

# HEALTH AS THE NEW WEALTH THE NHS'S ROLE IN ECONOMIC AND SOCIAL RECOVERY

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## About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course. NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic.

Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care. NHS Reset is part funded through sponsorship by Novartis Pharmaceuticals UK Limited.

Find out more at [www.nhsconfed.org/NHSReset](http://www.nhsconfed.org/NHSReset) and join the conversation on social media using #NHSReset

## About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

To find out more, visit [www.nhsconfed.org](http://www.nhsconfed.org) and follow us on Twitter [@NHSConfed](https://twitter.com/NHSConfed)

# Key points

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- COVID-19 is both a health and an economic crisis. While the impact of recessions on the health of the population are well known, the historic depth of the current crisis will bring particular challenges, and potentially opportunities, for the NHS.
- While the role of health in economic development has traditionally been peripheral at best, one consequence of COVID-19 is that it will likely form a more important and explicit part of national and local rebuilding. In many ways, health can be seen as the 'new wealth'.
- This report looks beyond the immediate health response to COVID-19 to understand where and how the NHS is actively supporting the nation's critical economic and social recovery.
- Through the NHS Reset campaign, we have been exploring what the health and care sector can do to play a leading role in place-based economic and social recovery and reset. Five key steps will be crucial to enabling every local economy to do so: developing an anchor network across all health and care bodies within a system footprint; making an explicit commitment to fill existing health and care vacancies with local people; embedding health and care within national and local regeneration planning; proposing a Civic Restoration Strategy; and convening industry leaders to source potential new local supply chains. This report outlines what these points look like in practice, with innovative case studies from across the country.
- The actions outlined in the five-point plan are relevant to all NHS organisations in all parts of the country and at all tiers of system working. It is not necessarily the case that it needs one part of the system to lead on an approach, nor does it need every NHS leader centrally involved.
- Across England, we have supported integrated local working and helped get important initiatives off the ground. Through this work, we have identified ten recommendations for national and local leaders which we believe can lead to sustainable, lasting change.

# Introduction

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The impact of COVID-19 will reverberate throughout communities on a previously unimaginable scale, requiring sustained action from national and local leaders across every sector. This NHS Reset report looks beyond the immediate health response to the pandemic to understand where and how the NHS is actively supporting the nation's economic and social recovery.

**“ It has been true for the 68 years of the NHS's history that when the British economy sneezes the NHS catches a cold.**

Sir Simon Stevens, Chief Executive, NHS England and NHS Improvement, speaking in 2016

The typical impacts of a deep recession on the health and wellbeing of the population are relatively well known: significant implications for the tax-based financing of the NHS; increases in demand for a range of health services; and a general downturn in the mental health and wellbeing of the population, to name a few.

But in many ways, the COVID-19 recession, which the UK officially entered in August 2020, will be untypical given the expected depth of unemployment, the unprecedented extent of UK and devolved government fiscal intervention and the growing scale of industrial damage. With the UK already one of the most regionally imbalanced countries in the OECD, our ability to 'level up' and narrow the existing inequalities that erode the prosperity and health of communities will be severely stretched.

## A health crisis and a health recession

Recognising that the health service will have a significant role to play in the wider recovery and rebuilding of local economies and communities has formed an important part of the NHS Reset campaign. In particular, this recovery and rebuild will involve transforming public service planning and delivery throughout a time of unprecedented economic and social disruption. This will involve: 1) pushing the service to understand its impact and value as local anchor organisations\* well beyond traditional sectoral boundaries; and 2) using the greater system approach now emerging to align with wider place-based reset and recovery planning.

While this will certainly bring challenges, there are opportunities for a more focused 'health and wellbeing all policies' approach to future decision-making nationally. And opportunities for new and innovative local partnerships clustered around issues such as workforce and supply chain development, community working, new forms of funding and population health.

\*See page 9 for a definition of anchor institutions.

# Understanding health as the new wealth

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While the role of health in economic development has traditionally been peripheral at best, one consequence of COVID-19 is that it will likely form a much more important and explicit part of national and local rebuilding. The health and care sector's scale, values and ubiquity matter now more than ever.

In understanding the sector's role in the wider economic and social recovery, it is first important to consider the likely external context in which it will operate. In the coming year, we can reasonably expect to see the following developments, which will bring both opportunities and challenges for NHS organisations:

- **Fundamental changes to the labour market**, with significant unemployment, increased focus on those roles that are migrant-reliant and not traditionally classed as 'highly skilled', and large-scale government intervention in retraining and reskilling. Further to this, Brexit will likely exacerbate these challenges and certain workforces, such as health and care, will may suffer from sustained exhaustion, stress and anxiety.
- **Renewed focus on remodeling the UK as a future manufacturing hub**, with significant investment and build capacity and supply- chain development. Immediate industrial focus will likely be targeted at sectors with high operational need, such as health and care, as was seen in the PPE personal protective equipment (PPE) urgency.
- **Severe institutional instability across the UK**, with a range of public, private and third sector organisations historically deemed secure now seeing potential mergers and closures. This will have significant implications for local partnerships and ambitions.
- **National and local strategies for 'levelling -up' more heavily focused on narrowing inequalities, including health inequalities**, with the development of inclusive economic growth a stated priority for all.

- **Funding for public services (as part of the foundational economy) explicitly recognised as an economic investment**, with more appropriate measures of productivity created in these critical sectors to reflect this.
- **National measures for economic progress emerging that cover a wider contribution to what we value**, including well-being, resilience, caring and volunteering, rather than simply GDP.
- **Enhanced demands for decentralisation across England**, with a formal devolution framework that enables far greater integration across public services and increased local freedom, flexibility and financing.

Being part of conversations about how places recover from COVID-19 will be a hugely important aspect of the NHS leadership role in the coming months.

**“** While the relationship between health and wealth has always been important, too often decisions about the NHS and the economy have been taken in isolation from each other. Of all the radical changes COVID-19 has highlighted, one of the clearest is that health and care must now be seen as an investment nationally and in every local economy.

Michael Wood, Head of Health Economic Partnerships,  
NHS Confederation

# Supporting economic and social recovery

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While the competing demands of preparing for future waves of COVID-19 and restoring normal services still dominate sectoral thinking, the NHS is now being asked to reflect on how its civic role can play just as vital a part of recovery as its clinical role. Importantly, this changing economic landscape is not a one-way street. There is a growing chorus of voices from across the NHS leadership that recognises the strength of the links between population health and population wealth. What they want are ideas on some of the practical steps they can take in their own areas.

Through the NHS Reset campaign, we have been exploring what our the sector can do to play a leading role in place-based economic and social recovery and reset. Below, we outline a five-point plan for every local economy, illustrated by innovative examples from local areas:

**1. Develop an anchor network across all health and care bodies within the system footprint** with a joint, data-driven vision for how they can support the local economy. The anchor network should seek to engage as a bloc with other local anchors such as councils, universities, local enterprise partnerships, voluntary, community and social enterprise (VCSE) organisations, housing associations, colleges, airports and professional sports organisations.

The aim of these conversations is to better understand the full implications of COVID-19, the local economic strengths and weaknesses, and where the economic and social value and impact of the NHS and social care can be maximised.



## The increasing importance of the anchor concept

The UK Commission for Employment and Skills defines an anchor institution as one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. Given the scale, reach and purpose of the NHS, it is one of the most important anchors in most communities.

Anchor institutions share a number of key characteristics:

- **Spatial immobility:** these organisations have strong ties to the geographic area in which they are based, through invested capital, mission and relationship to customers and employees.
- **Size:** anchor institutions tend to be large employers and have significant purchasing power. Both these factors influence the level of impact these institutions can have on the local economy.
- **Non-profit:** these institutions tend to operate on a not-for-profit basis. It is much simpler for private businesses to move, meaning there is no guarantee they will continue serving the local community in the long term. However, there are examples of for-profit organisations playing the role of an anchor.

The Health Foundation published a [report](#) in August 2019 on the NHS as an anchor institution, making clear that all parts of the NHS collectively fulfil this function. The role of the NHS and local government as large local employers is a clear example of the impact they have locally, bringing both opportunities and responsibilities.

The report makes clear that: “anchor workforce strategies involve thinking not only about how the NHS can grow local workforce supply and widen access to employment for local communities, but also how it can be a better employer and place to build a career for more people. It acts as an anchor not only in the number of jobs it creates, but in how it can support the health and wellbeing of its staff through good employment conditions and the working environment.”

We are supporting NHS organisations to understand and maximise their role as anchor institutions – working in partnership with other NHS organisations and critically, other local anchors. Together, we can make a huge difference to the health and wealth of local communities.

// Birmingham’s range of anchor institutions have a significant role to play in the city’s recovery. The strength of our network is the breadth of partners and the ability to support, share ideas and learn from each other about what we can do to collectively maximise our influence and impact. Having the NHS involved is vital.

Conrad Parke,  
Birmingham Anchor  
Network Coordinator,  
The Centre for Local  
Economic Strategies

It is not just the NHS that is seeking to understand its economic value. The West Midlands Association of Directors of Adult Social Services (WM ADASS) published *Supersized: The Impact of Adult Social Care on Jobs, Growth and Regeneration in the West Midlands in 2018*, arguing that social care must be seen as an investment in communities and not just as an unavoidable cost to society.

In light of COVID-19, WM ADASS went further with a new report titled [Flipping Social Care](#), challenging us to recognise and value the economic benefits and opportunities that flow from a vibrant and well-resourced social care sector. It is this principle that underpins WM ADASS's vision for 'a region with a sustainable health and care system, that supports thriving economies and communities, promoting independence and social justice'.

**“ Unlike other parts of the economy, we know that the march of our demand is inexorably upwards. Any failure to properly meet this demand will have desperate consequences for the most vulnerable people in society, while deepening the economic impact of the COVID-19 recession.**

Andy Begley, West Midlands Chair of the Association of Directors of Adult Social Services and Chief Executive of Shropshire Council

**2. Make an explicit commitment to fill existing health and care vacancies with local people** where possible, particularly those out of employment or exiting the government's furlough scheme and at risk. This will include launching targeted recruitment at groups such as young people, the black and minority ethnic community, those with disabilities and people wishing to return to the labour market.

Organisations across systems should commit to the core principles of Good Work and work with education and civic partners to widen traditional access to health and care roles. In particular, NHS apprenticeships and retraining should be prioritised, with guaranteed interviews for local people where possible, and a commitment to reskilling the local community even when not directly employed by the NHS.

**“** In a wider context, the NHS can play a significant role in local economic recovery and improving social and economic outcomes, including reducing inequalities. Health and care systems, in particular, can build on the role of NHS organisations and large social care employers as anchor institutions, to bring those furthest from employment into meaningful employment and to target recruitment, volunteering and apprenticeship opportunities in areas of greater deprivation, for example.

NHS: People Plan for 2020/21 – action for us all

## Creating the workforce of the future: A new collaborative approach for the NHS and colleges in England

In September 2020, the NHS Confederation and the Independent Commission on the College of the Future published a joint report calling for a renewed relationship between the NHS and further education colleges. While colleges already play a leading role in recruiting, training, upskilling and reskilling the health and care workforce for many roles, we believe there are ways to unlock the potential of colleges to support the NHS and social care to meet its challenging recruitment targets.

The report was based on contributions from and conversations with leaders from both sectors and addressed how together, they can:

1. create the healthcare workforce of the future by better making the case for colleges to play a greater role in our workforce development
2. build strategic and collaborative relationships between colleges and employers that embrace a culture of system partnership and learning
3. recognise the power of place-based leadership of anchor institutions to support the wider health and prosperity of our communities.

In [Creating the Workforce of the Future](#), the organisations called on the government to:

- invest £5m over two years to pilot employer hubs in each of the seven NHS regions in England, to help NHS and care organisations' recruitment and training
- support the creation a Health and Care College Council in England, with £2m funding over three years to coordinate between the health and care sector across education
- embed the role of colleges in the local delivery of the national NHS People Plan.

**//** The government's commitment to level up the country, tackle regional inequalities and solve the workforce crisis across health and social care will fall flat without targeted action to improve supply, including investment in colleges to support local upskilling, retraining and recruitment into these vital roles.

Danny Mortimer, Interim Chief Executive, NHS Confederation

**3. Embed health and care within national and local regeneration planning**, ensuring a much greater understanding and alignment between health and care strategies and those relating to wider economic development.

This will include explicitly measuring the wider impact of NHS capital investments on the local economy and a stated intention to influence local non-NHS strategies for infrastructure, transport, innovation, climate and energy, and housing and planning. In particular, this will help to ensure that the impact on population health and wider system financing, planning and delivery has been evaluated in local non-NHS strategies.

**“** The integrated care system is increasingly aware of the adverse impacts that COVID-19 will have on communities across the Humber, Coast and Vale area. With infrastructure likely to feature heavily in both NHS recovery planning and the government’s overall response to the pandemic, our aim is to support and strengthen our communities through our planned programme of capital investment, creating a lasting legacy of improvement.

Maximising economic benefit and unlocking social value through these developments is a priority for the ICS and we are working with a wide range of local partners to make this happen.

Chris O’Neill, Director, Humber, Coast and Vale ICS

## The Alchemy Project and the NHS

The Alchemy Project is the largest regeneration project the East Midlands region has seen for generations. Government-backed and led by the Midlands Engine, it aligns national infrastructure strategy with local plans for significant economic and social development. The project presents an unprecedented opportunity to shape how people live, work and move across and within the region.

It is expected that the project will:

- create 84,000 NET additional new jobs
- build at least 4,500 new homes
- add £4.8 billion NET additional GVA into the region's economy every year.

We are working with the Midlands Engine to highlight the opportunities to health and care leaders across the region and the implications for population health and wider system financing, planning and delivery. A development of this scale will directly affect the size and demographics of the populations the health service serves, the availability and skills of the workforce, the suitability and shape of service configurations, estates needs, broad population health and prevention planning, and the innovation strengths of the industries the sector is intrinsically linked with, such as medtech.

We are supporting early and sustained engagement between the sector and the Alchemy Project to understand, support and align strategic partnerships and maximise the desired outcomes.

While regeneration plans of this size and scale may not be under consideration everywhere, there will be important infrastructure strategies being developed in every economy. It is important that the NHS is aware of local economic plans and seeking to influence where possible.

**“** The Alchemy project has the potential to radically change the way our local populations in the East Midlands live, work and move. This presents a generational opportunity to help address prevailing inequalities and to ensure population health is at the heart of this development. It is vital that NHS leaders understand how their places are changing and the associated challenges and opportunities.

Richard Mitchell, Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust

## Ensuring a green reset: placing sustainability at the heart of the health and care sector

The impact of COVID-19 on people's lives, including how they travel, live, work, what they value and how they interact with services, has already proven transformational. The climate has been at the heart of this change, with significant opportunities and challenges for NHS leaders to understand and address. Further to this, there are increasing calls for government to ensure that any economic recovery is 'green-led', ensuring sustainability does not suffer in the race to recover lost economic growth.

Moving from a high-level understanding of the climate challenge to the development of a plan for the NHS's role in addressing climate change remains complex, yet is a vital part of resetting health and care. As part of the NHS Reset campaign, we held a roundtable in September 2020 to push NHS thinking beyond its current focus, hearing about existing good practice but also charting a path for what a greater place-based role in addressing sustainability might look like as part of a green reset.

With a new NHS Net Zero Strategy nearing publication, the roundtable agreed that NHS sustainability action should form part of a wider place-based approach, involving a range of partners and focused on mitigating the impact on the environment, but also realising the wider opportunities a new, 'clean' economy can bring for communities. A report of the roundtable will be published in the coming months.

**// The NHS has a moral obligation to lead on climate change, we are both part of the problem and the solution. Ensuring a green NHS Reset is an important part of our role in addressing health inequalities and should be a collective priority for us all.**

Dame Jackie Daniel, Chief Executive, Newcastle Hospitals NHS Foundation Trust and Chair of the Green NHS Reset roundtable

**4. Propose a Civic Restoration Strategy** focused on improving the vibrancy of communities. This will involve establishing much clearer links between health and care and the arts and culture sector, a strengthened relationship with VCSE organisations and reaching out to the local small business community to promote sustainable, local ideas which align health and wealth.

This could also involve building on the national COVID-19 volunteering force to push the establishment of local community-based health and care support teams, sustained by resourcing from national and local statutory bodies.

// The response to COVID-19 has bound the public closer than ever to the NHS. It has also put unprecedented strain on NHS staff and impacted every community across the country, with some communities disproportionately affected by the virus.

Our next round of funding is focused on building and enhancing the relationships between the NHS, community healthcare and social care providers to deliver services outside of hospital settings. The grant theme is around reducing health inequalities, supporting personalised care and increasing preventative measures. The NHS Confederation's five-point plan is a helpful guide in broadening methods by which NHS charities can support their local communities.

Ellie Orton, Chief Executive of NHS Charities Together



## Health and the high street

We co-hosted a roundtable with Power to Change in August 2020 exploring the changing role of health on the high street. While COVID-19 brings into sharper focus the economic and social plight of communities, the challenges facing high streets are not new. Successive local economic strategies have focused on how to reinvent the ailing high street; generating footfall, reimagining the visitor experience, improving public health, supporting innovative and sustainable business and civil society development; and ultimately raising vital taxation to sustain local public services.

Strategic discussions around realising the potential of the high street have not traditionally been a priority for NHS leaders, but with the increasing need to align public services with local economic and inclusive growth there is now an opportunity to act. The roundtable discussion focused on how the NHS could relocate services into the community, engage in local mixed-use estates developments, ensure health is a central part of the high street experience and stimulate new economic opportunities.

In particular, we heard about the considerable challenges the NHS will face in vaccinating approximately 30 million people against the flu this winter while observing social distancing rules. Many existing healthcare premises have little space to increase the number of vaccinations they offer while the high street is currently suffering from falling occupancy rates and stagnant footfall levels. We believe temporary vaccination centres could be set up in unused shops for the flu vaccine and potentially any forthcoming COVID-19 vaccine. A report on health and the high street will be published in the coming months.

“ High streets have to be a place that offer a social cohesion, a social experience that encourage people to visit, stay and engage. There is an opportunity now to place health at the centre of this reimagining process. The potential is huge.

Professor Steve West CBE, DL, Vice-Chancellor and President UWE Bristol, Chair West of England AHSN, Chair West of England LEP

### 5. Convene industry leaders to source potential new local supply chains

and to help businesses better understand NHS needs. This will involve explicit support to small and medium-sized enterprises to enter localised NHS and social care supply chains and to contribute to the design and delivery of services in new and innovative ways – diversifying where possible.

This may include the in-sourcing of services, and the rolling out and signing up to a social value strategy across the wider health and care system.

#### Social value in use

As an NHS England and NHS Improvement trailblazer on social value, the Cheshire and Merseyside Health and Care Partnership is leading development on social value in practice. As an aspirant integrated care system (ICS), the system's vision is to broaden horizons much further than regular NHS provision. The Social Value Act has given the policy leverage to make significant integrated steps. While the Act has predominately sat within a local authority domain, the ICS has been successful in inspiring the NHS to integrate its approach with the local enterprise partnerships, local authorities and broader business community.

The system has all 17 NHS trusts signed up to become anchor institutes and embed this in practice, and the ICS Social Value Award has already captured the imagination of 50 local businesses. Steering their added value into the ICS priorities means the health partnership could potentially drive over £850m of corporate social responsibility into the areas of highest need.

A consistent weighting for procurement means all of the ICS's sovereign places work as a system to maximise their commitment to social value. The criteria for anchor institutes has used the Health Foundations work, but the ICS has added elements to ensure it gains maximum input into areas such as the environment, green spaces, housing and supporting the voluntary sector. The pandemic has had a major economic impact on Cheshire and Merseyside and the ICS firmly believes the fully integrated approach regarding social value is a critical cog in turning the huge machinery needed during the recovery period.

Creating social value is a vital part of addressing health inequalities across Cheshire and Merseyside, together with our local partners. Through our social value charter, our champions, local network, building cross sector collaborations, and our range of resources and tools we are embedding this new way of working into what we consider business as usual.

Alan Yates, Chair,  
Cheshire and Merseyside  
Health and Care  
Partnership

# Place-based leadership

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The actions outlined in the five-point plan are relevant to all NHS organisations in all parts of the country and at all tiers of the system working. It is not necessarily the case that it needs one particular part of the system to lead on an approach, nor does it need every NHS leader centrally involved.

Since the outbreak of COVID-19, we have seen leadership from every part of the system, including:

- regions leading on supporting the roll out of anchor strategies at ICS level
- ICSs sitting on local economic recovery boards on behalf of the system
- primary care networks pushing to place health at the heart of the local Future High Streets strategy
- trusts supporting people from sectors at risk of redundancy to enter the NHS workforce
- academic health science networks supporting small and medium-sized enterprises which have not traditionally worked with the NHS to understand and enter into supply chains.

While we can all make a difference, the more consistent, collaborative and clear the approach is, the stronger the influence in the local community will be.

“ The clinical challenge of COVID-19 is huge but PCNs can do more than simply reacting to this situation. Given that PCNs are embedded within their communities, they can play a vital role in reducing the local economic impact, which in turn will lessen the long-term physical, psychological and social impact on people’s health and wellbeing. The five-point plan has guided local conversations about what we can do to make a difference and, importantly, where to start.

Dr Mark Spencer, GP and Clinical Director, Fleetwood PCN

## Influencing metro mayors on economic recovery

Approximately half of England now resides under a mayoral combined authority. Since March 2020, the nine metro mayors have been playing an increasingly important leadership role both locally and nationally, leading their area's local economic recovery planning, and, collectively, influencing the decision-making of the Prime Minister and Chancellor.

The majority have established local economic recovery boards which bring together a range of sector representatives to discuss and agree immediate policy and resourcing responses to COVID-19. The NHS is represented on several of these boards, actively engaging in local recovery planning through its valued role as an anchor. To support these NHS leaders to maximise their influence and to understand what is working around the country, we have brought this leadership group together to discuss the different local models of engagement and share ideas and opportunities.

While the work underway to influence metro mayors has an urgency given the COVID-19 impact, there is a need to maintain and build on these relationships going forward. The government is expected to publish its white paper on devolution in the coming months, which will lead to further areas securing 'devo deals' and the establishment of several more metro mayors.

“ The economic impact of COVID-19 has led to a recession which brings additional risks to the mental and physical health of our population. It also shines a light on the economic benefits of the health and care system. We are creators of good jobs, have large capital schemes in train, lead innovation in medtech and digital work. These potential benefits for both the economy and for local people must be secured as we invest in health and care.

As we recover from the COVID-19 pandemic, it will be important to rebuild and shape our local economy to meet the needs of all people – irrespective of social class, ethnicity or other factors. The partnership sees that we have a role in tackling economic, social and health inequalities barriers to achieving long-term prosperity.

Rob Webster, Chief Executive Lead for West Yorkshire and Harrogate Health and Care Partnership and Chief Executive of South West Yorkshire Partnership NHS Trust

## Levelling up Yorkshire

In July 2020, the NHS Confederation, Yorkshire and Humber AHSN and Yorkshire Universities published *Levelling up Yorkshire: Health as the New Wealth Post-COVID*. It explored the devastating impact the COVID-19 pandemic has had on the Northern economy, the increasing health inequalities across the region and the ever growing North/South economic divide. We argued that there is an intrinsic and unbreakable link between health and wealth, that one simply cannot be focused on without the other and that a renewed focus on health will be key to regional economic recovery following the pandemic.

The report makes a series of local and national recommendations we believe are necessary to begin tackling the region's stubborn inequalities, deliver against the Prime Minister's promise to 'level up' the country, and re-ignite the wider economy. A major part of this is our recommendation that health should be brought to the forefront of all decision-making on a local and national level and be a key factor in all policy and economic investment.

While the report focuses specifically on the Yorkshire region, we believe its findings have wider resonance given the prevalence of health inequalities across the country. The narrative and recommendations in particular outline an approach that other regions and systems can take to align health with wealth and to increase their influence over economic investment and recovery planning.

“ The range of partners across Yorkshire and Humber played a significant civic role before the pandemic, and COVID-19 has only accelerated this contribution. We believe our YHealth for Growth work can play a galvanising role in addressing the region's inequalities and support the government to deliver against its promise of 'levelling up' the North.

Richard Stubbs, Chief Executive, Yorkshire and Humber AHSN

“ Universities can play a major part within the levelling up agenda in the Yorkshire and Humber region. Working with the AHSN and NHS Confederation on YHealth for Growth played a vital role in strengthening the value of the relationship between higher education and the health and care sector in the region.

Peter O'Brien, Executive Director, Yorkshire Universities

# Recommendations

For many leaders in the NHS, the impact of a COVID-19 recession will be a watershed for local conversations. Whereas national NHS leadership has often focused on the planning and delivery of clinical care in isolation from the wider economic and social climate, the depth of the impact on communities coupled with the rising expectation that the NHS should explicitly form a part of wider recovery planning will bring partners to the local table.

This report has offered guidance and support to NHS leaders in taking the first step to playing an explicit and important role in the economic and social recovery of their place. Across England, we have worked to support more integrated local working and to get important initiatives off the ground. Through this work, we have identified ten recommendations for national and local leaders which we believe can lead to sustainable, lasting change.

To strengthen the relationship between health and wealth, we believe there should be a more formal approach adopted at the system and local level.

## System and local recommendations

While good practice clearly exists in parts of the UK and the importance of health inequalities is increasingly understood by the NHS leadership, we do believe this should form a more explicit part of system development. We recommend:

- 1. NHS regions and integrated care systems should support the development of local anchor networks across their footprint.** This is happening in several parts of England, with system leadership a key part of creating a common understanding of how NHS organisations can act to maximise their impact and the partnerships that matter.
- 2. ICS population health strategies should explicitly understand and reference the local economic context.** The term ‘population health’ has striking similarities to the

increasingly important inclusive growth agenda, which is focused on the clear and pressing links between the social determinants of health and low regional productivity. Data-driven collaboration in this area is critical in addressing prevailing inequalities.

**3. System reset plans should be aligned wherever possible with local economic recovery planning.** Given the importance of the links between health and wealth, the decisions made as a system will have implications for local economic leaders, and vice versa. There is much to be gained by working at both leadership and executive levels on joint local decision-making.

**4. ICSs should develop system-wide approaches to social value.** The importance of the NHS pound in a recession is particularly significant. Specific attention should be given to how procurement and processes can be used and flexed to provide support to local business, VCSE organisations and place partners through social value policy.

Critically, while we remain committed to supporting the NHS to unlock its economic and social value, we are clear that there are important steps the government and national NHS leadership can and should take to enable closer local working.

## National recommendations

There is an important enabling role for government and for NHS England and NHS Improvement in further stimulating this form of local economic recovery. We recommend:

**1. The government should increase health research and development spending in areas with widening inequalities.** Given local strengths and the challenges to be addressed, expanding the share of research and innovation funding for health-related work would generate significant regional and national benefits. It would also form a critical part of the government's planned re-industrialisation of the UK through its 'levelling up' agenda.

**2. The government should empower local leaders with the tools to improve health outcomes and deliver inclusive growth and wider prosperity.** This means devolving powers, funding and responsibilities closer to the point of delivery and closer to the communities who will benefit. It also means giving the national NHS procurement framework greater flexibility to let local leaders lead and thus support the local economic recovery.

**3. The government should give greater priority to wellbeing in investment decisions.** Plans to emphasise wellbeing alongside efforts to narrow productivity gaps in the HM Treasury Green Book, which provides guidance to officials when appraising investment projects, are welcome. After decades of prioritising national economic growth, the government should ensure that any changes in technical rules are aligned to broader COVID-19 recovery strategies and accompanied by a shift in culture.

**4. The government should ensure health is included as an outcome in all economic development policies.** This includes formal government deals and agreements at a local level, including local industrial strategies and devolution and town deals, and forthcoming funds such as the UK Shared Prosperity Fund. To do this effectively means ongoing consultation with the NHS and other regional anchors. Conversely, the government should also ensure that all new NHS hospitals built should explicitly measure the local economic and social impact derived from the investment.

**5. The government should embed health as a priority for all departments.** The pandemic has exposed the need for joined-up approaches for better health policies, infrastructure and outcomes and this should be reflected by a 'health and wellbeing in all policies' approach across all government departments. It is particularly important that the work in this area led by Public Health England is retained and built upon. Assessments of the implications for population health should be an explicit part of national government policy considerations, with learning to be taken from the Future Generations Commissioner for Wales.



**6. NHS England and NHS Improvement should embed the role of further education colleges in the delivery of the NHS People Plan.** To best maximise the contribution of colleges in securing the future workforce and in mitigating the worst impacts of COVID-19 on population health and unemployment, the relationship with colleges should be prioritised nationally and locally through the delivery of the NHS People Plan.



To find out more about the five-point plan, please contact Michael Wood, our head of health economic partnerships at [michael.wood@nhsconfed.org](mailto:michael.wood@nhsconfed.org) and on Twitter @NHSLocalGrowth. Our website includes a range of background material and tools to help NHS leaders engage in this agenda: [www.nhsconfed.org/localgrowth](http://www.nhsconfed.org/localgrowth)

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