly, which will be continued through the new health duty and the appointment of a health policy lead in the combined authority. This lead is now working across the region and with neighbouring areas like Cheshire and Warrington to create a more unified, preventative approach.
Community Wealth Building in Salford: increasing local control of economic assets	Changing the language around economic growth and businesses can make it more accessible to a more diverse group of people. Salford prioritised community wealth building through social cooperative businesses that, in setting up new contracts with anchor institutions, aim to benefit the health of local people by increasing actual and perceived power and control over economic assets. Unlimited Potential, which ran the project, observed that the language of economics was intimidating to both public health teams and their target community of young people. One of the ways Unlimited Potential tried to get around the anxiety caused by economic framing was to use organic language centred on 'growing' the economy and the role of 'rooted' businesses. This approach supported both the engagement between public health and economic development teams and the engagement with young people, who are currently working on a start-up social enterprise. The project was shortlisted by a citizen jury of over 1,000 Europeans for the Council of Europe's 2025 Innovation in Politics Award and has had political cut-through across tiers and places within the UK.
Link Up Employability Support in Havant: access to work support delivered through a youth hub	Investing in a strong local partnership with the Department for Work and Pensions (DWP) was transformational for employment outcomes. The council partnered with the local FE college and the local DWP job centre to identify and train young people, with delivery though a youth hub. The youth hub became the focal point for multiple pilot programmes – from mentoring and work placements to bursary support – offering wraparound services addressing both economic and health-related barriers. Initially, engagement with DWP work coaches was challenging due to their structured processes. However, over time, a more flexible and fluid referral pathway was established, enabling initiatives like sector-based academies and supported work placements. This collaboration significantly boosted outcomes, with over 200 young people supported and an estimated £26 million in wider service savings over five years.

Project	Key insight
Capital Health Impact Assessment in Glasgow: embedding health considerations in large infrastructure projects	Cultivating a shared approach to evidence and evaluation is fundamental to effective collaboration. Glasgow City Region's Capital Health Impact Assessment (CHIA) tool has been rolled out across the city region's eight member authorities, and public health colleagues have committed to assessing the next tranche of projects. Major regional projects such as the Clyde Metro have committed to doing a health assessment with CHIA. This tool became the starting point of a deeper relationship between economic development and public health in Glasgow and has led to joint chief executive strategy meetings and joint work on labour market inactivity due to poor health through the city region's Intelligence Hub. One challenge in the rollout has been the cultural differences in approach to evidence and evaluation between the economic development and public health sectors. Differing approaches to proportionality and terminology needed to be worked through for the evidence to be mobilised in support of investment decisions, and embedding public health officers has been one solution to this.
Revitalising the Anchors Network in Leeds: catalysing the public health and economic development relationship	Carrying out a community listening exercise helped unlock new routes to work for target populations. Leeds City Council used its EHL funding to revitalise the Leeds Anchor Network, which was originally established in 2018, and expand it to include private sector employers. The network encourages anchor institutions to use their influence over employment, procurement and service delivery to reduce inequality, including employing people from disadvantaged areas. Anchor metrics include staff health and wellbeing as well as procurement, employment and diversity outcomes. To better understand community access to jobs and skills, the team piloted a community listening model in three priority wards. This process identified barriers such as unrecognised qualifications and poor written English that result in underemployment, negatively affecting mental health and self-esteem, which community organisations could then move to address. This pilot catalysed a citywide listening exercise focused on place-based neighbourhood development and laid the groundwork for more strategic co-production.

Figure 2: Summary of EHL programme insights.

4.1. Principles for strategic authorities with a new health duty and developing local growth plans

The experiences of EHL sites and Growth and Reform Network members in delivering health-focused economic interventions provide several insights for new strategic authorities looking to embed health in economic strategies, including through the new health duty for mayors that is being proposed as part of the English Devolution and Community Empowerment Bill.

1. **Invest in the institutional relationships between health and economic development teams.** This can take a long time but once established can also enable places to take a more preventative approach to health and to unlock new insights from shared data and information.

2. **Create a shared language around health outcomes and agree on shared metrics for success between health and economic development teams.** This is essential for effective collaboration across these two disciplines, where staff tend to have very different academic and theoretical backgrounds.

3. **Partner with other local institutions to maximise the impact of interventions.** This could mean partnering with VCFSE organisations or other local public sector organisations such as job centres, to share information and engage with target groups.

4. **Small-scale, practical actions can catalyse change, but sustained impact requires multi-year investment.** Pilot projects can ground broader strategy and provide concrete policy examples, but both progress and learning are often lost where there are no resources for projects to sustainably continue and when learning from individual projects is not embedded within corporate strategies.

5. **Involve people with lived experience in the design of interventions, either directly or through VCFSE organisations.** This is vital for their success and sustainability because it identifies barriers to engagement as well as fostering understanding and trust among the target population.

4.2 Integrating UK delivery experience with evidence review findings

Our engagement with local and combined authorities for this project supports the findings from the evidence review. In all the places we looked at, designated funding helped to catalyse the relationship between public health and economic development, and these places are recognised as leaders in this space.

The key insights into implementation of these projects map onto our thematic findings from the evidence review, highlighting in particular the importance of embedded learning and political coherence. The evidence review demonstrates that economic interventions can and do have a positive impact on physical and mental health and on health inequalities, but that these are not always realised. Whether positive health and health equity outcomes are achieved depends on the broader political and institutional environment, as well as on the local context that interventions are delivered within.

While the EHL places were not able to robustly demonstrate changes in health outcomes as a result of the projects funded through the programme, they bring to life the themes of political and institutional coherence, context-sensitivity and sustained intensity and duration identified by the evidence review. They also place these in a firmly present-day UK context, highlighting both the opportunities and challenges of local government reorganisation and deepening English devolution.

> “While the EHL places were not able to robustly demonstrate changes in health outcomes as a result of the projects funded through the programme, they bring to life the themes of political and institutional coherence, context-sensitivity and sustained intensity and duration identified by the evidence review.”

5. Putting insights into action - national government as an enabler

The evidence in our review and from UK delivery experience highlights exemplar approaches to integrating health into economic development however, in our systems barriers exist that mean programmes are not consistently able to provide the features for success outlined above. These barriers include:

- comprehensive programmes that connect multiple services and areas of expertise relying on funding and commissioning from central government, with limited levers at regional and local level to join up systems and make meaningful delivery change. This limits the scope for multicomponent design, context-sensitive delivery, embedded learning and political coherence.

- centrally commissioned programmes, particularly around employment support and labour markets, running for periods that are too short for providers to adapt and learn as they are delivered, to demonstrate changes in outcomes or to reach enough individuals to make a population-level difference. This limits the scope for interventions to sustain intensity and duration.

- programmes that are often narrow in their functions and the interventions used, without scope for meaningful staff training and engagement to co-design approaches with communities, taking lived experience into account in programme tailoring and rollout. This limits the scope for workforce capacity and implementation quality, as well as for context-sensitive design.

- delivery based in multiple organisations or parts of the system – for example, in NHS organisations or local authorities that have different funding streams, democratic lines of accountability, data sources and performance metrics. This limits scope for multicomponent design, appropriate delivery infrastructure and financial sustainability, and embedded learning and political coherence.

5.1. System enablers for change

As this report is being written, the laws that govern planning of housing and spatial development are being debated in the House of Lords as part of the government's 2025 Planning and Infrastructure Bill. At the same time, the functions of strategic authorities with regard to housing and strategic planning are being debated in the House of Commons through the English Devolution and Community Empowerment Bill.

As this bill recognises, effective coordination across tiers of government will be key to delivery – local planning authorities will be required to approve Mayoral Development Orders, for example – yet at the moment 'the perennial challenge of structuring and communicating across government', as well as the challenge of communicating with private sector partners, is perpetuating the deeper, structural barriers to prioritising health in urban development that sit far upstream and represent substantial challenges to change.[19]

The evidence review identifies that successful health-oriented economic development interventions require multilevel coordination, and that the centralised control of powers and siloed departmental priorities have limited local authorities' ability to design healthy places through urban development.[20] In many ways this finding is not novel; the disjointed nature of our governing system is a well-known barrier to effective policy. The Growth and Reform Network's mission to bridge the gap between national policy development and implementation at the local and regional levels recognises this disconnect, as have academics participating in the Tackling the Root causes upstream of Unhealthy Urban Development (TRUUD) research programme, who have worked with civil servants in Whitehall to explore ways of taking a systems approach to the issue of public health.[21]

The disjointed nature of our governing system is a well-known barrier to effective policy. The Growth and Reform Network's mission to bridge the gap between national policy development and implementation at the local and regional levels recognises this disconnect.

While the finding may not be novel, the timing makes it highly pertinent. The government's mission to 'create an NHS fit for the future' recognises the need for addressing the 'underlying drivers of ill health and tackling persistent inequalities in health' and presents an opportunity to encourage a cross-departmental focus on the factors that drive health.[22] At the same time, a concerted effort is underway to reshape the governance of the UK. Local government is being reorganised to simplify its structure, while at the same time we are seeing a deepening and widening of devolution. New powers are being transferred to existing regional mayors, and new Mayoral Strategic Authorities are being created, with the government stating its ambition for all of England to be represented by Mayoral Strategic Authorities.[23] There is, therefore, an uncommon opportunity to shape our systems of government and to improve the way they work together and with the wider public sector in pursuit of societal goals such as improving the public's health and reducing health inequalities.

6. Implications for national policy

This section draws conclusions about how the politicians and civil servants designing and funding national policy can better support local areas to adopt and scale approaches that link economic development and broader inclusive growth policies with health. It outlines our recommendations, focusing on policies that concern devolution in both the local government and the health policy spheres. We suggest ways in which these policies could be designed to better embed health outcomes and focus on reducing health-related inequalities.

These recommendations are based on the findings of our structured evidence review as well as the engagement we have undertaken for this report, including with Growth and Reform Network members, civil servants and representatives from bodies such as Core Cities, UK Mayors, the Local Government Association and the Association of Directors of Environment, Economy, Planning & Transport (ADEPT).

Opportunities to influence policy based on the evidence review arise from current and planned central government policy activity, including the devolution of powers away from Whitehall set out in the English Devolution and Community Empowerment Bill. Other salient policy opportunities include the delivery of the place governance elements of the NHS 10 Year Health Plan – such as the creation of neighbourhood health services and the role of ICBs; pushes for regional devolution within the devolved administrations; and work in HMT to rewrite guidance for appraising place-based projects. The evidence review suggests that to realise the potential health benefits of locally directed economic strategies, the national policy environment needs to facilitate regional authorities to integrate economic development with areas such as employment support, community resilience and population health, coordinating effectively with local partners including VCFSE and NHS colleagues. These insights have implications for the guidance around the proposed health duty, integrated funding settlements, local growth plans and broader joined-up place governance, including collaboration and coordination between NHS bodies and local and regional government partners and the development of neighbourhood health services.

The evidence review suggests that to realise the potential health benefits of locally directed economic strategies, the national policy environment needs to facilitate regional authorities to integrate economic development with areas such as employment support, community resilience and population health, coordinating effectively with local partners including VCFSE and NHS colleagues.

Our recommendations are grouped under three subheadings, which are considered in turn: shared outcomes and key indicators; local and regional government as a system; and policy design.

Shared outcomes and key indicators

Developing shared outcomes frameworks that are grounded in evidence and informed by local context helps to bridge public health, economic development and the wider public sector. Several variations of these frameworks exist at national level, including the Public Health Outcomes Framework, collated by the Office for Health Improvement and Disparities, and the Local Government Outcomes Framework, Developing shared outcomes frameworks that are grounded in evidence and informed by local context helps to bridge public health, economic development and the wider public sector. Several variations of these frameworks exist at national level, including the Public Health Outcomes Framework, collated by the Office for Health Improvement and Disparities, and the Local Government Outcomes Framework, published by the MHCLG, which includes health and wellbeing outcomes.[24],[25] Once a subset of common key health indicators and intermediate outcomes at national departmental level has been identified and agreed on, these can be more easily embedded into funding and evaluation processes, enabling places to drive more coherent, impactful policy. This approach not only strengthens collaboration between local and regional government, the NHS and other partners but also ensures that economic development investment delivers measurable improvements in wellbeing, inclusion and economic resilience.

1. **Agree on nationally defined shared key indicators for population, including recognised intermediate outcomes with a well-evidenced link to health.** The MHCLG should work with the DHSC and HMT on an outcomes framework for achieving health through economic development that can support strategic authorities to align with ICBs on shared outcomes. Central government should support local partners to identify their own outcomes where there is capacity to do so but provide headline indicators to help align the system and create policy coherence. Indicators should be baselined in an ageing society and an uncertain economy and could include reduced inequalities, improved mental wellbeing and better access to green space and active travel. In Greater Manchester, the Integrated Care Board's Joint Forward Plan shares system priorities with the strategic authority, such as improving school readiness at age 5. This indicator is also one of five key milestones within the government's Plan for Change and could be a clear shared marker.[26] Our evidence review reveals that long-term or life-cycle evaluations remain rare. Health outcomes such as mortality and morbidity can take decades to emerge.

The Institute for Fiscal Studies 2023 evaluation of the Sure Start family service centres found that children with access to a centre had reduced hospital admissions compared to those that did not. Yet their earlier evaluations found that the service was of poor cost-effectiveness and led to funding being withdrawn.[27] There is a need to establish a set of well-evidenced intermediate outcomes to indicate progress towards improved health for shorter-term evaluations. These intermediate outcomes could include health behaviours and outcomes with a robust link to health, such as access to secure well-paid work.[28] Cheshire and Merseyside ICS, for example, is monitoring 1.employment outcomes as part of its service integration aimed at increasing workforce participation for disabled people and people with health conditions.[29] These key indicators should feed into broader Integrated Settlement Outcome Frameworks as they are developed.[30]

2. **Make tracking health outcomes and inequalities a requirement for economic development funding, but avoid rigid implementation prescriptions.** Health needs to be part of the investment logic in order for inclusive economic development and growth to be pursued. So we need to embed health outcomes into economic funding requirements, and economic development outcomes into health funding requirements and performance measures, without these being too restrictive. This is critical to sustained impact because it means that those delivering services have to engage with its wider impacts. It would also enable places to build the evidence base around the cost-effectiveness of economic development interventions, which the evidence review identifies as lacking. Measuring health outcomes as part of the installation of a standard retrofit insulation package in New Zealand demonstrated a benefit-cost ratio of 2:1: 'a randomised trial in New Zealand found that retrofitting insulation improved respiratory health, reduced school and work absences, and decreased health care demand, making it highly cost-effective'.[31],[32] This should include national funding pots, for example National Wealth Fund and UKRI innovation investments in places, as well as regional project funding. Yet rigid prescriptions should be avoided. The evidence review is clear that 'Programmes incorporating robust monitoring systems enabling real-time adjustments consistently outperform those with rigid implementation protocols'.[33] Rigid funding mechanisms limit local governments' ability to respond flexibly to local needs, leading to inefficiency and missed opportunities for integrated service delivery. To empower local areas to deliver better health and economic development outcomes, funding should be flexible and outcome-oriented.

Local and regional government as a system

As more powers are devolved from Westminster to regional authorities, there needs to be greater clarity around the way that local and regional government operates as part of a wider system with national government and public bodies such as the NHS.

This institutional and political system coherence is an essential precursor to local and regional government's ability to deliver economic interventions that effectively impact health. Practical 'plumbing' issues—such as system governance, accountability and decision-making structures—must be addressed to enable effective collaboration. Crucially, national policy must support and incentivise local partnership working between strategic authorities, local councils and NHS ICBs, as well as the VCFSE sector and communities themselves.

Areas such as Torfaen in Wales have shown how this alignment across sectors in the council has improved health-related outcomes, underlining the potential benefits of a systematic approach. Torfaen and Blaenau Gwent, the first federated local authorities in Wales, became the first Marmot councils in Wales in 2024, joining Scotland and areas in England like Greater Manchester, Leeds and Coventry. In recent years the councils have worked to redefine their role as a frontline public sector partner, focusing on prevention, community empowerment and financial sustainability. Since 2022, Torfaen has also had in place a county plan, which is organised around nine wellbeing objectives that map onto the social determinants of health and have outcome indicators attached to these. [34]

By reshaping services around Marmot principles, overhauling prevention services and devolving decision-making, the councils are seeing early impacts including reduced pressure on adult social care, fewer looked-after children and improved outcomes in education, housing and local environments. This approach has accelerated progress and positions Torfaen and Blaenau Gwent as leaders in systemic, community-led public service reform.

The recommendations below are intended to improve institutional coherence through clear prioritisation and central government collaboration.

3. **Emphasise the reduction of health inequalities within the health duty on strategic authorities with a targeted focus on both geographic (intraregional) and demographic inequities within a region.** Both improving overall health and reducing health inequalities are important but the evidence review shows that 'untargeted regeneration [projects]... often underserve those with the greatest need'.[35] Improving the health of disadvantaged places and demographic groups should be a priority as health inequalities map across to other dimensions of inequality and the health impacts of interventions tend to be bigger for those in worse health. South Yorkshire Combined Authority has recognised the central importance of overcoming health inequalities and has taken action including investing £60 million in a Health on the High Street programme in Barnsley, to improve the accessibility of health services.[36],[37] National government guidance should make this focus on overcoming intraregional health inequalities an explicit priority for strategic authorities – over and above broader health improvement – to ensure that economic development health prevention interventions are as effective as possible.

4. **Create a cross-departmental team to support the role of health and place in delivering the health mission.** This should link the devolution agenda and local growth plans with neighbourhood and prevention priorities within the NHS 10 Year Health Plan and ensure that local priorities and economic assessments consider barriers to health as well as that the national push to align ICB and strategic authority footprints is realised. Cross-Whitehall collaboration to deliver consistent advice to place leaders across local and regional government and health institutions would support political and institutional coherence. There is a clear role for the NHS – in particular, the ICBs that commission local health and care – to play in supporting non-health interventions like employment and housing quality, and the new 10 Year Health Plan references the structural issues that sit behind poor health outcomes in the context of prevention. National government should support reshaped ICBs to work in partnership with strategic authorities in this new landscape to improve health for their local populations. This could, for example, include aligning geographic boundaries, and collaboration on the work and health agenda.

Policy design: co-design and iterative evaluation

The evidence review suggests that is the design features of individual interventions, rather than their policy sector, that are associated with positive health impacts and reduced health inequalities. The guidance that will be drafted for new strategic authorities as part of the English Devolution and Community Empowerment Bill provides an opportunity for the MHCLG to provide explicit guidance on policy design to support places to design local and regional economic policy in a way that will be most conducive to obtaining health benefits. HMT's ongoing review of Green Book guidance on place-based project appraisal also presents an opportunity to reflect on place-based policy design.

Central government can also support health outcomes through the way it funds local economic development. Experience from the EHL sites suggests that funding small-scale, practical interventions such as pilots can catalyse change and ground broader strategy, demonstrating the value of an alternative, prevention-style approach. However, for health to be impacted there needs to be a process in place to shift funding from short-term pilots to the mainstreaming of prevention-focused, multi-agency strategies.

Local and regional governments can work to integrate these principles into organisational practice and culture, but this must be supplemented by longer-term funding and the resources for capacity building.[38] Evidence from housing improvement and regeneration programmes in Glasgow found that the ability to influence decisions was more strongly associated with improved mental wellbeing.[39] Monitoring and evaluation are also key, and guidance for strategic authorities and central government departments investing in local places should highlight the importance of iterative evaluation protocols. Examples of places where this iterative evaluation and learning have improved outcomes include the District Approach in the Netherlands and the GoWell programme in Glasgow.

5. Publish clear guidance for strategic authorities on co-design and iterative evaluation and provide resources for capacity building. Our evidence review clearly finds that context-sensitive design supports positive health outcomes and improved health equity as a result of economic policies: 'mental and physical health effects of built environment change are highly context-specific, and often require complementary investment in social infrastructure and trust-building'. In addition, it finds that 'empowerment is not just a delivery mechanism; it is itself a health determinant'.[40] Consultation and co-design with diverse communities and target populations is central to success. Lived experience of service users is particularly important from an equity perspective, especially when trying to address intersecting demographics such as gender and race. This is a point that has come up numerous times in our engagement for this paper, with local government leaders, programme leads and Job Hub Advisors. Yet it is not yet the norm for policymaking. We recommend that co-design with communities form part of the guidance for new regional governments and that central government departments lead by example, employing engagement and co-design with target communities as part of their policymaking process. Resourcing of community sector organisations and capacity building in local and regional governments will be needed to deliver this.

7. Conclusion

Improving population health, particularly in deprived communities, is an economic necessity for the UK. Poor health significantly limits individuals' ability to participate in the labour market and contributes to broader regional economic disparities. National, regional and local governments are increasingly recognising the centrality of health to economic productivity and long-term sustainable growth. The English Devolution and Community Empowerment Bill presents a timely opportunity to embed health outcomes more fully within economic development policy, an approach that is echoed in the evolving strategies of city regions like Cardiff and Glasgow in the devolved administrations in Wales and Scotland.

Drawing on an extensive international evidence review and practical insights from local and combined authorities involved in the EHL programme and across our network, this report highlights the role of local economic and social policy in improving both physical and mental health outcomes. From housing and transport to skills and regeneration, economic development policy can actively shape the health of populations, particularly when interventions are sustained, context-sensitive and co-produced with communities.

The demonstrated value of deep contextual understanding and sensitivity to local conditions highlights the importance of a devolved approach, as devolution allows for the integration of social and economic policies in ways that align with the lived experiences of communities. When local and regional governments, who are closest to the issues, are empowered, policies can be more responsive and ultimately more impactful, ensuring that both design and delivery reflect the complexities and specific needs of different places and populations.

However, to translate potential into impact, several enabling conditions must be in place. These include integrated governance structures, long-term funding models, workforce capacity and a shared commitment to learning and adaptation. National policy has a critical role to play in enabling these systemic conditions. Prioritising the reduction of health inequalities, embedding cross-departmental coordination, aligning on key health and economic indicators and requiring the integration of health outcomes into funding mechanisms are all essential steps. Crucially, national policy must also support institutional and cultural shifts by encouraging collaboration across sectors and fostering stronger relationships between public health, economic development and the NHS ICBs.

This report does not suggest that health can be improved through economic policy alone. It argues that health should be recognised as a prerequisite for inclusive economic growth and treated as a fundamental outcome of economic development. The current devolution agenda, particularly in England but also across the devolved nations, could help unlock more inclusive, resilient local economies and create the conditions for healthier lives across the UK.

References

[1] Singh, T. (2025) Improving Health Through Economic Development: A Structured Evidence Review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review

[2] HM Treasury (2025) Spending Review 2025: Statistical annex. London: HM Treasury. Available at: https://www.gov.uk/government/publications/spending-review-2025-document/spending-review-2025-html#annex-b-statistical-annex

[3] Health Foundation (2025) Trends in Life Expectancy in the Most and Least Deprived Areas. London: Health Foundation. Available at: https://www.health.org.uk/evidence-hub/health-inequalities/trends-in-life-expectancy-in-the-most-and-least-deprived-areas

[4] Office for Budget Responsibility (2025) Fiscal Risks and Sustainability Report, July 2025. London: Office for Budget Responsibility. Available at: https://obr.uk/docs/dlm_uploads/Fiscal-risks-and-sustainability-report-July-2025.pdf

[5] HM Government (n.d.) Economic Growth Mission. London: GOV.UK. Available at: https://www.gov.uk/missions/economic-growth

[6] Lundberg, O. (2024) 'Economic growth requires breaking the cycle of poor work and ill health', LSE Business Review, 19 September. Available at: https://blogs.lse.ac.uk/businessreview/2024/09/19/economic-growth-requires-breaking-the-cycle-of-poor-work-and-ill-health/

[7] Raymond, A., Watt, T., Douglas, H.R., Head, A., Kypridemos, C., & Rachet-Jacquet, L. (2024) Health Inequalities in 2040: Current and projected patterns of illness by level of deprivation in England. The Health Foundation. Available at: https://www.health.org.uk/publications/health-inequalities-in-2040

[8] Centre for Progressive Policy (2025) Crumbling Foundations: The impact of failing public services on health and productivity. London: Centre for Progressive Policy. Available at: https://www.progressive-policy.net/publications/crumbling-foundations

[9] HM Government (2025) English Devolution and Community Empowerment Bill: Guidance. London: GOV.UK. Available at: https://www.gov.uk/government/publications/english-devolution-and-community-empowerment-bill-guidance/english-devolution-and-community-empowerment-bill-guidance

[10] Smith, A. (2025), From Duty to Delivery. The MJ. Available at: https://www.themj.co.uk/duty-delivery

[11] West Midlands Combined Authority (2024) Mayoral Regions Programme: Project work. WMCA. Available at: https://www.wmca.org.uk/what-we-do/health-wellbeing-and-prevention/mayoral-regions-programme-improving-health-and-reducing-inequalities/mayoral-regions-programme-project-work/

[12] Singh, T. (2025) Improving Health Through Economic Development: A structured evidence review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review

[13] Thomas, R., Evans, S., Huxley, P., Gately, C., & Rogers, A. (2005) 'Housing improvement and self-reported mental distress among council estate residents', Social Science & Medicine, 60(12).

[14] Egan, M., Lawson, L., Kearns, A., Conway, E., & Neary, J. (2015) 'Neighbourhood demolition, relocation and health', Health & Place, 33.

[15] Kramer, D., Lakerveld, J., Stronks, K., & Kunst, A.E. (2017) 'Uncovering How Urban Regeneration Programs May Stimulate Leisure-time Walking Among Adults in Deprived Areas: A realist review', International Journal of Health Services.

[16] Sanbonmatsu, L.,et al.. (2011) Moving to Opportunity for Fair Housing Demonstration Program – Final Impacts Evaluation. US Department of Housing and Urban Development. Available at: https://www.huduser.gov/portal//publications/pdf/MTOFHD_fullreport_v2.pdf

[17] Aust, B., & Ducki, A. (2004) 'Comprehensive Health Promotion Interventions at the Workplace: Experiences with health circles in Germany', Journal of Occupational Health Psychology, 9(3), 258-270.

[18] Bond, L., Egan, M., Kearns, A., & Tannahill, C. (2013) 'GoWell: The challenges of evaluating regeneration as a population health intervention', Preventive Medicine, 57(6), 941-947.

[19] Bates, G., Black, D., Ayres, S., Bondy, K., Carhart, N., & Kidger, J. (2025) 'Identifying Intervention Areas to Shape Healthier Urban Development in the United Kingdom', PLOS Sustain Transform, 4(6), e0000176. Available at: https://doi.org/10.1371/journal.pstr.0000176

[20] Singh, T. (2025) Improving Health Through Economic Development: A structured evidence review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review

[21] TRUUD (2025) Creating Healthy Urban Environments Through Systems Thinking, Westminster June 2025. TRUUD. Available at: https://pure.manchester.ac.uk/ws/portalfiles/portal/1620525458/_E_Newman_et_al_2025_Creating_Healthy_Urban_Environments_Through_Systems_Thinking.pdf

[22] See https://www.gov.uk/missions/nhs.

[23] Details on local government reorganisation are available at https://www.gov.uk/government/collections/local-government-reorganisation-policy-and-programme-updates.

[24] Office for Health Improvement and Disparities (2025) Public Health Outcomes Framework. GOV.UK. Available at: https://www.gov.uk/government/collections/public-health-outcomes-framework

[25] Department for Levelling Up, Housing and Communities (and partner departments) (2025) Local Government Outcomes Framework: Priority outcomes and draft metrics [PDF]. Available at: https://assets.publishing.service.gov.uk/media/686baaa82cfe301b5fb677d1/Local_Government_Outcomes_Framework_priority_outcomes_and_draft_metrics_1.pd

[26] Greater Manchester Combined Authority (2025) School Readiness Update and Response to 2019 Task and Finish Report. Manchester: GMCA. Available at: https://democracy.greatermanchester-ca.gov.uk/documents/s36942/

[27] Carneiro, P., Cattan, S., Conti, G., Crawford, C., Farquharson, C., & Ridpath, N. (2025) The Short- and Medium-term Effects of Sure Start on Children's Outcomes. Institute for Fiscal Studies. Available at: https://ifs.org.uk/publications/short-and-medium-term-effects-sure-start-childrens-outcomes

[28] Goodwin, T. Lloyd, Buck, D., & Tiratelli, L. (2025) Addressing Health Inequalities Through Employment: Challenges and opportunities for strategic authorities. Manchester: CLES / The King's Fund. Available at: https://cles.org.uk/wp-content/uploads/2025/07/Employment-essay-FINAL3.pdf

[29] NHS Cheshire and Merseyside Health and Care Partnership (2021) Improving Health and Wellbeing in Cheshire and Merseyside Strategy 2021-2025. Cheshire and Merseyside: NHS Cheshire and Merseyside Health and Care Partnership. Available at: https://www.cheshireandmerseyside.nhs.uk/media/fh0lrgw2/cm-hw-strategy_final.pdf

[30] Greater Manchester Combined Authority (2025) Greater Manchester Combined Authority - Integrated Settlement Outcomes Framework 2025 to 2026. GOV.UK

[31] Howden-Chapman, P., Matheson, A., Crane, J., et al. (2007) 'Effect of insulating existing houses on health inequality: Cluster randomised study in the community', British Medical Journal, 334(7591), 460.

[32] Singh, T. (2025) Improving Health Through Economic Development: A structured evidence review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review

[33] Singh, T. (2025) Improving Health Through Economic Development: A structured evidence review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review

[34] Torfaen's county plan is available at https://www.torfaen.gov.uk/en/AboutTheCouncil/ImprovingTorfaen/County-Plan/County-Plan-2022-2027.aspx.

[35] Singh, T. (2025) Improving Health Through Economic Development: A structured evidence review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review

[36] See https://www.southyorkshire-ca.gov.uk/about-the-mayor/health-inequalities.

[37] See https://www.barnsley.gov.uk/news/next-phase-of-barnsleys-trailblazing-health-on-the-high-street-initiative-unveiled/.

[38] Inclusive Growth Network (IGN) (2023) Mainstreaming Inclusive Growth: Framework and toolkit. November. Centre for Progressive Policy. Available at: https://ign.ams3.digitaloceanspaces.com/files/IGN-Mainstreaming-Inclusive-Growth-Report-Nov-23.pdf

[39] Kearns, A., & Whitley, E. (2020) 'Are housing and neighbourhood empowerment beneficial for mental health and wellbeing? Evidence from disadvantaged communities experiencing regeneration', SSM - Population Health, 12, 100645. Available at: https://doi.org/10.1016/j.ssmph.2020.100645

[40] Singh, T. (2025) Improving Health Through Economic Development: A structured evidence review. Growth and Reform Network. https://growthandreform.org/resource-hub/health-economic-development-evidence-review


The
Health
Foundation


Growth and
Reform Network


Metro——Dynamics