

# Health in All Policies:

# A toolkit for mayoral regional authorities



Supported by:



Lead delivery partner:



# Contents

|  |            |
|--|------------|
| <b>Overview</b> .....  | <b>1</b>   |
| <b>Part 1: Pillars for HiAP</b> .....                        | <b>4</b>   |
| <b>Part 2: Opportunities for action</b> .....                | <b>19</b>  |
| <b>Part 3: Developing strategy</b> .....                     | <b>61</b>  |
| <b>Part 4: Capturing progress</b> .....                      | <b>69</b>  |
| <b>Summary and next steps</b> .....                          | <b>75</b>  |
| <b>Acknowledgements</b> .....                                | <b>76</b>  |
| <b>Appendix: Opportunities for action case studies</b> ..... | <b>77</b>  |
| <b>Bibliography</b> .....                                    | <b>131</b> |

# Overview

This toolkit has been designed as a suite of resources to support mayoral regional authorities to develop their approach to using their levers and powers to improve health outcomes and reduce inequalities. Many regions refer to this activity using the World Health Organization-derived terminology of a “Health in All Policies” (HiAP) approach. For this reason, we have retained this term throughout the toolkit. Regardless of the terminology used, or how health outcomes are framed in different regions, the aim of this resource is to highlight why and how mayoral powers are important for population health and the profound links between health and key mayoral priorities (such as regional growth), as well as to explore how regions can capitalise on these powers and harness co-benefits.

## Why has this resource been developed?

Mayoral regional authorities are in a unique position to tackle health inequalities, as many of their responsibilities impact on the underlying causes of ill health. Even without direct powers relating to health services, regional mayors can capitalise on unique levers to shape healthy places and population health outcomes. These include political influence, convening powers, and devolved responsibilities such as those for economic growth, transport, and planning. Using a HiAP lens can support the systematic identification and strategic prioritisation of such opportunities. In the context of emerging devolution arrangements, improving health and reducing inequalities are increasingly important on mayoral regions’ political agendas.

## Who is this toolkit for?

Regional approaches to HiAP differ according to context, including political interest, the devolution agenda, internal capacity and resource, and regional partnership factors, such as geographical alignment with Integrated Care Systems and local authority footprints. This toolkit has been designed for a range of mayoral regional authority audiences and might be used for internal strategic planning among senior leadership teams, or at officer level to help prioritise specific activities or support cross-sectoral conversations and planning within regions. For this reason, the toolkit has been designed in four parts to support different audiences who might be working on HIAP at different strategic levels.

A summary of each part has been provided below, which can either be used in order, or in isolation, depending on regional objectives and needs.



## Part 1 – Pillars for HiAP

This part of the toolkit summarises the structural and organisational factors (i.e. the “pillars”) that are associated with HiAP success, based on findings from published literature. Each pillar is presented with associated enablers and barriers to progression. This part of the toolkit also includes case study examples of how each pillar has been strengthened in mayoral regions.

Regional colleagues may find it helpful to think about their own organisational setting in relation to each pillar and reflect on which of these might be ‘mission-critical’ within their context. To support this process, a **HiAP pillars self-assessment tool** has been designed to support mayoral regions to conduct a self-assessment of their organisational and structural assets for HiAP success by scoring each pillar. The results from the tool can be used to understand organisational strengths and gaps in relation to HiAP, prioritise activities to strengthen pillars which are less developed, as well as monitor progress in relation to developing a supportive environment for HiAP.



## Part 2 – Opportunities for action

This part of the toolkit provides an overview of different mayoral regional authority devolved functions, their relationship to health, and the levers that might be used to capitalise on the potential for these wider functions to improve health and reduce inequalities. Case studies are provided to illustrate examples of how different regions have deployed their powers in this way.

Mayoral regional authority functions vary across regions and no regions will have all the powers listed. Furthermore, as regional devolution arrangements progress, powers for each region will change. Nonetheless, this section is intended to illustrate the breadth of possible activities mayoral regional authorities can take to generate ideas and support regional colleagues to identify options relevant to them. To support this process, **the activity prioritisation self-assessment tool** uses a scoring system to support mayoral regional authorities to prioritise opportunities for action in part 2 based on factors such as organisational capacity, population need and political mandate. The tool has been designed for flexible use in a range of contexts. For example, it might be used within or across teams to facilitate assessment and systematic prioritisation of potential HiAP activity. This can support cross-team and cross-organisational collaboration and strengthen transparency and accountability for prioritisation conversations and decisions. Outputs from the tool could be reviewed over time to support ongoing conversations as the HiAP agenda evolves.



## Part 3 – Developing strategy

This part of the toolkit provides an overview of different ways in which mayoral regional authorities have strategically progressed the HiAP agenda. Examples include understanding and building an organisational mandate, prioritising opportunities, and embedding HiAP as part of organisational culture and ways of working. Case studies have been included to provide illustrative examples of strategic HiAP goals and implementation in mayoral regions.



## Part 4 – Capturing progress

This part of the toolkit supports the design of monitoring and evaluation processes for HiAP activities. Given the diversity of ways in which the HiAP agenda may be progressed, this is not intended to be a prescriptive resource. Instead, this section has been designed as a framework to support mayoral regional authorities to reflect on how the purpose, audience, and level of HiAP activity influences the monitoring and evaluation design process.

It also provides illustrative examples of how these considerations might be used to construct a theory of change, which can help to articulate how planned activities will lead to desired outputs, as well as facilitate the consideration of complexities and dependencies that can affect the success of HiAP initiatives.



# Part 1

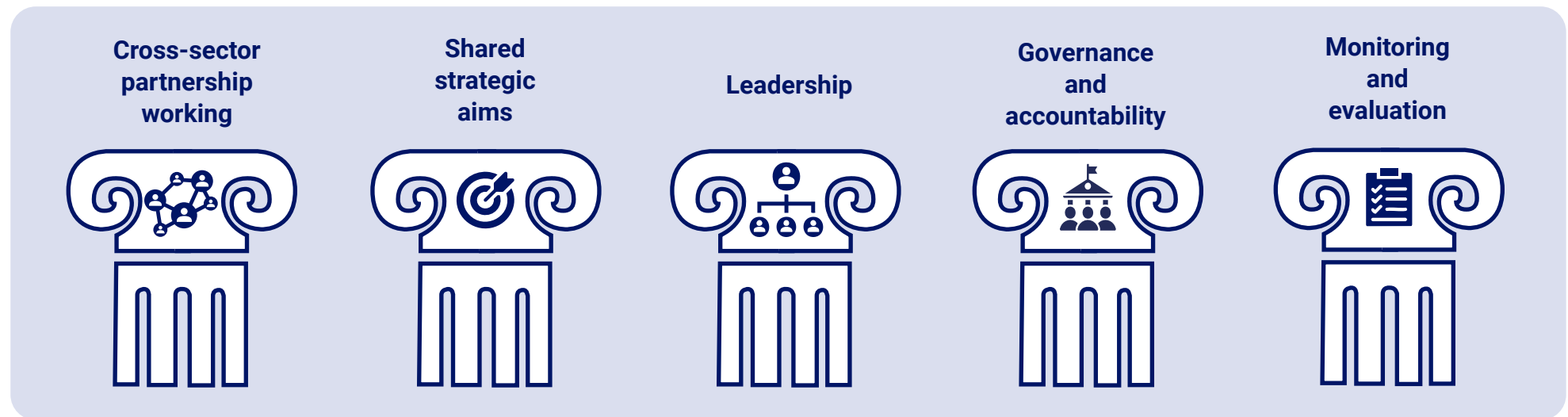
# Pillars for HiAP



# Part 1: Pillars for HiAP

## Overview

At the outset of developing HiAP strategies, it is helpful to consider the structural and organisational factors that are associated with HiAP success - i.e. the “pillars” for HiAP. These have been summarised in this part of the toolkit based on findings from published literature. Each of the following pillars is presented alongside associated enablers and barriers to progression:



This part of the toolkit also includes case study examples of approaches that mayoral regional authorities and system partners have taken to strengthen each pillar.

Regional colleagues may find it helpful to think about their own organisational setting in relation to each pillar and reflect on which of these might be ‘mission-critical’ within their context. To support this process, [the accompanying self-assessment tool](#) has been designed to support mayoral regions to audit their organisational and structural assets for HiAP success. It allows users to calculate a score for the strength of each pillar, based on self-assessment (which can be undertaken individually or across teams) allows users to calculate a score for the strength of each pillar, based on self-assessment (which can be undertaken individually or across teams). Results from the tool can be used to understand organisational strengths and gaps in relation to HiAP, prioritise activities to strengthen pillars that are less developed, as well as monitor progress in relation to developing a supportive environment for HiAP.



## Cross-sector partnership working

Cross-sector partnership working within mayoral regional authorities and across regional government departments and wider system partners is essential for capitalising on HiAP opportunities.

### Enablers



**Embedding public health intelligence and skills** in the form of dedicated resource, such as shared posts for individuals that can work across departments, or co-developed training/resources which identify mutual benefits between health and other teams' priorities.

**Co-developing a cross-organisational framing of a HiAP model with an agreed definition** that is flexible in application and effectively articulates the health impact of the combined authority (CA) can enhance inter-sectoral collaboration by developing a shared **understanding and goals**.

**Aligning the HiAP approach with different departments' portfolio priorities** and adopting the specific language and framing of target sectors can help to ensure that HiAP principles resonate more effectively with diverse stakeholders; By communicating in terms that are familiar and relevant to each department, it is easier to highlight how health considerations can enhance their primary objectives (i.e. the co-benefits).

### Challenges



**Constraints in funding, staff capacity and public health expertise** can impede efforts to effectively develop and implement HiAP initiatives and diminish understanding of how to drive health impacts across CA wider determinant levers.

**Focusing only on health outcomes can hinder effective collaboration** by alienating stakeholders through 'health imperialism'; Terminology is important and HiAP approaches should be inclusive and can be framed around a range of social values.

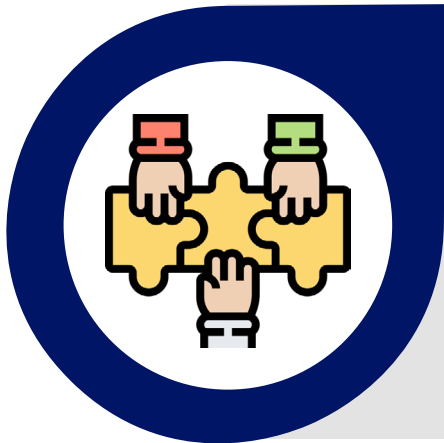
**Attempting to engage various sectors simultaneously**, without focusing on those with high levels of buy-in, can spread health expertise too thinly and hinder the effective embedding of HiAP; Prioritising sectors with less engagement may result in limited impact and challenges in building momentum for implementation.

**Other sectors may view HiAP as disconnected from their priorities** and be hesitant to embrace the approach if they perceive it as an additional responsibility or a separate initiative, rather than an integrated part of their existing work.





## Mayoral regional authority approaches to cross-sector partnership working



### **Clear portfolios and cross-sector working – Greater London Authority (GLA, 2018 - present)**

Effective cross-partnership working at the GLA has been enabled by their staffing approach whereby a public health consultant has been assigned to teams who work on different determinants of health. These include transport, safety and policing, culture, housing, and economy and skills. This model of dedicated public health support has enabled the health team to foster strong relationships with non-health colleagues and ensured that high-quality public health advice and support is sign-posted to and available across the organisation.

### **Co-developing the framing of CA's levers for HiAP – GLA (2024)**

The GLA Public Health Unit worked with non-health department heads to identify the levers available for HiAP work across the CA. This led to the development of a Levers Framework which illustrates the different 'levers' available to non-health staff across 3 priorities: understand, influence and act. The framework aims to support GLA staff to make use of existing levers to improve social, economic and environmental conditions in which people live. This compliments the GLA HiAP approach which seeks to identify opportunities for wellbeing co-benefits across GLA Group policies and programmes. The Public Health Unit have been disseminating the GLA HiAP model and building an understanding of its application across the organisation through a series of all-staff webinars and masterclasses. The GLA has also commissioned an external organisation to develop online learning modules for understanding and implementing HiAP.





## Shared strategic aims

Identifying shared, explicit strategic aims to build motivation for action from different sectors within the mayoral regional authority, as well as wider system partners.

### Enablers



#### Within mayoral regional authorities:

- **Articulating the potential health impact in relation to mayoral and regional priorities** at a senior level
- **Collaborating with the governance, structures, and forums created around mayoral priorities** to articulate the health dimension
- **Developing “win-win” cases to explain the contribution of health** to each priority and how they will support health outcomes
- **Ensuring that potential health benefits feature in the prioritisation processes** established to develop priority-related work programmes
- **Establishing good relationships at a senior level with lead politicians and officers** related to each of the priorities to enable objectives to be aligned
- **Gaining trust with key stakeholders and identifying “in-roads”** to align/reshape priorities
- **Measuring and demonstrating impact** against shared objectives

#### With wider system partners:

- **Engaging in shared priority setting with partners**, considering evolving devolution arrangements, can build trust and optimise alignment towards a regional population health approach with shared goals such as inclusive growth, reducing youth unemployment, increasing active travel, etc.
- **Implementing outcome-focused approaches** that demonstrate the value add of a HiAP approach to cross-organisational working and showcase its wider benefits for improving population can help to secure buy-in from wider senior and non-health leaders

#### Both within mayoral regional authorities and with wider system partners:

- **Recognising and celebrating the short-term goals** that are achieved across sectors in pursuit of improved health outcomes can assist with strengthening relationships, as well as building momentum and buy-in



## Shared strategic aims (continued)

### Challenges

**Non-health departments are likely to prioritise their sector-specific objectives** and a lack of evidence on the implementation of HiAP within CAs can hamper ability to effectively guide action in a CA context to improve health and reduce inequalities.

**Measurement frameworks are often used that do not capture progress made towards long-term health outcomes**, which can result in unrealistic expectations regarding HiAP delivery and a lack of understanding of the time it takes to effect health outcomes.

**Fragmented departmental working within mayoral regional authorities** can silo complementary preventive efforts and hinder collaboration to prevent poor health across key strategies; Health teams should avoid creating additional work for non-health sectors and instead ensure that HiAP adds value to existing activities.

## Mayoral regional authority approaches to shared strategic aims



### **Embedding health outcomes within the regional framework for economic growth – West Midlands CA (WMCA, 2020)**

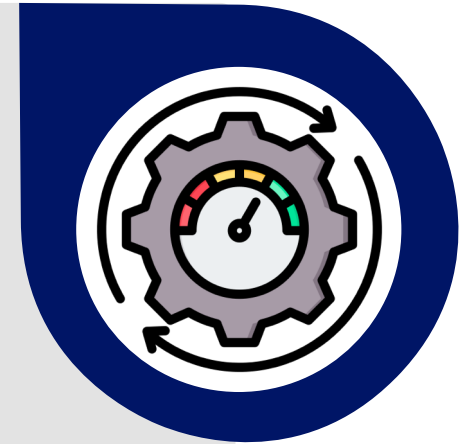
The WMCA hardwired a model of inclusive economic growth into strategies, policies and investments so that economic activity can be pursued to support the reduction of health inequalities, whilst also contributing to economic growth. The WMCA inclusive growth team co-developed a regional framework for inclusive growth with regional public health and national think tank partners. The framework demonstrates how economic activity can improve social and environmental outcomes through its 8 interconnected fundamentals and associated indicators, one of which is health and wellbeing. The health and wellbeing fundamental is measured by a strategic outcome embedded across the organisation, whereby avoidable differences in health outcomes are reduced so that everyone can live longer, healthier, and happier lives.



## Mayoral regional authority approaches to shared strategic aims (continued)

### **Creating a reactive measurement framework – Greater Manchester CA (GMCA, 2021)**

The GMCA and Greater Manchester NHS utilised their established partnership with Professor Sir Michael Marmot and the Institute for Health Equity to develop a regional indicator set. This 'Marmot Beacon Indicator Set' sought to utilise health intelligence to inform priorities for system-wide action and measure progress to 'Building Back Fairer' after the Covid-19 pandemic. The indicators measure the wider determinants of health across housing, income, employment, environment, and early years support and an expert reference group meet twice a year to assess progress against the indicator set through a reflective qualitative approach. Focusing on fewer, more meaningful indicators has helped bring the system together and ensured accountability for monitoring and reprioritisation of joint goals.



### **Shared strategic aims between transport and health – WMCA (2023)**

Close working between the WMCA health team and Transport for West Midlands (TfWM) policy team led to the undertaking of a Health and Equity Impact Assessment (HEqIA) as part of the production process of TfWM's Local Transport Plan. The plan is a core statutory duty of the WMCA's devolved transport responsibilities and sets out the region's future transport needs to ensure the network can meet the demands of businesses and a growing population. The HEqIA assisted with identifying several features within the plan that could be utilised to address health inequalities, including fair access, fair impacts, and active travel. In addition, the WMCA's City Region Sustainable Transport Settlement programme has embedded healthy streets and places as a key theme alongside other complimentary themes such as inclusive growth, a green revolution, and behaviour change, which all work together to support the delivery of improved health and wellbeing.



## Leadership

Effective leadership is crucial in advancing HiAP within mayoral regional authorities.

### Enablers

**Catalysing action via cross-system health leadership** from different organisations and networks across the region (e.g. Integrated Care Systems, local authorities, the Office for Health Improvement and Disparities, etc.) to support a population health management approach, rather than framing needs solely in relation to organisational delivery responsibilities.

**Building leadership for HiAP amongst leaders from different sectors in the first, second, and third tiers of an organisation** is integral to embedding HiAP and stimulating action across Mayoral Regional Authority strategies and agendas.

**Political leadership through a mandate from the mayor or deputy mayor** can be an effective starting point and is a vital ingredient for driving HiAP forward and securing widespread buy-in across the mayoral regional authority.

### Challenges

**Competing priorities of political and senior Mayoral Regional Authority leaders** may mean that health is not at the top of their agenda; Leaders may not be aware of the extent to which non-health sectors can impact the health of the region and view a HiAP approach as encroaching on their authority/subsidiarity principles.



## Mayoral regional authority approaches to leadership



### Setting strategic intent – WMCA (2020)

The WMCA made a strategic commitment to taking an organisational HiAP approach in their key regional health inequalities report and regional framework in the wake of the Covid-19 pandemic (Health of the Region Report, 2020). This led to the adoption of HiAP as a deliverable for the organisation with a focused programme of work and staff capacity to drive this forward. Embedding HiAP into strategic publications, which are supported by the mayor, has given CA leaders a mandate to pursue HiAP.

### Mayoral commitment to health and forging a narrative – South Yorkshire Mayoral CA (SYMCA, 2022)

In South Yorkshire, the mayor recognised significant inequality and productivity loss due to poor health experienced within the region and made a bold commitment to “make the region the healthiest in the country”. This commitment has prompted a strategic shift in the CA’s narrative and emphasised the interconnectedness of work, health, and the economy. As a result, CA success metrics have been broadened to encompass economic prosperity and improved health outcomes. The direct involvement of the mayor as a political leader and chair of the Integrated Care Partnership (ICP) Board has also helped to sustain momentum in driving the HiAP agenda forward in the CA.





## Governance and accountability

Formal processes and procedures enable the systematic embedding of health across mayoral regional authority policy and programme levels.

### Enablers



**Recognising the synergies between HiAP and other prevention-oriented approaches** by engaging with existing or co-developing organisational or regional frameworks and strategies such as those on climate action, equality, diversity, and inclusion, and inclusive growth can help to identify areas for mutual benefit and fostering collaboration.

### Challenges



**Meaningful engagement and co-production can be challenging at a regional scale** and it can be difficult to understand the health needs of diverse communities when tailoring policies, programmes, and interventions.



## Mayoral regional authority approaches to governance and accountability



### **Mayoral statutory powers and organisational commitment - GLA (2018)**

In London, the mayor has a statutory health advisor. Professor Kevin Fenton, the regional public health director for OHID, occupies this role and provides leadership across London for health, prevention of ill health, health protection and reduction of health inequalities.

The mayor of London also has a statutory responsibility to produce a health inequalities strategy. The current health inequalities strategy for London was published in 2018 and includes a comprehensive and evidence-based framework for action on the wider determinants of health and a commitment to HiAP. This top-level commitment has supported the creation of the GLA Group Public Health Unit (PHU), whose mandate is to deliver HiAP, as well as engagement with senior leaders across the GLA group (e.g. in housing, transport, and skills). The PHU is led by the mayor's deputy statutory health advisor, which is a post seconded to the GLA from OHID London.

### **Community engagement to develop accountability for a regional wellbeing economy – North of Tyne CA (NoT CA, 2022)**

NoT CA funded small grants to community groups to run focus groups exploring the wellbeing priorities of people living and working in the region to inform economic recovery efforts following the Covid-19 pandemic. The insights were used to develop a Wellbeing Framework consisting of 10 wellbeing outcomes to enhance the social, economic, environmental, and democratic well-being of those living in the North of Tyne. This created a shared accountability structure that enables decision-makers and the public to track progress towards a shared vision for economic recovery that is rooted in meaningful engagement and aspirations defined by local people.







## Mayoral regional authority approaches to governance and accountability (continued)



### **Shared Governance Model – West Yorkshire CA (WYCA, 2023)**

The CA and Integrated Care Board (ICB) of West Yorkshire have established a partnership agreement across four key policy areas: Core determinants; Equality, Diversity, and Inclusion; Economic opportunity; and Climate emergency. This agreement is signed by the mayor and CA chief exec, who both sit on the ICP Board, and the chair, chief exec and director of the ICB sit on key CA governance boards. A joint senior post (Associate Director Population Health) has been established between the CA and ICB and has been key to instituting the formal structure. This cross-governance model facilitates collaborative decision-making, ensures alignment of priorities, and promotes effective coordination, implementation of, and accountability for, joint initiatives like HiAP as part of a population health approach.



## Monitoring and evaluation

Effective monitoring and evaluation facilitates the guiding of processes and measurement of outcomes and can help to ensure that HiAP gains and retains traction over time.

### Enablers

**Utilising health lens analysis and health impact assessments** iteratively and flexibly before, during, and after policy development, planning, and implementation across mayoral regional authority levers to take a systematic look at the potential and actual impact on health outcomes; This method enables an active research approach that embeds learning by doing and can help integrate HiAP across under-researched cross-policy areas.

**Utilising HiAP outcomes evaluation** to demonstrate effectiveness, promote continuous learning and improvement, guide programme evolution, effectively allocate resources, and promote stakeholder engagement.

**Framing the HiAP approach within a long-term organisation-wide evaluative framework** that provides a structured data collation and analysis mechanism to understand the effectiveness of HiAP efforts on the region's health; Longer-term outcomes should be supported by the contribution of shorter-term measurements.

**Using data to illustrate how the wider determinants impact health outcomes and their interconnectedness with mayoral regional authority levers** can strengthen the rationale for HiAP and help build the business case for action.

### Challenges

**The absence of a framework to promote and embed HiAP** can result in misaligned outcomes across mayoral regional authority departments, overlooked short-term successes, and missed opportunities to align efforts across mayoral regional authority levers to maximise mutual benefits and improve the region's health.

**The lack of evidence, particularly around cost-effectiveness, regarding the impact of mayoral regional authority levers on population health** makes it challenging to attribute improvements in health outcomes to sector-specific and cross-sector interventions.

**Relevant data (where it exists) is sometimes held by other organisations**, such as local authorities and public health departments, which can create barriers related to data privacy, sharing protocols, differing formats, and the need for cross-organisational agreements.



## Mayoral regional authority approaches to monitoring and evaluation



### **Using Health and Equity Impact Assessments – WMCA (2022)**

The WMCA has adopted use of HEqIAs as part of its governance and delivery approach for assessing the potential impact of policies and practices with the aim of improving equality outcomes for communities. The approach seeks to systematically guide decision-making by understanding health impacts and their distributions on the different protected characteristics and be an instrument for change. Responsibility for conducting HEqIAs is delegated across relevant policy or practice holders. However, support is available from the internal-facing WMCA Equalities Team. The WMCA is exploring the development of related training to help drive the wide-scale adoption of carrying out HEqIAs at all stages of a policy and practice lifecycle.

### **Using logic models to demonstrate health outcomes of wider determinant CA activity – WMCA (2023)**

The WMCA health team has co-developed a series of logic models with non-health CA teams, which have served as a foundational framework to both bolster and evaluate the impact of the WMCA's adoption of a HiAP approach to policy development. The systematic process of developing the logic models led to formulating a sequence of evidence-based assumptions regarding the implementation of HiAP across the WMCA, establishing critical connections between policy objectives and the region's longer-term health and health equity. Logic models to improve regional health have been developed for Transport, Housing, Employment and Skills, and Environment and Energy. The logic models demonstrate that implementing HiAP across all policy areas within the WMCA can lead to improvements in wide-ranging and interconnected health outcomes.





## Mayoral regional authority approaches to monitoring and evaluation (continued)



### **Integrating HiAP into organisation-wide monitoring and evaluation frameworks – WMCA (2024)**

The WMCA Health and Communities team, in partnership with the Inclusive Growth team, has worked to influence the ongoing integrated settlement agreement and its associated functional strategies. One key method of influencing the settlement and these strategies has been through the recognition of co-benefits of a HiAP approach and inclusive growth within the WM Outcomes Framework, which is the monitoring and evaluation element with which the WMCA will be held accountable for its delivery on the integrated settlement. Its development is currently a work in progress; however, the Health and Communities and Inclusive Growth teams are working closely with devolved functional strategy leads across non-health functions to ensure outcomes are integrated with health and inclusive growth outcome metrics. Progress made by WMCA as a Trailblazer Devolution Deal area could serve as the blueprint for the adoption of health outcomes to monitor integrated settlement style agreements across regions when they are expanded beyond the trailblazer CAs of GMCA and WMCA in the following years.



# Part 2

# Opportunities for action



# Part 2: Opportunities for action

## Overview

Mayoral regional authority functions vary across regions and as regional devolution arrangements progress, powers for each region will change. Nonetheless, this part of the toolkit is intended to illustrate the breadth of possible activities mayoral regional authorities can take to improve health and reduce inequalities to generate ideas and support colleagues to identify relevant opportunities. The following mayoral regional authority functions are discussed:



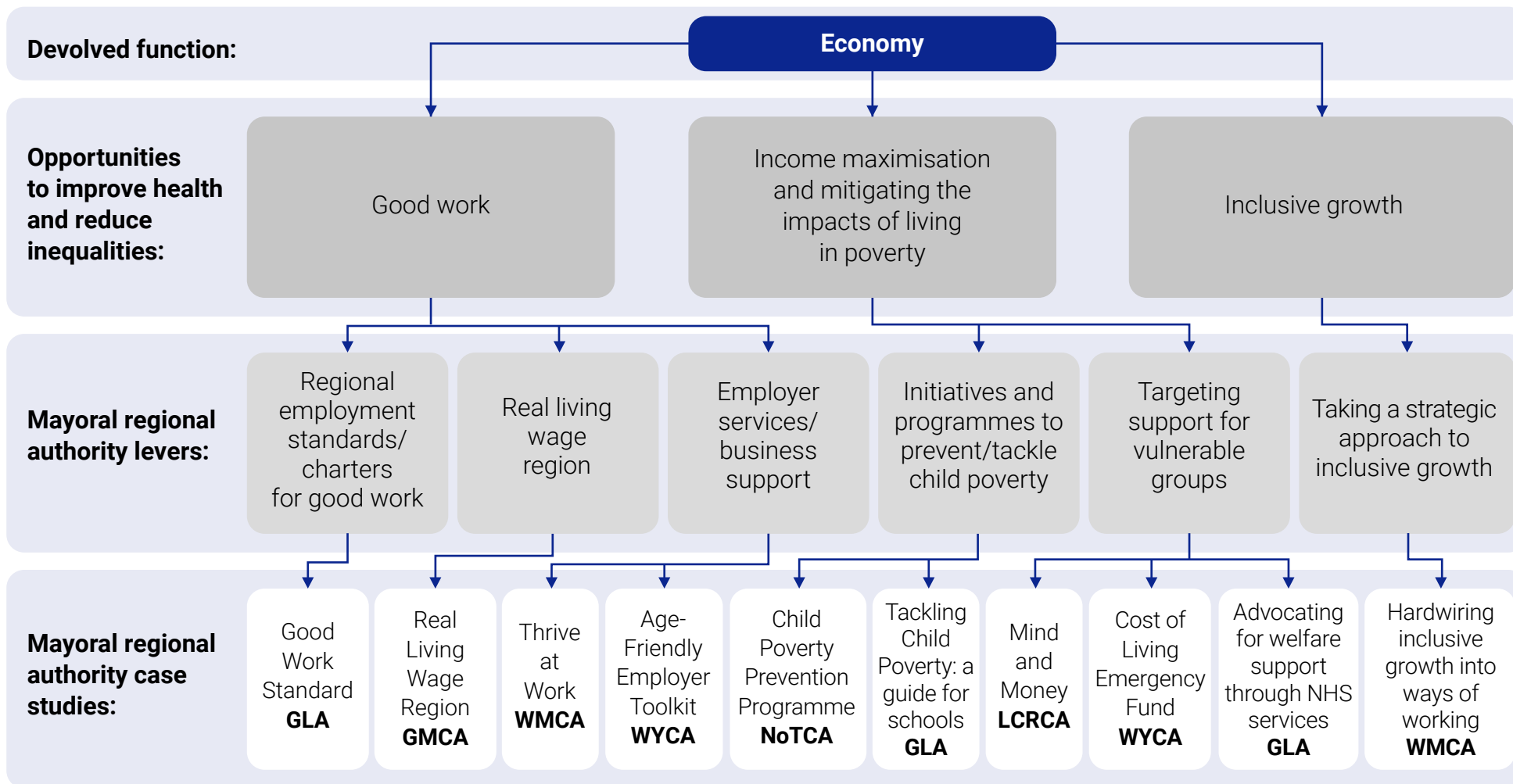
Case studies are also provided to illustrate examples of how different regions have deployed their powers. Please note that each case study icon within the mayoral regional authority levers sections in this part of the toolkit is linked to further information in the appendix.

The following information provides an overview of mayoral regional authority devolved functions, their relationship to health, and the levers that might be used to improve health and reduce inequalities. In addition, an activity prioritisation self-assessment tool has been developed to support colleagues with prioritising opportunities for action in this part of the toolkit, based on factors such as organisational capacity, population need, and political mandate. This tool has been designed for flexible use in a range of contexts. For example, it might be used within or across teams to facilitate assessment and systematic prioritisation of potential HiAP activity, which could support cross-team and cross-organisational collaboration, and strengthen transparency and accountability for prioritisation decisions. Outputs from the tool could also be reviewed over time to support ongoing conversations as the HiAP agenda evolves.



# Economy

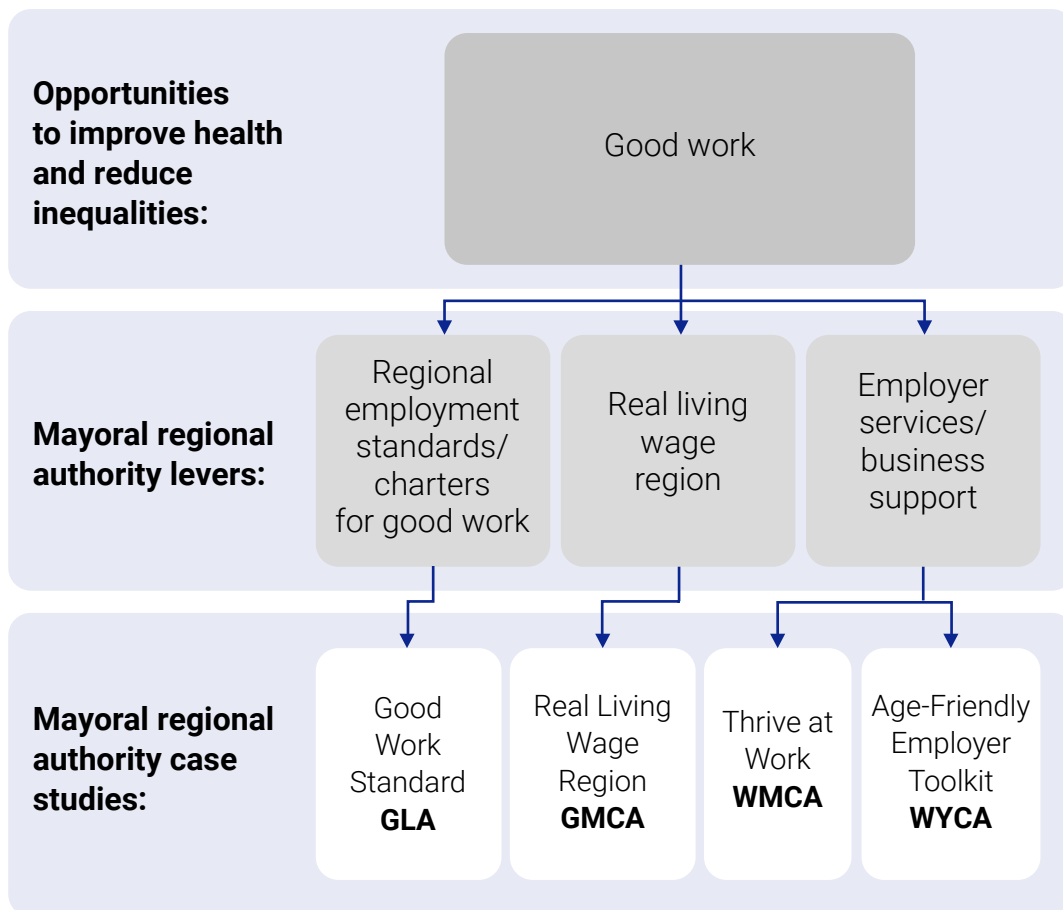
Mayoral regional authorities have a well-established role for setting out and delivering strategies for growing the economy in their area, supporting businesses, boosting productivity and improving residents' lives. This is expected to be an area for increased devolution and part of single settlement agreements.





## Economy

### Opportunities to improve health and reduce inequalities: Good work



Existing relationships with employers can be leveraged to enhance regional employment standards and increase the availability of good work in the region. Good work supports people to stay in work and avoid the negative health and economic impacts of falling out of work. It is associated with the following characteristics:

- Fairly rewarded
- Gives people the means to securely make a living
- Provides opportunities to develop skills, a career, and provides a sense of fulfilment
- Delivers a supportive environment with constructive relationships
- Allows for work-life balance
- Physically and mentally healthy for people
- Gives people the voice and choice they need to shape their working lives
- Accessible to all

Improved health and wellbeing lead to better recruitment, retention, and productivity. On the following pages, mayoral regional authority levers for good work are summarised in more detail.





## Economy

### Mayoral regional authority levers for good work

#### Regional employment standards/charters for good work

Regional employment standards and charters enable mayoral regional authorities to work with sector experts and local employers to define what good work looks like in their region and use this to encourage and promote good work practices. Charters can be tailored to the unique context of each mayoral region and can be sector-specific or shaped to address different industry requirements. They can be delivered by a dedicated charter team within the mayoral regional authority that guides employers through an accreditation process alongside tailored support to enable good work practices.

Good  
Work  
Standard  
**GLA**

#### Real living wage region

The real living wage (RLW) is a UK wage rate based on the cost of living and is assessed annually by the Living Wage Foundation. To become RLW accredited, employers must:

1. Pay the RLW to all directly employed staff
2. Have a plan in place to pay contractors the RLW

The RLW has been shown to lead to greater productivity and motivation at work; a study found that 93% of accredited RLW businesses reported they had benefited from becoming living wage employers, including a reputational boost and finding it easier to attract and retain staff. For employees, it has been shown to lead to improved mental health and relationships with family. Increasingly mayoral regional authorities are working with the Living Wage Foundation to become accredited RLW regions with the ambition for all employees to be paid the RLW. Working towards this equips mayoral regional authorities to:

- Become RLW accredited and lead by example for other employers in the region
- Stipulate that RLW accreditation is required by employers to be eligible to become accredited by the regional employment standards/charter
- Work with the Living Wage Foundation to build and convene partnerships with industry leaders and stakeholders across the region to develop sector-specific action plans

Real Living  
Wage Region  
**GMCA**



## Economy

### Mayoral regional authority levers for good work (continued)

#### Employer services/business support

Mayoral regional authorities have an established role in employer services/business support activity, which was evidenced by the transfer of Local Enterprise Partnerships functions into mayoral regional authorities from April 2024. This mandate provides the opportunity to support employers with expert evidence-based guidance to enable healthy and effective workplace practices across their region. The types of employer services/business support activity include:

- Providing tailored human resource (HR) support to employers
- Funding and delivering an accreditation programme for good workplace practices
- Inclusive employer toolkits
- Linking health/good work activity with non-health employer initiatives within mayoral regions e.g., supporting the night-time economy

Tailored business support is especially helpful to small and medium-sized enterprises that can lack sufficient HR capacity to drive forward healthy workplace practices.

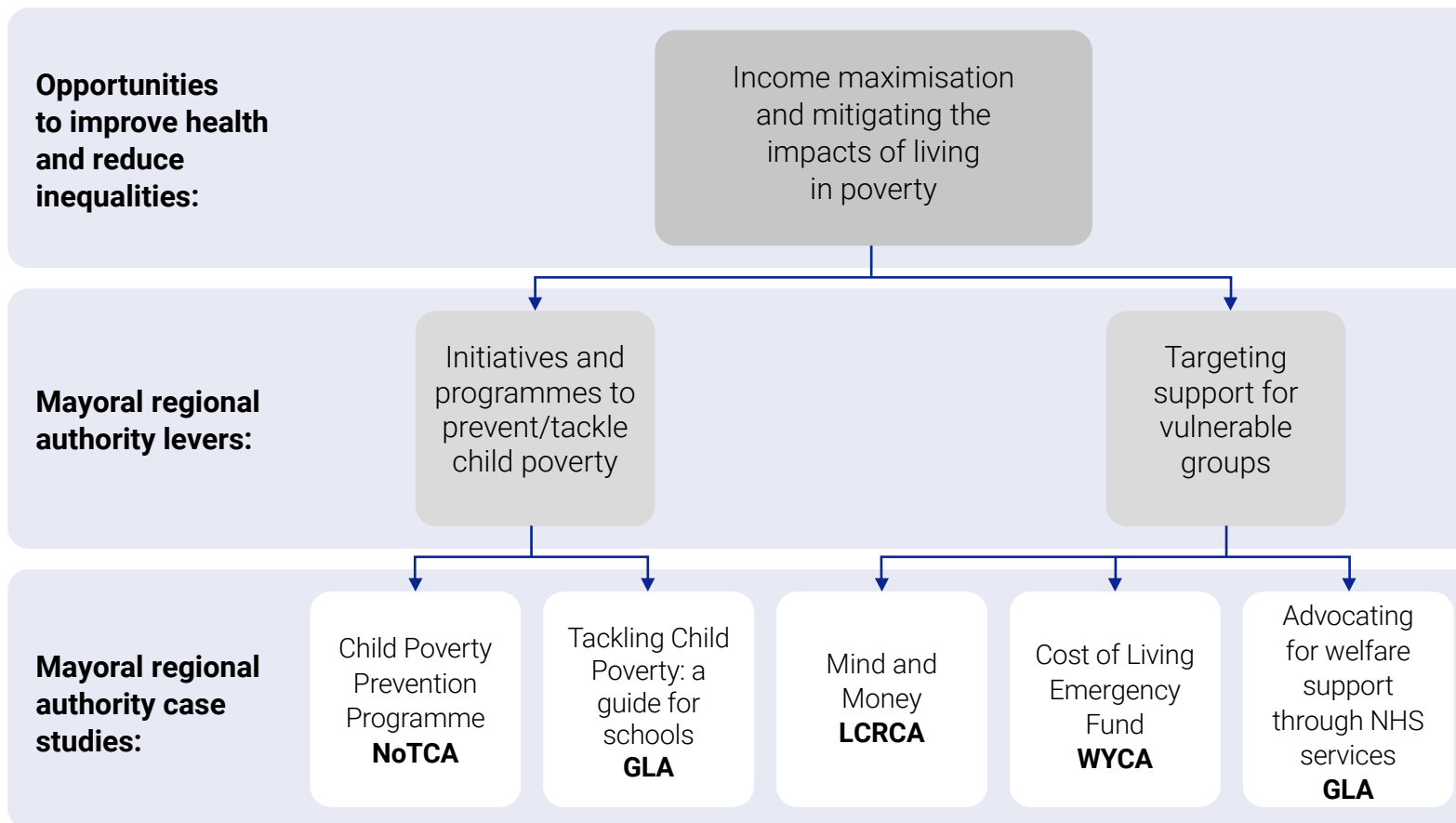
Thrive  
at Work  
**WMCA**

Age-Friendly  
Employer  
Toolkit  
**GMCA**



## Economy

### Opportunities to improve health and reduce inequalities: Income maximisation and mitigating the impacts of living in poverty



Providing support to individuals and families to maximise their income can help with alleviating poverty and improving physical and mental wellbeing. This is because money enables access to many of the key drivers of good health, including good quality housing, heating, healthy food, and social participation.

For example, evidence demonstrates that when parents in poverty gain additional income, they invest it in their children, and this can lead to improving outcomes even before birth.



## Economy

### Mayoral regional authority levers for maximising income and mitigating the impacts of living in poverty

#### Initiatives and programmes to prevent/tackle child poverty

Mayoral regional authorities can play a role in preventing and tackling child poverty through supporting income maximisation initiatives for parents, particularly in families with children under 5, and lone parents.

Income maximisation support services for parents can include:

- Welfare and debt advice
- Employer support

Mayoral regional authorities can also work with their local schools and invest in supporting services which combine income maximisation support with efforts to mitigate the impact of poverty on families. These could include extended school services such as breakfast, after-school, and holiday clubs.

Extended school services can benefit disadvantaged children and parents as they help to:

- Narrow the attainment gap
- Enhance access to sport and culture, boosting health and wellbeing
- Provide free childcare, enabling parents to access work and further income

Child Poverty Prevention Programme  
**NoTCA**

Tackling Child Poverty: a guide for schools  
**GLA**

#### Targeting support for vulnerable groups

Mayoral regional authorities can provide timely and targeted support for income maximisation for their most economically vulnerable residents by establishing protected funding pots.

However, there is also a need to provide additional assistance, as despite being entitled to the most support, the poorest households and most vulnerable individuals often face significant barriers to access.

There is an estimated £19-24 billion of unclaimed means-tested support and social tariffs across England.

Mayoral regional authorities can work with key regional partners such as Citizen's Advice, debt advice services, and voluntary and community organisations that have existing relationships with vulnerable groups and are well-placed to offer targeted support such as:

- Help with debt, budgeting, and financial resilience
- Skills development
- Guidance and techniques for energy efficiency

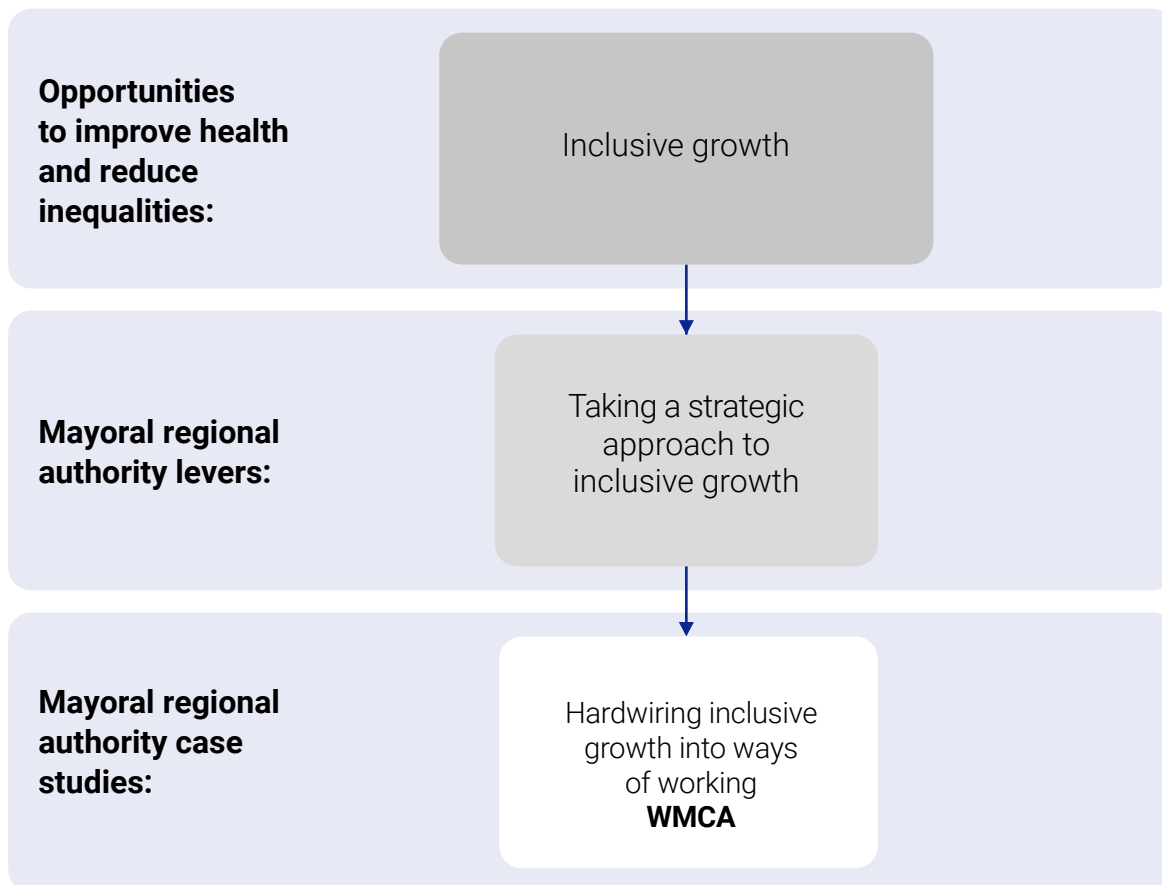
Advocating for welfare support through NHS services  
**GLA**

Cost of Living Emergency Fund  
**WYCA**



## Economy

### Opportunities to improve health and reduce inequalities: Inclusive growth



Inclusive growth is economic growth that delivers social and environmental benefits, tackles inequalities, and spreads benefit more fairly between people and places. As such, it can be utilised by mayoral regional authorities as a supportive mechanism to deliver HiAP. It is a model that offers a more purposeful approach to growth creation and is measured not only by how fast or aggressive it is, but by how and where it is created and shared. It fosters a thriving economy that everyone can contribute to and benefit from. The model works across broad thematic areas such as:

- Good work
- Healthy places promoting wellbeing through social and economic determinants
- Sustainability and net zero
- Community power and participation
- Inclusive development and innovation

Inclusive growth helps to tackle some of the underlying causes of ill-health and inequality and can support prevention-oriented models of health and wellbeing.



## Economy

### Mayoral regional authority levers for inclusive growth

#### Taking a strategic approach to inclusive growth

Strategically adopting an organisation-wide model of inclusive growth enables mayoral regional authorities to mainstream and align efforts across the economy and wider determinants to support the improvement of health and wellbeing and the reduction of inequalities. Activities to achieve this can include:

- Co-developing a regional definition of inclusive growth with cross-sector partners and residents, so that regional economic growth can be understood through a holistic lens that accounts for health and inequalities
- Co-developing inclusive growth policy tools, such as a decision-making toolkit and regional outcomes framework, for planning action and monitoring activity
- Embedding a co-developed regional approach for inclusive growth across the organisation and leading by example, for example via hardwiring inclusive growth considerations into governance processes
- Adding value to local work by supporting local partners with technical expertise to adopt an inclusive growth approach to their ways of working and inform investment decisions
- Partner with leaders such as the Inclusive Growth Network to mainstream inclusive growth as a cross-cutting priority within policy and decision-making processes

Hardwiring  
inclusive growth  
into ways of  
working  
**WMCA**

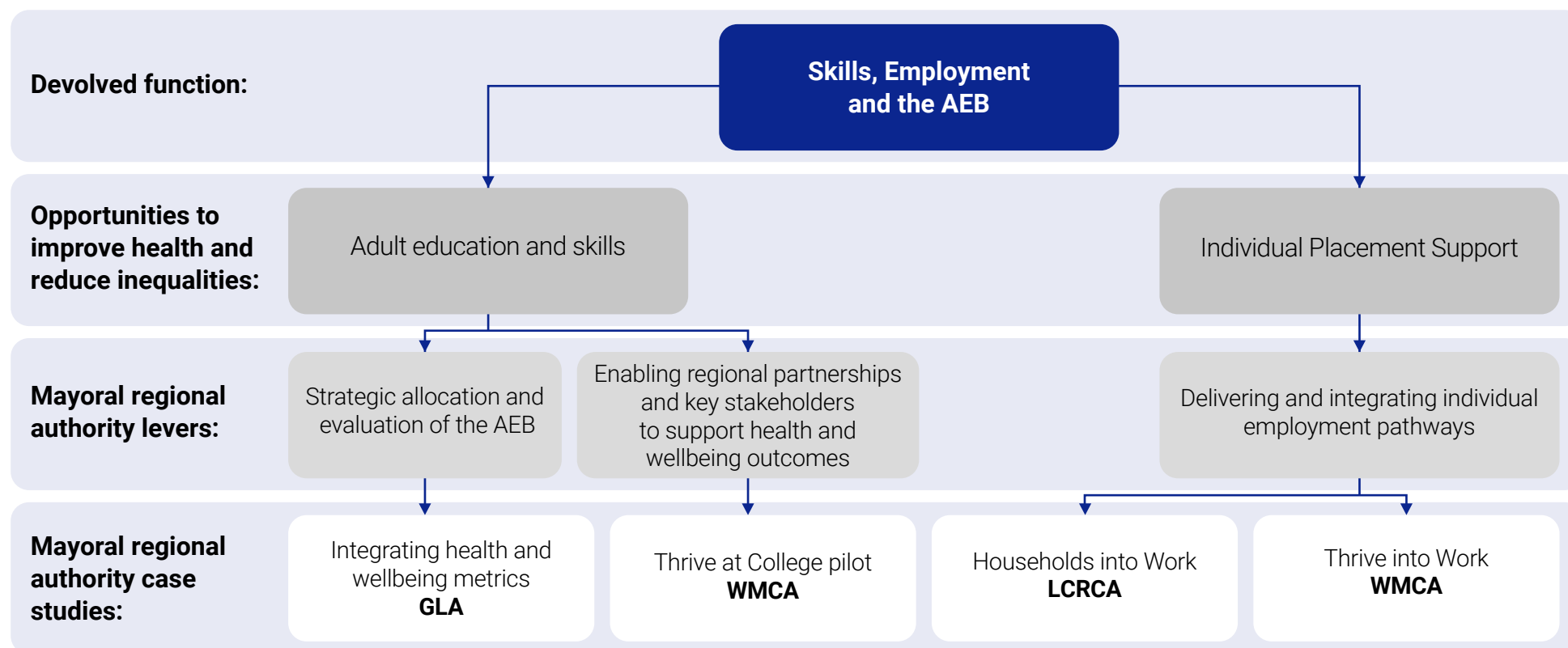


# Skills, employment, and the adult education budget

In some regions, the Adult Education Budget (AEB) gives mayoral regional authorities responsibility to commission skills provision within their region and support regional partnership working across education and training providers, universities, VCSEs, and businesses.

A proportion of the AEB allocated to mayoral regional authorities supports an Adult Community Learning provision via constituent local authorities and the majority of this is used to commission provision from further education colleges and independent training providers. The AEB funds the statutory entitlement for residents aged 19+, covering basic english, maths, and digital skills, as well as a range of provision aligned with regional priorities based on skill gaps and projected future needs in priority growth sectors.

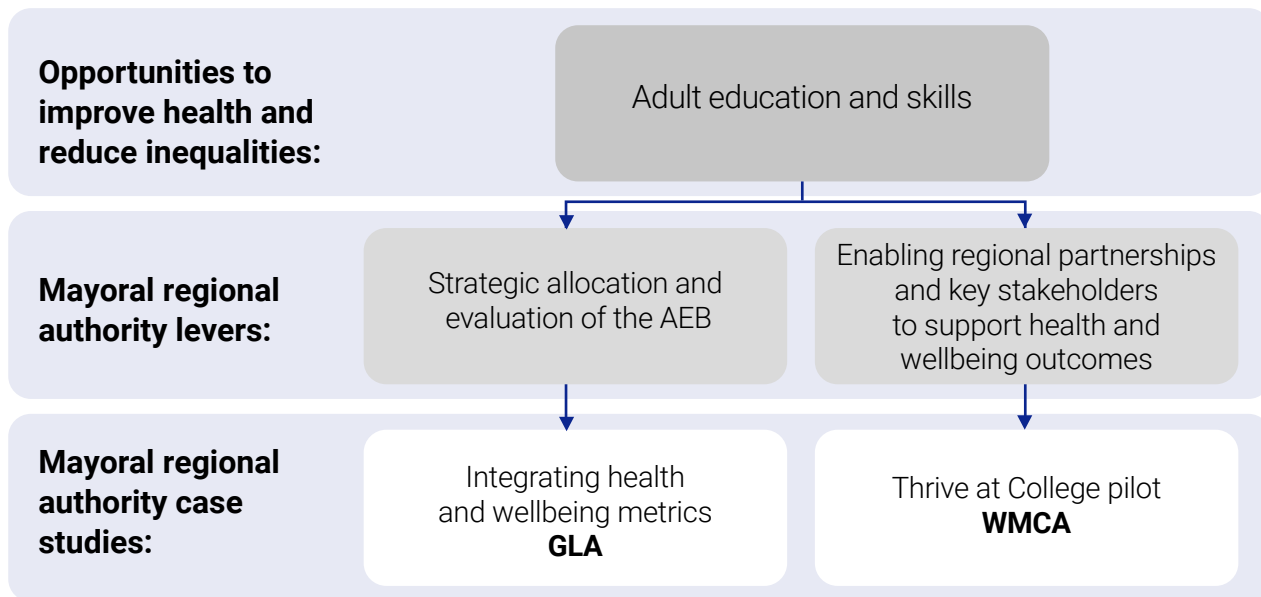
This is expected to be an area for increased devolution and part of single settlement agreements.





# Skills, employment, and the adult education budget

## Opportunities to improve health and reduce inequalities: Adult education and skills



The AEB provides a flexible and responsive model of skills delivery to improve employment outcomes from training.

Skills are crucial for accessing good-quality work with fair pay and conditions, which enhances physical and mental health and supports overall wellbeing and life expectancy.

People with more education are more likely to have more skills to manage their health, a greater understanding of health conditions, and better knowledge of available treatments. Adult learning can also have intergenerational benefits in parents passing on their learning to their children and therefore support giving children the best possible start in life.





## Skills, employment, and the adult education budget

### Mayoral regional authority levers for adult education and skills

#### Strategic allocation and evaluation of the AEB

Mayoral regional authorities are in a unique position to use their devolved responsibility in adult education and skills to influence positive health outcomes and reduce inequalities. Activity to do so can include:

- Targeting groups within regions who are facing barriers in the labour market
- Capturing health and wellbeing outcomes of those participating in AEB funded courses and using this to inform future skills policy and delivery

Integrating  
health and  
wellbeing metrics  
**GLA**

#### Enabling regional partnerships and key stakeholders to support health and wellbeing outcomes

The role of mayoral regional authorities in adult education and skills enables them to support and convene regional partnerships across education and training providers, universities, further education (FE) colleges, VCSEs, and businesses to enhance skills provision in the region. These partnerships and relationships with key stakeholders can support health and wellbeing outcomes through the following activities:

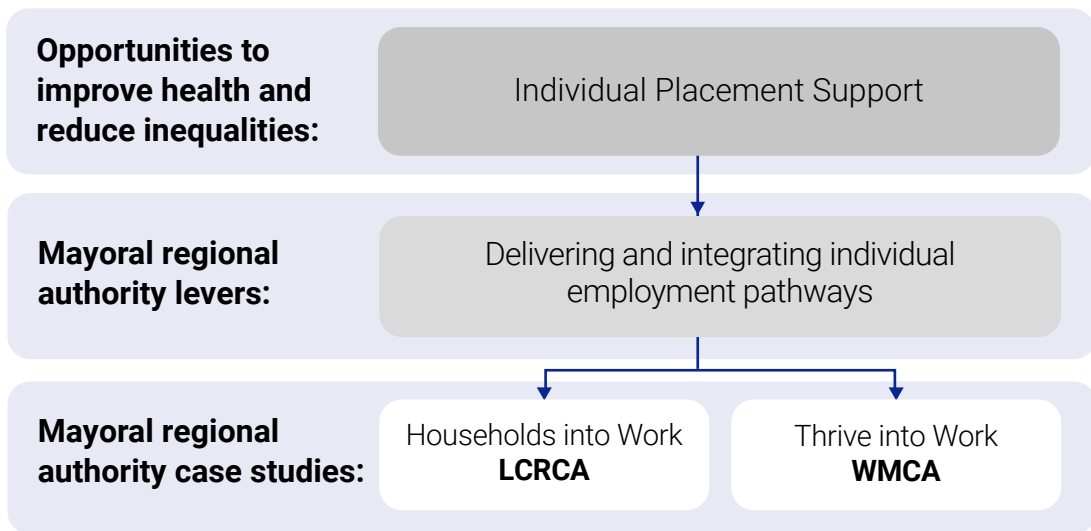
- Working with organisations to upskill staff with health-related training
- Assisting organisations to adopt a holistic and early support approach to mental health

Thrive at  
College pilot  
**WMCA**



# Skills, employment, and the adult education budget

## Opportunities to improve health and reduce inequalities: Individual Placement Support



Mayoral regional authorities are well-placed to support employment programmes that support residents with health barriers into employment.

Individual Placement Support (IPS) is a voluntary employment programme that is well evidenced for supporting people with mental health challenges to find paid employment through providing intensive, individually tailored support to help find the right job, with ongoing support for the employer and employee to help ensure the person keeps their job.

It is increasingly being implemented in a variety of settings to support a range of citizens, including those with mental and physical health conditions.

### Mayoral regional authority levers for IPS

#### Delivering and integrating individual employment pathways

The IPS model provides mayoral regional authorities with an evidence-based approach for supporting specific groups of residents, particularly those with health needs, into work or to remain in work. Possible activities in this space include:

- The delivery, commissioning, and management of integrated employment support programmes which are grounded in the principles of IPS
- Drawing down money from government departments to fund regional IPS programmes
- Partnering with local health system partners such as ICSs and Primary Care to develop integrated employment pathways for specific groups of people (e.g. by age or health condition)

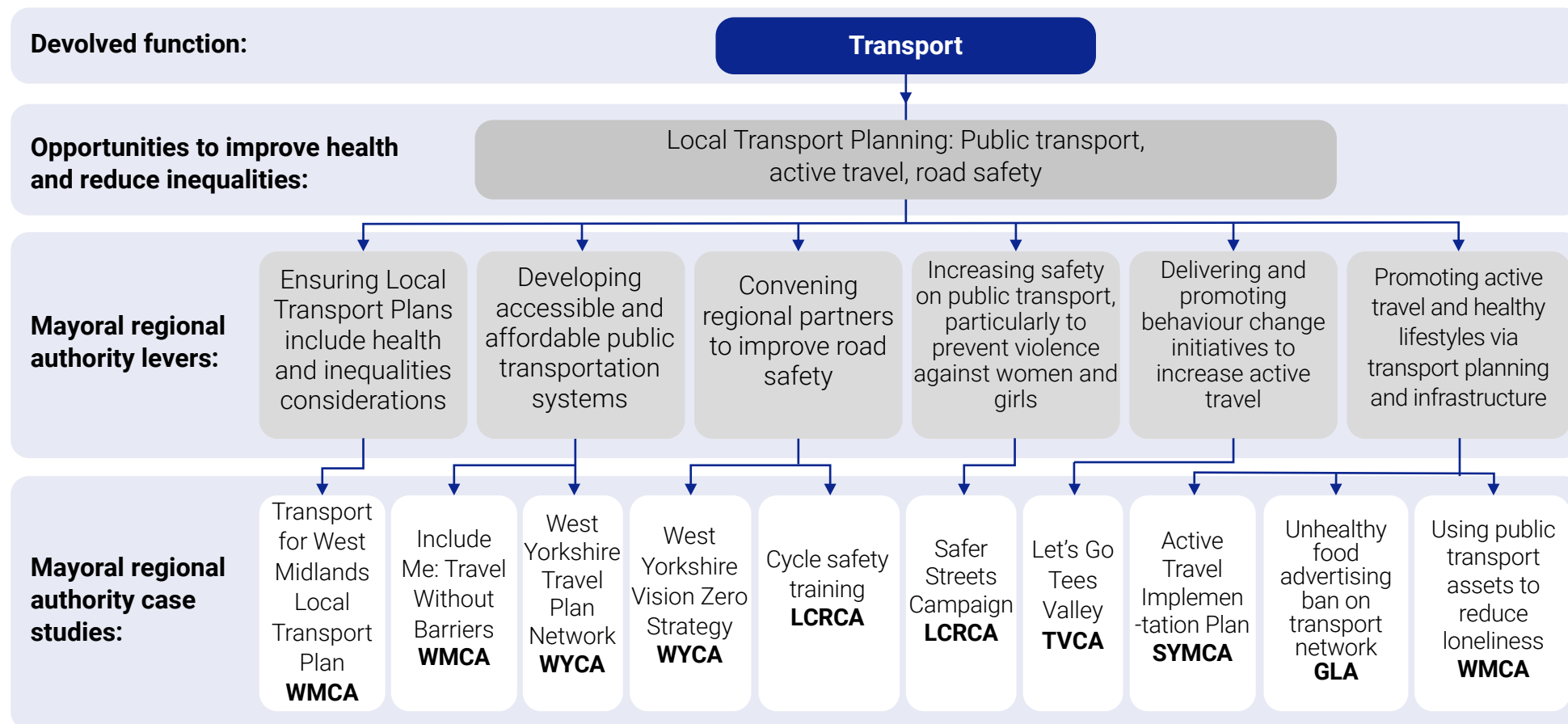




# Transport

Devolved responsibility for transport varies widely across regions. For example, in London, the Mayor has wide-ranging powers over transport principally through Transport for London which runs services and infrastructure. Other mayors are increasingly gaining responsibilities over local buses.

In the West Midlands, the CA is also the Local Transport Authority and responsible for producing a Local Transport Plan for the area and delivering this with their constituent local authorities. This statutory transport role requires providing residents with access to reliable, affordable, safe, and accessible public transport, and the means for active travel.





## Transport

### Opportunities to improve health and reduce inequalities: Local transport planning

Statutory Local Transport Plans set out the region's future transport needs, including infrastructure, safety, and access. This provides an opportunity to address barriers to a range of transport options to support a system that promotes safety and wellbeing and is inclusive of all residents.

#### Public transport

Reliable, affordable, safe, and accessible public transport can enable the following:

- Access to the core drivers of health - work, education, and care facilities
- Improved mental health and wellbeing through access to friends, family, green spaces, sports, and community activities
- Allocation of more resources to other essential activities that can support health, such as healthy food
- The provision of a viable alternative to private vehicle usage, which can reduce emissions, improve air quality, and can encourage active travel

#### Road safety

Road collisions are a major cause of preventable death, serious physical injury, and psychological trauma. They are also distributed unequally across society, with children and young adults in the most deprived areas at higher risk of injury and death than those in the least deprived areas. The factors driving this are complex to isolate and include socio-economic and environmental factors, such as level of crime and busier roads in deprived areas.

#### Active travel

Active travel includes walking, cycling, and other forms of non-motorised transport and can have a positive impact on physical and mental health via the following:

- Increased physical activity levels, which supports maintaining a healthy weight, reduces the risk of chronic diseases, improves overall cardiovascular health, strengthens muscles and bones, and reduces the risk of falls and fractures, especially in older adults
- Reduced stress, anxiety, and depression; being outdoors and interacting with the environment can further support positive mental wellbeing
- Reduced reliance on motor vehicles, leading to lower emissions and improved air quality; dense areas of deprivation are associated with poorer levels of air quality, therefore improving levels of active travel in targeted areas can help to reduce health inequalities



## Transport

### Mayoral regional authority levers for local transport planning

#### Ensuring Local Transport Plans include health and inequalities considerations

Local Transport Plans provide an opportunity to undertake a systematic assessment of the impact on health and inequalities as part of the planning development process.

Mayoral regional authorities could undertake a HEqIA to support this process and ensure that transport policies and projects are able to equitably achieve the following:

- Promotion of healthier lifestyles through active travel
- Reduction of pollution and improved air quality
- Improved access to essential services

Transport for  
West Midlands  
Local Transport  
Plan  
**WMCA**

#### Developing accessible and affordable public transportation systems

Transport planning powers enable mayoral regional authorities to address physical and financial barriers to public transport to support more inclusive transport systems. Activities to do so can include:

- Providing accessible infrastructure and transport to meet population health and accessibility needs
- Incorporating new technologies to support accessibility for specific groups
- Providing subsidised fare programs for targeted groups that are experiencing barriers to transport and subsequently accessing the core drivers of health

West Yorkshire  
Travel Plan  
Network  
**WYCA**

Include Me:  
Travel Without  
Barriers  
**WMCA**



## Transport

### Mayoral regional authority levers for local transport planning (continued)

#### Convening regional partners to improve road safety

The regional convening role of mayoral regional authorities in addition to their transport responsibilities equip them with levers to improve road safety and reduce harm. These include the following potential areas of activity:

- Making a public commitment to improving road safety via a 'Vision Zero' strategy to eliminate all traffic fatalities and severe injuries, while increasing safe, healthy, and equitable mobility for all
- Regional partnership working to design and deliver a regional strategic approach to road safety, e.g., campaigns to increase helmet use for cyclists and promote the use of child car seats and seat belts, as well as traffic calming measures and legislation against driving under the influence
- Delivering initiatives to improve safe travel for school children (e.g., School Streets Schemes); Cycle to School Week is a national initiative encouraging students to choose cycling as a fun, healthy, and environmentally friendly way to get to school and can help to reduce traffic congestion

Cycle safety training  
**LCRCA**

West Yorkshire Vision Zero Strategy  
**WYCA**

#### Increasing safety on public transport, particularly to prevent violence against women and girls

High levels of harassment and other abuse on public transport can limit women's willingness to travel, which can limit options to places of work, education, culture, and connectivity and have an indirect impact on health and earning potential. Women are at greater risk of violence from strangers on public transport and when walking to and from transport. Public transport hubs are also hotspots for harassment, particularly against women.

Ensuring access to safe, affordable, and reliable transport enables women to access health, education, markets, and jobs without the anxiety or trauma of being victimised.

Activities to improve safety on public transport can include:

- Designing safer transport infrastructure, such as well-lit stations and surveillance systems
- Training transport staff on gender sensitivity and implementing awareness campaigns to change social norms and behaviours
- Using technology to provide easy and anonymous reporting of harassment incidents

Safer Streets Campaign  
**LCRCA**



## Transport

### Mayoral regional authority levers for local transport planning (continued)

#### Promoting active travel and healthy lifestyles via transport planning and infrastructure

Promoting walking, cycling, and other forms of active transport through urban planning and design can significantly improve health by reducing air pollution, increasing physical activity, and lowering stress levels. Activities to do so can include:

- Expanding cycling lanes on public transport routes
- Enhancing pedestrian infrastructure to ensure safe walking paths and crossings
- Integrating public transport with active travel options, like bike-sharing programs, to encourage multimodal transport that promotes activity
- Encouraging/incentivising employers to provide supportive amenities, such as secure bike parking and showers at workplaces
- Implementing measures, such as road humps and road narrowing, to reduce traffic speeds and volumes and make roads safer for all
- Convening forums with urban planners and public health officials to design environments that encourage physical activity and support active travel

Mayoral regional authorities can also use transport infrastructure and estates for health promotion opportunities, such as:

- Using the transport estate to support health education campaigns and communicate public health messages directly to commuters; for example, including signage about physical activity, smoking cessation, nutrition, vaccination clinics, etc.)
- Designing transport spaces to improve and promote mental wellbeing; for example, by reducing congestion, noise, and overcrowding, and creating clean and calm environments with pleasant lighting
- Banning harmful advertising that promotes unhealthy behaviours and instead promoting healthier lifestyle choices.

Active Travel  
Implementation  
Plan  
**SYMCA**

Unhealthy  
food advertising  
ban on transport  
network  
**GLA**

Using public  
transport assets  
to reduce  
loneliness  
**WMCA**



## Transport

### Mayoral regional authority levers for local transport planning (continued)

#### Delivering and promoting behaviour change initiatives to increase active travel

Leading on Local Transport Plans provides opportunities to integrate active travel within them, as well as across broader policy frameworks. Encouraging greater active travel within the region can promote healthier lifestyles and assist with tackling air quality issues. Activities to do so can include:

- Engaging communities through education and awareness campaigns
- Providing practical resources to enable active travel, such as advice for routes to take or bike maintenance and confidence
- Co-designing initiatives with communities so that they are accessible and tailored to their needs
- Targeting specific cohorts with low physical activity levels, living in areas with poor air quality, or that have poor access to public transport links
- Offering incentives for active travel through bike subsidies and discount schemes
- Working with local businesses to support active travel among employees
- Improving infrastructure with safe and accessible routes

Let's Go  
Tees Valley  
**TVCA**

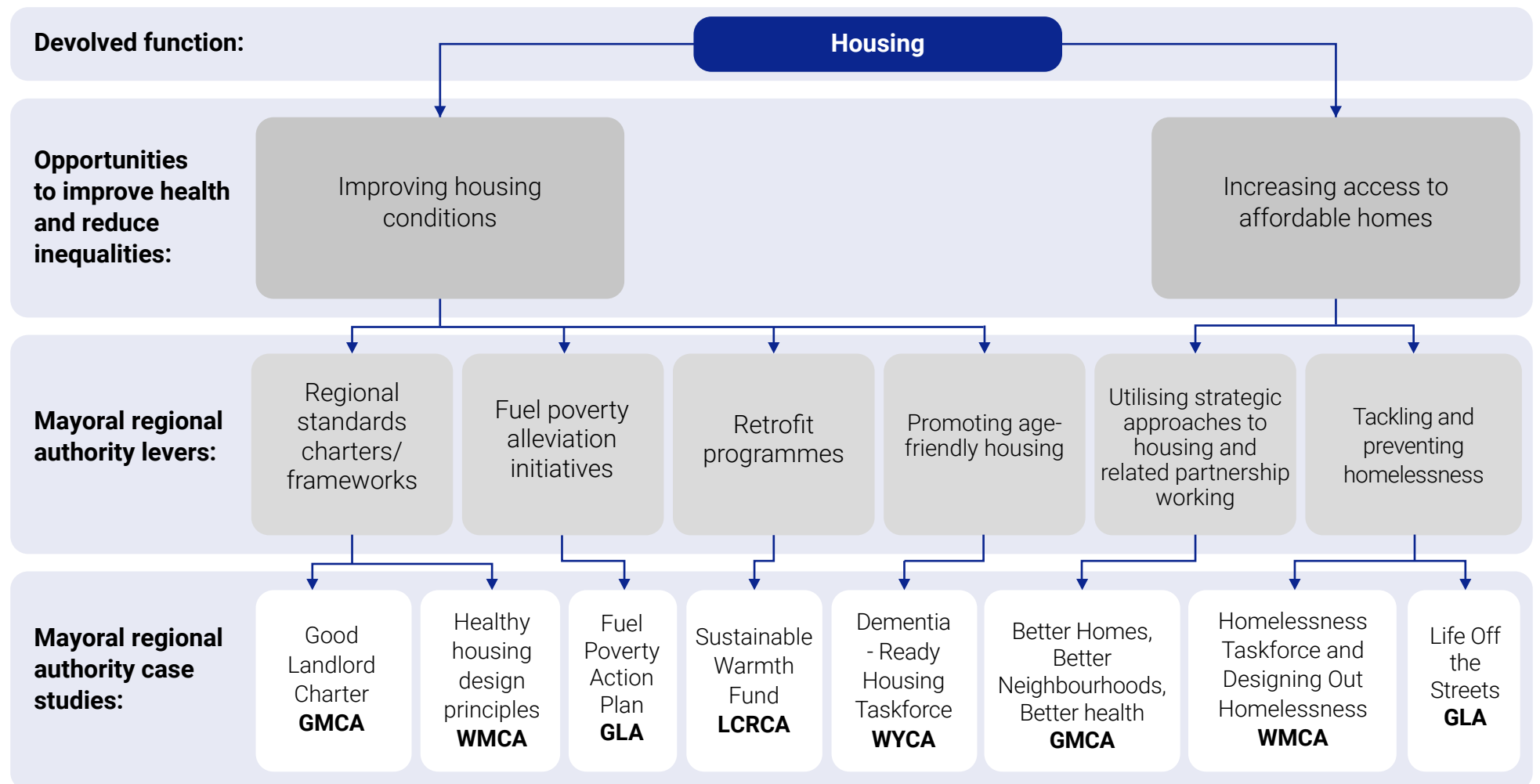




# Housing

Devolved responsibility for housing varies across regions. Typically, mayoral regional authorities have devolved housing and land funds and a strategic investment role in housing and development for regeneration projects and brownfield land development. In London, the mayor has a duty to publish a housing strategy.

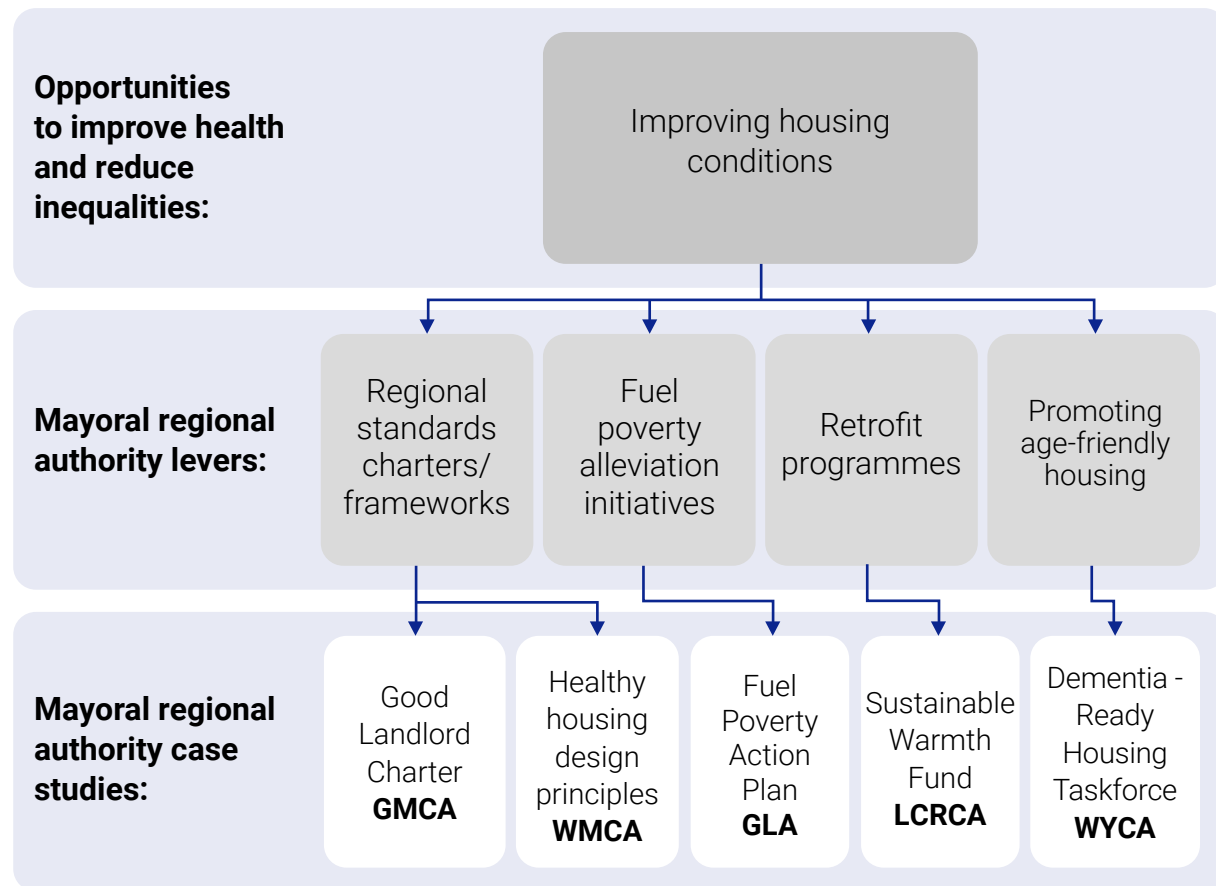
This is expected to be an area for increased devolution and part of single settlement agreements.





# Housing

## Opportunities to improve health and reduce inequalities: Improving housing conditions



The role of mayoral regional authorities in housing provides opportunities to support residents to have homes that are supportive of health and wellbeing.

The condition, nature, security and location of housing influences health and wellbeing in numerous ways. A healthy home is somewhere safe and stable that meets the diverse needs of the people living there and helps them connect to community, work, and services.

Non-decent homes are those that contain hazards, are not in a reasonable state of repair, lack modern facilities, or are not effectively insulated or heated, causing cold and damp conditions. They put people’s health at risk by causing injuries from hazards or respiratory problems because of damp/inadequate heating. Research has found that bringing homes up to national housing standards can result in considerable reductions in emergency hospital admissions for injuries and cardiorespiratory conditions.



## Housing

### Mayoral regional authority levers for improving housing conditions

#### Regional standards charters/frameworks

Housing charters/frameworks provide practical and technical support to partners and stakeholders that play a key role in the delivery of housing provision, such as landlords or local planning authorities.

Mayoral regional authorities can utilise these charters/frameworks to work with sector experts and local authority partners to define what healthy housing looks like in their region and encourage and support good practice within existing and new developments to improve standards of homes.

Mayoral regional authorities might wish to co-develop the following types of charters/frameworks:

- Good Landlord Charters to establish clear standards for rental properties
- Healthy housing design principles for new developments on brownfield land

These might be delivered through a dedicated team funded by the mayoral regional authority or used as an influencing tool to access devolved funding for housing.

Good Landlord  
Charter  
**GMCA**

Healthy  
housing design  
principles  
**WMCA**

#### Fuel poverty alleviation initiatives

Mayoral regional authorities can collaborate with local health services, social care providers, and community organisations to identify and support households most at risk of fuel poverty.

Activity can include:

- Providing targeted advice
- Offering financial support
- Facilitating access to energy-saving technologies
- Supporting vulnerable populations to maintain a healthy indoor environment

This approach can help to alleviate the financial burden of high energy costs and tackle the health impacts of living in cold and damp conditions, such as mental health issues and respiratory illnesses.

Fuel Poverty  
Action Plan  
**GLA**



## Housing

### Mayoral regional authority levers for improving housing conditions (continued)

#### Retrofit programmes

Mayoral regional authorities can develop, promote, and advocate for fully funded retrofitting programs that prioritise energy efficiency, improved ventilation, and the use of non-toxic materials. Related activity can include:

- Lobbying government to draw down funds to deliver a substantial retrofitting programme across the region
- Collaborating with local authorities, NHS services, housing associations, and community groups to provide targeted support for access retrofitting programmes and coordinate delivery
- Targeting older housing stock and areas with higher levels of deprivation, ensuring that vulnerable populations benefit from healthier living conditions

Sustainable  
Warmth Fund  
**LCRCA**

#### Promoting age-friendly housing

Mayoral regional authorities can advocate for age-friendly housing design principles when influencing the design of existing and new housing. Related activity can include:

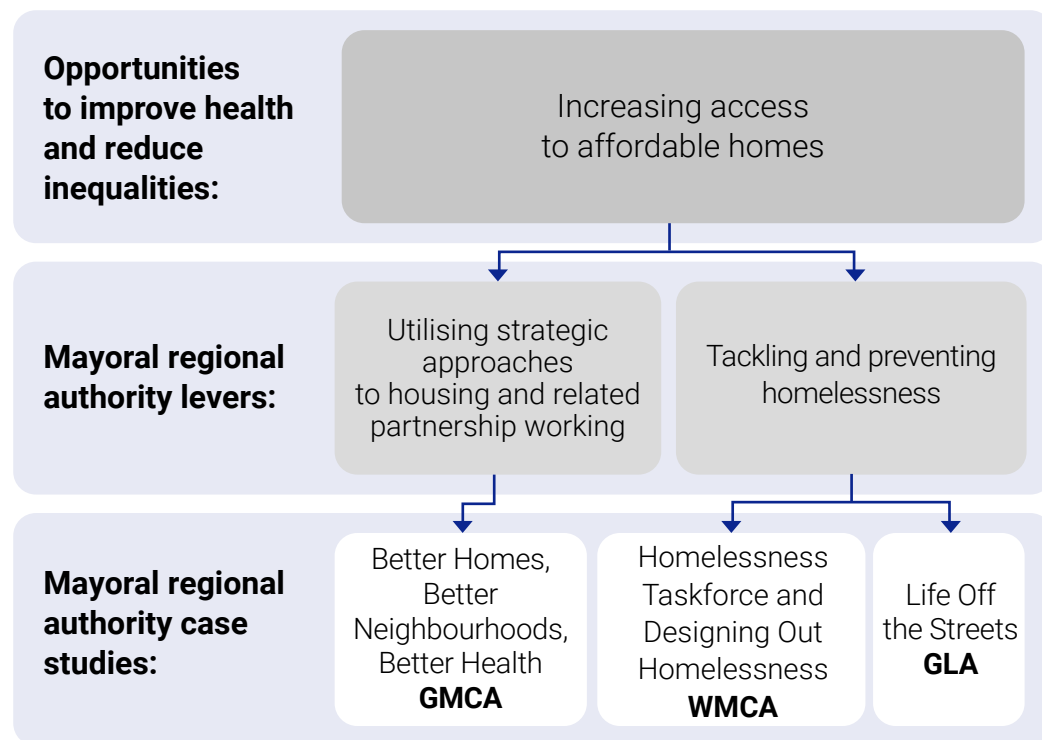
- Collaborating with key system partners such as the NHS, Department for Health and Social Care, Homes England and VCSEs to define age-friendly standards for the region
- Promoting housing standards to ensure safety, accessibility, and comfort for an ageing population
- Prioritising funding for developments with age-friendly housing
- Supporting the retrofit of existing housing stock to meet age-friendly standards
- Working with system partners to provide integrated support for older adults, including financial assistance for home modifications, information, and resources on age-friendly housing options, and facilitating access to at-home care services

Dementia -  
Ready Housing  
Taskforce  
**WYCA**



# Housing

## Opportunities to improve health and reduce inequalities: Increasing access to affordable homes



Implementing strategic approaches to housing, development, and regeneration that increases supply and affordability of homes can have a significant impact on regional health and inequalities.

This is because spending a high proportion of income on housing leaves less for other essentials that influence health, such as nutritious foods and social activities. Housing affordability also has a disproportionate impact on people with low incomes, as housing costs usually remain high even at the most affordable end of the spectrum.

In addition, affordability problems can contribute to overcrowding, as households seek to split the fixed costs of accommodation with more individuals. Overcrowding can have a range of negative effects on sleep, mental health, the spread of disease, child development, and injury.

Lack of housing affordability can also create housing instability (relating to having control and security) and push people into temporary accommodation or rough sleeping. Housing instability is a significant driver of poor mental health as it can cause stress, while frequent moves can undermine people’s engagement with health and other local services, weaken their relationships in the local community, and reduce overall quality of life.



## Housing

### Mayoral regional authority levers for increasing access to affordable homes

#### Utilising strategic approaches to housing and related partnership working

Mayoral regional authorities can use their powers and functions to work strategically to increase housing supply and affordability. Related activity can include:

- Developing and implementing housing strategies to create regional plans that balance supply and demand while prioritising affordability for low- and middle-income households
- Employing inclusive policy frameworks that advocate for policies that increase affordable housing stock, including mixed-use developments that incorporate social, affordable, and private housing
- Using planning powers to drive local development, incentivising the building of more affordable housing and streamlining planning processes
- Identifying and releasing publicly owned land for the construction of affordable housing (i.e. with newly created sites or by redeveloping underused public spaces)
- Encouraging affordable housing in new developments, for example by implementing policies where developers are required to include a certain percentage of affordable homes in new developments

Mayoral regional authorities are also well-placed to convene, lead, and support regional partnership networks with housing providers and the NHS to advocate for policy changes for housing projects that prioritise healthy lifestyles and health equity. Related activity can include:

- Engaging with the evidence base and community organisations to understand the housing needs of different populations and tailor policy approaches accordingly
- Embedding evidence-based approaches into existing policy frameworks within mayoral regional authorities and partner organisations

Better Homes,  
Better  
Neighbourhoods,  
Better Health  
**GMCA**



## Housing

### Mayoral regional authority levers for increasing access to affordable homes (continued)

#### Tackling and preventing homelessness

Mayoral regional authorities are well-placed to convene, lead, and support a multi-sectoral regional approach to tackling the inter-related structural causes of homelessness. Related activity can include:

- Collaborating with key cross-sector stakeholders and partners, such as local authorities, housing services, family services, NHS services, VCSEs, and people with lived experience to co-develop a joined-up regional approach with shared objectives
- Adding value, capacity, and support to services being delivered by local authority partners to support individuals away from rough sleeping
- Political leadership from the mayor and publicising the need for affordable housing to tackle and prevent homelessness
- Commissioning/supporting services providing immediate assistance to individuals, such as access to shelter, intermediate housing, and long-term affordable housing solutions
- Commissioning holistic support services, such as mental health care, alcohol and substance misuse treatment, bereavement support, and employment assistance to help individuals address inter-related challenges
- Creating practical tools for the private sector on homeless prevention to assist with making the issue everyone's business

Homelessness  
Taskforce and  
Designing out  
Homelessness  
**WMCA**

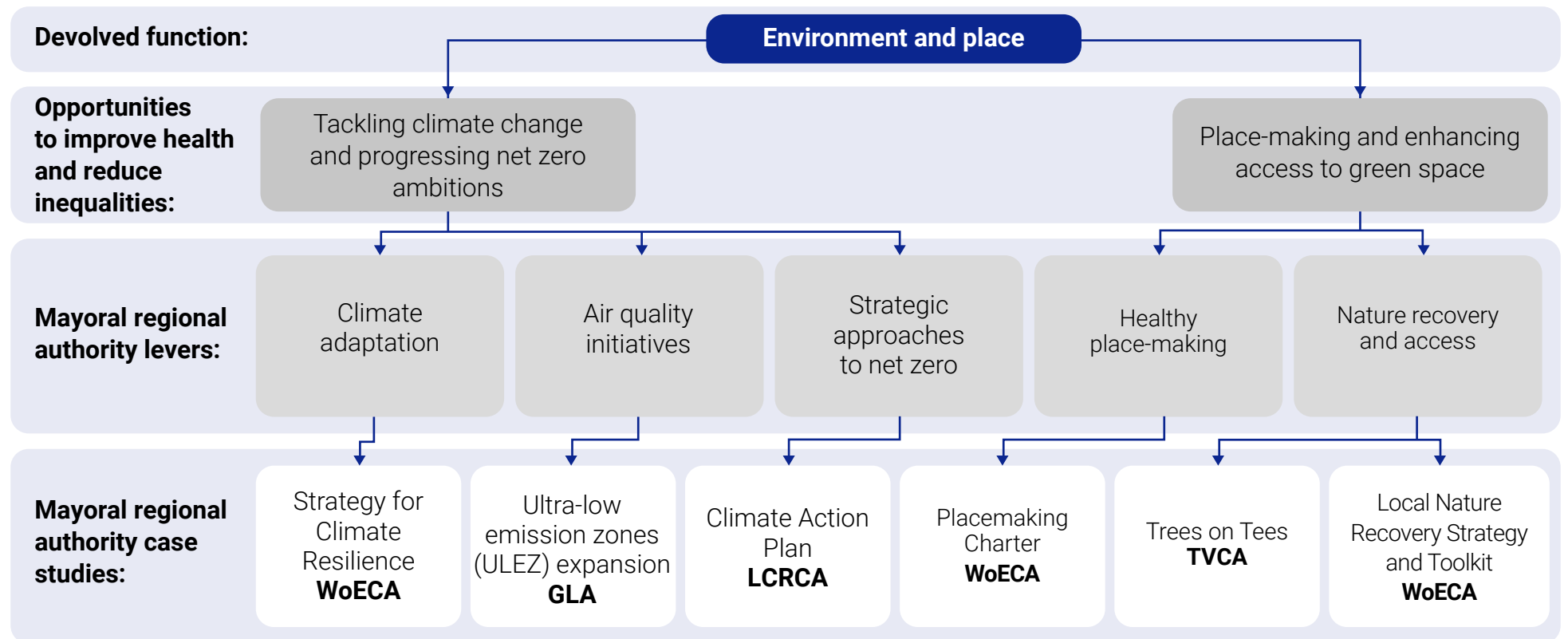
Life Off the  
Streets  
**GLA**



# Environment and place

Devolved responsibility for environment and place varies widely across mayoral regional authorities. For example, some mayors hold responsibilities in relation to waste and recycling and for producing a Local Nature Recovery Strategy. Additionally, in London, the mayor has a statutory duty to publish an environment strategy and some devolved responsibility on air quality.

Regardless of devolution arrangements, many regions work in partnership with local authorities and nature trusts to play a key role in protecting and restoring the natural environment. In addition, whilst mayoral regional authorities do not have a statutory duty to deliver net zero, many regard cutting emissions in their regions as a core part of their responsibilities. This will be an increasing area for devolution with funding for net zero, including building retrofitting as part of single settlement.

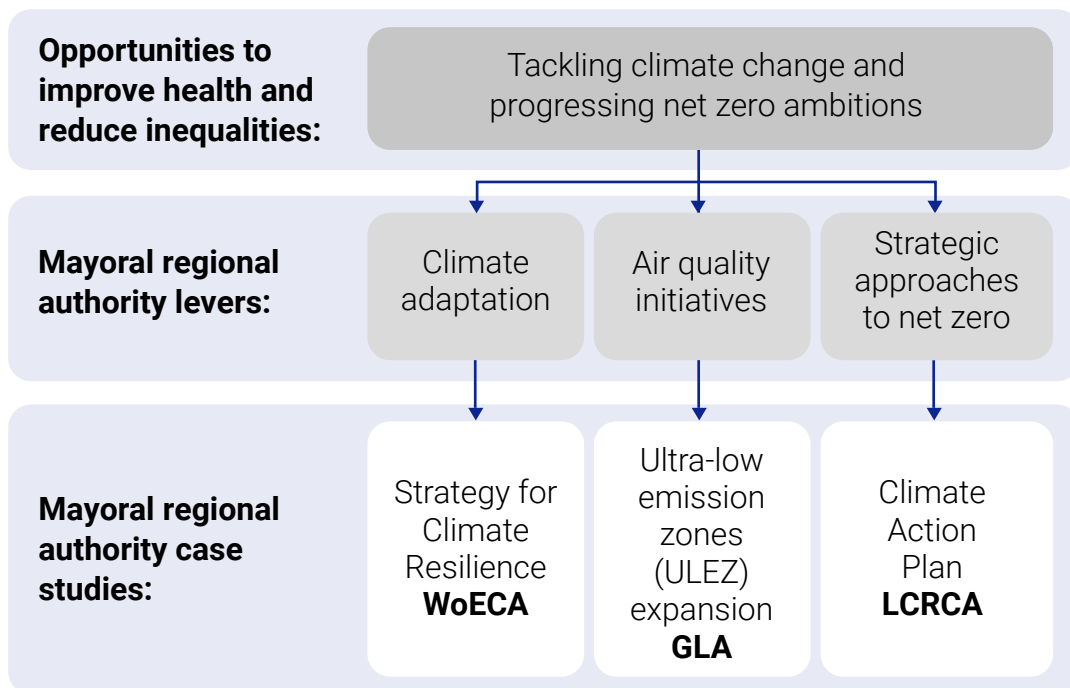






## Environment and place

### Opportunities to improve health and reduce inequalities: Tackling climate change and progressing net zero ambitions



Devolved responsibilities, partnership working, and a drive to cut emissions are all factors that mayoral regional authorities can harness to alleviate climate change and progress net zero ambitions.

Climate change is a major threat to human health and wellbeing in the UK and its far-reaching impacts can be seen in various ways. More frequent and intense heatwaves due to rising temperatures will result in an increase in heat-related deaths. In addition, deaths from cold are expected to rise, mainly due to an ageing population. Heavier rainfall and rising sea levels will also contribute to increased flooding, which endangers lives and can have long-lasting negative impacts on mental health, risk of infectious diseases, and access to healthcare services.

Rising temperatures and changing weather patterns may increase the risk of food-borne and water-borne bacterial infections. In addition, more frequent and severe droughts driven by low rainfall and higher temperatures could disrupt agriculture, resulting in food shortages, price increases, and food insecurity.

Climate change can also worsen air pollution by altering weather patterns and exacerbating heatwaves. Air pollution is one of the biggest environmental risks to public health and the largest impacts are on respiratory and cardiovascular health. It has also been found to increase the risk of depression, anxiety, and psychosis through its effect on inflammation in the body. Infants and people over 65 are particularly vulnerable to the effects of air pollution.

Overall, vulnerable populations, including those with pre-existing conditions, the elderly, and underprivileged communities, are likely to be worst affected by the impacts of climate change.



## Environment and place

### Mayoral regional authority levers for tackling climate change and progressing net zero ambitions

#### Climate adaptation

Mayoral regional authorities can alleviate climate change through climate adaptation activities, such as integrating environmental and place-based strategies into regional planning and development. They can also actively promote the creation of resilient infrastructure and sustainable urban environments through the following:

- Partnership working with environmental agencies, local authorities, and community organisations
- Organising workshops, public consultations, and collaborative projects, to ensure that climate resilience is a key consideration in all planning decisions. Supporting initiatives that enhance green spaces and homes, improve water management, and reduce carbon emissions

These approaches can help communities better withstand the impacts of climate change, such as extreme weather events and rising temperatures.

Strategy  
for Climate  
Resilience  
**WoECA**

#### Air quality initiatives

Mayoral regional authorities can improve air quality by leading and supporting initiatives to address pollution sources and promote cleaner environments. Related activity can include:

- Developing and enforcing regulations that limit emissions from industrial sources, vehicles, and other pollutants
- Working in partnership with regional stakeholders to develop a collaborative framework for the equitable delivery of air quality benefits
- Awareness campaigns and educational programs to inform the public about the importance of air quality and ways to reduce pollution
- Tracking air quality levels and identifying areas in need of intervention

ULEZ  
expansion  
**GLA**



## Environment and place

### Mayoral regional authority levers for tackling climate change and progressing net zero ambitions (continued)

#### Strategic approaches to net zero

Mayoral regional authorities can embed health considerations into net zero strategies by integrating public health goals within climate action plans. This can facilitate the setting of ambitious targets for carbon neutrality while also ensuring that targets promote health and well-being. Related activity can include:

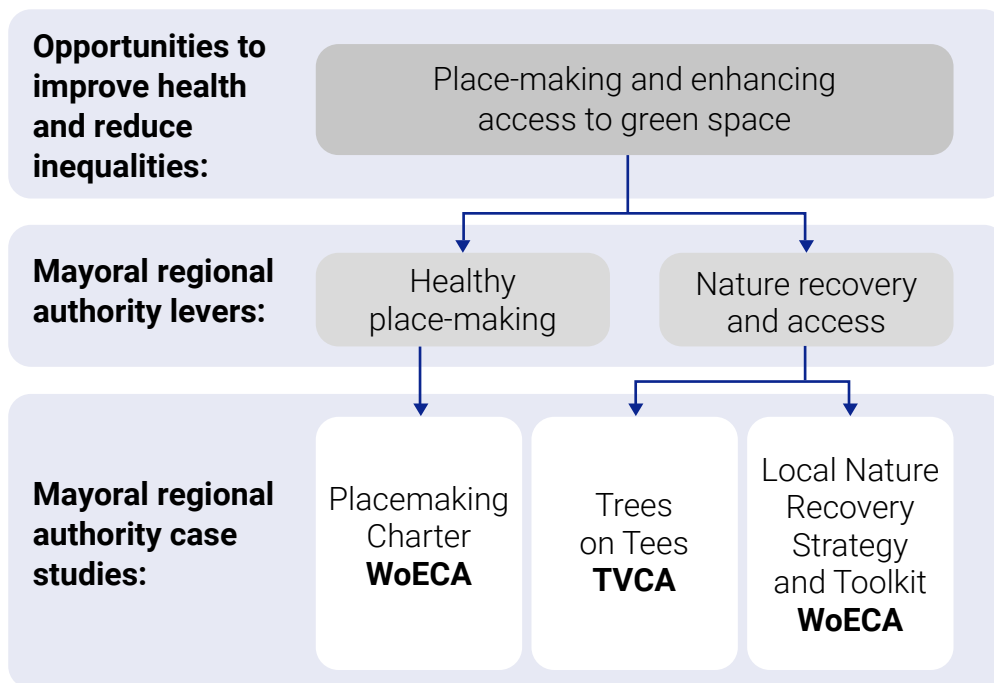
- Promoting active transportation options, such as walking and cycling
- Supporting the development of green spaces, which improve air quality and provide recreational opportunities that can increase physical activity and benefit mental health

Climate  
Action Plan  
**LCRCA**



## Environment and place

### Opportunities to improve health and reduce inequalities: Place-making and enhancing access to green space



Mayoral regional authorities can embrace their role as regional place-makers by developing urban environments that prioritise the health and wellbeing of residents. Green space is linked to both physical and mental health and people living in areas with better access to green space tend to have higher life expectancy, even when taking income into account.

This is because access to nature encourages physical activity, which can reduce the risk of chronic diseases such as obesity, heart disease, and diabetes. Parks, trails, and greenways provide spaces for walking, cycling, and other forms of exercise.

Natural environments can also reduce stress, anxiety, and depression, and spending time in green spaces has been linked to improved mood and cognitive function. Green spaces foster social interactions and community cohesion, providing venues for social activities that enhance social support networks and reduce feelings of isolation.

Access to green space, however, is not equally distributed, and the quality of green space varies. This matters, as quality of green space is associated with how often people use it; if people have access to poor-quality green space, they will be less likely to use it and as a result will get fewer benefits from it.

Broader nature recovery efforts, such as reforestation and wetland restoration, can also support public health via improved air and water quality. Increasing the density of trees and vegetation can also reduce urban heat islands, lowering the risk of heat-related illnesses.



## Environment and place

### Mayoral regional authority levers for place-making and enhancing access to green space

#### Healthy place-making

Mayoral regional authorities can embrace their role as regional place-makers by developing urban environments that prioritise the health and wellbeing of residents. They can create initiatives that enhance walkability, provide access to green spaces, and ensure safe, affordable housing. They can also support the development of community centres and recreational facilities that encourage physical activity and social interaction.

Placemaking  
Charter  
**WoECA**

#### Nature recovery and access

Mayoral regional authorities can integrate nature recovery into urban planning and place-making strategies or produce Local Nature Recovery Strategies that capture and maximise the physical and mental health benefits that green space has to offer.

Trees  
on Tees  
**TVCA**

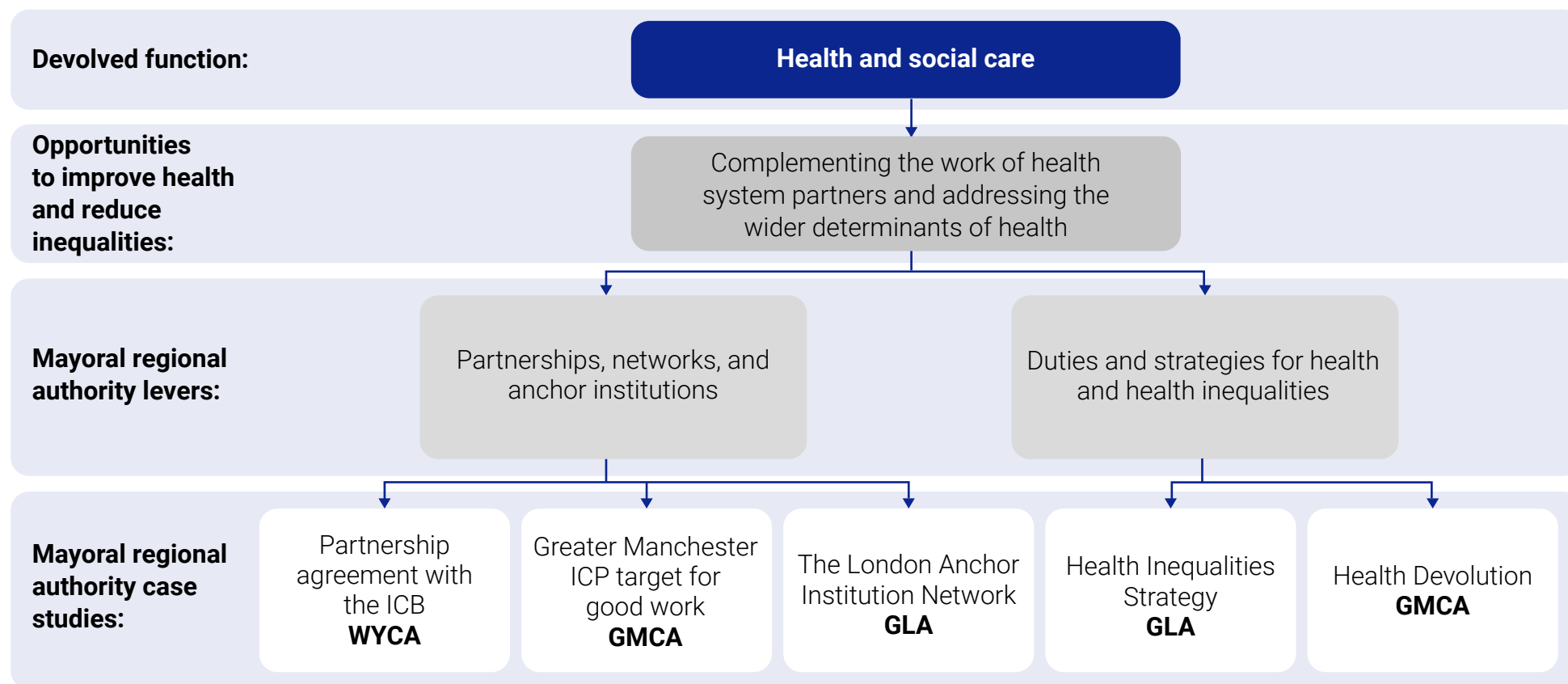
Local Nature  
Recovery  
Strategy and  
Toolkit  
**WoECA**



## Health and social care

Devolved responsibility for health and social care varies widely across mayoral regional authorities, including devolved health budgets (GMCA) and statutory powers in relation to health inequalities (GLA). Many regions also work in partnership with NHS systems in the absence of formal powers.

Additionally, as part of emerging devolution agreements, mayoral regional authorities may acquire new responsibilities, such as a Public Health Duty.





## Health and social care

### Opportunities to improve health and reduce inequalities: Complementing the work of health system partners and addressing the wider determinants of health

With or without devolved responsibilities for health and social care, mayoral regional authorities are well-placed to work in partnership with NHS, local authorities and wider health system partners to support a whole-system approach to improving population wellbeing and reducing health inequalities, particularly via the wider determinants of health.

#### Mayoral regional authority levers

##### Partnerships, networks, and anchor institutions

A key regional partner and convener, mayoral regional authorities can build, sustain, and maximise networks and partnerships across the health and care sector. In particular, mayoral regional authorities and ICSs hold shared interest geography, place, role, purposes and population outcomes.

Partnerships with health and social care providers can create a more holistic approach to population health across a region and streamline access to a wide range of services. Related activity can include:

- Hosting mayoral regional authority led non-medical interventions in healthcare facilities to create convenient wraparound care for individuals with complex needs
- Identifying shared priorities with partners to empower synergies, reduce duplication, and improve efficiency whilst creating an environment that is conducive to fostering innovative and good practice

These collaborative ways of working also support economic prosperity and recognise the role of NHS in this space. Using levers such as convening power and leadership voice, mayors and mayoral regional authorities can also support the work of the NHS as an anchor institution that is rooted in communities, influences health and wellbeing, and works with local partners to have a wider beneficial impact.

Mayoral regional authorities can provide this support by leveraging their resources, expertise, and networks to address the wider determinants of health and promote health equity. Additionally, the NHS and other anchor institutions can support local economic development by prioritising local hiring, procurement, and investment in community infrastructure. This collaborative approach not only improves health outcomes, but also fosters economic growth and social well-being, contributing to more equitable and resilient communities.

Partnership agreement with the ICB  
**WYCA**

GM ICP target for good work  
**GMCA**

London Anchor Institution Network  
**GLA**



## Health and social care

### Mayoral regional authority levers for complementing the work of health system partners and addressing the wider determinants of health (continued)

#### Duties and strategies for health and health inequalities

**Statutory duty under the Health and Social Care Act 2012 to develop a strategy to address health inequalities:** Since 2007, the mayor of London has had a statutory responsibility to produce a health inequalities strategy and must also consider public health when forming strategies for other policy areas: for example, the Healthy Workforce Charter in the London Economic Development Strategy. In 2015 and 2017 further responsibilities were devolved to the GLA, which include the ability to re-invest money raised from land and property sales to support city-wide priorities, a place-based framework for system regulation, establishment of a London Workforce Board to coordinate all training and workforce development within London, and delegation of transformation funding to a London Health and Care Strategic Partnership Board.

Health  
Inequalities  
Strategy  
GLA

**Public health duty within a devolution deal:** The East Midlands Combined Authority devolution deal includes a public health duty and the proposal states that “To complement and support action by the Constituent Councils, the East Midlands Mayoral County Combined Authority (MCCA) will take on a local authority duty to take action to improve the public’s health concurrent with the Constituent Councils. This will allow health to be considered throughout the East Midlands MCCA’s activities as well as enable work on local issues where health plays a key role, for example tackling homelessness and rough sleeping.”

**Health as part of broader Public Service Reform:** The North East devolution deal contains an explicit section on public service reform, which includes a focus on healthy ageing and place-based health and care with a new ICS-devo region-wide approach to social care collaboration, the health and social care workforce, and market shaping.

**Devolved budgets:** Where health responsibilities and budgets have been devolved to regional level, this enables the mayoral regional authority to be the accountable decision-making body for delivering health and social care services that have a direct impact on health. This devolution arrangement also supports coordinated partnership working between health and social care and the wider determinants of health in relation to other devolved functions. GMCA has health responsibilities, which were devolved in 2015. A Greater Manchester Health and Social Care Partnership Board was established, consisting of a Joint Commissioning Board and a Provider Forum. The Joint Commissioning Board comprised local government, clinical commissioning group (CCG), and NHS England representatives. The Provider Forum comprised service providers, such as acute trusts and ambulance trusts. The Greater Manchester Health and Social Care Partnership Board pooled the commissioning budgets of CCGs and the social care budget of local government, using section 75 of the National Health Service Act 2006, to commission integrated health and social care services in Greater Manchester. The mayor of Greater Manchester does not have any formal role in health devolution agreements but does exercise soft-power and influence. The Greater Manchester Health and Social Care Partnership Board has since been transformed into the Greater Manchester ICS.

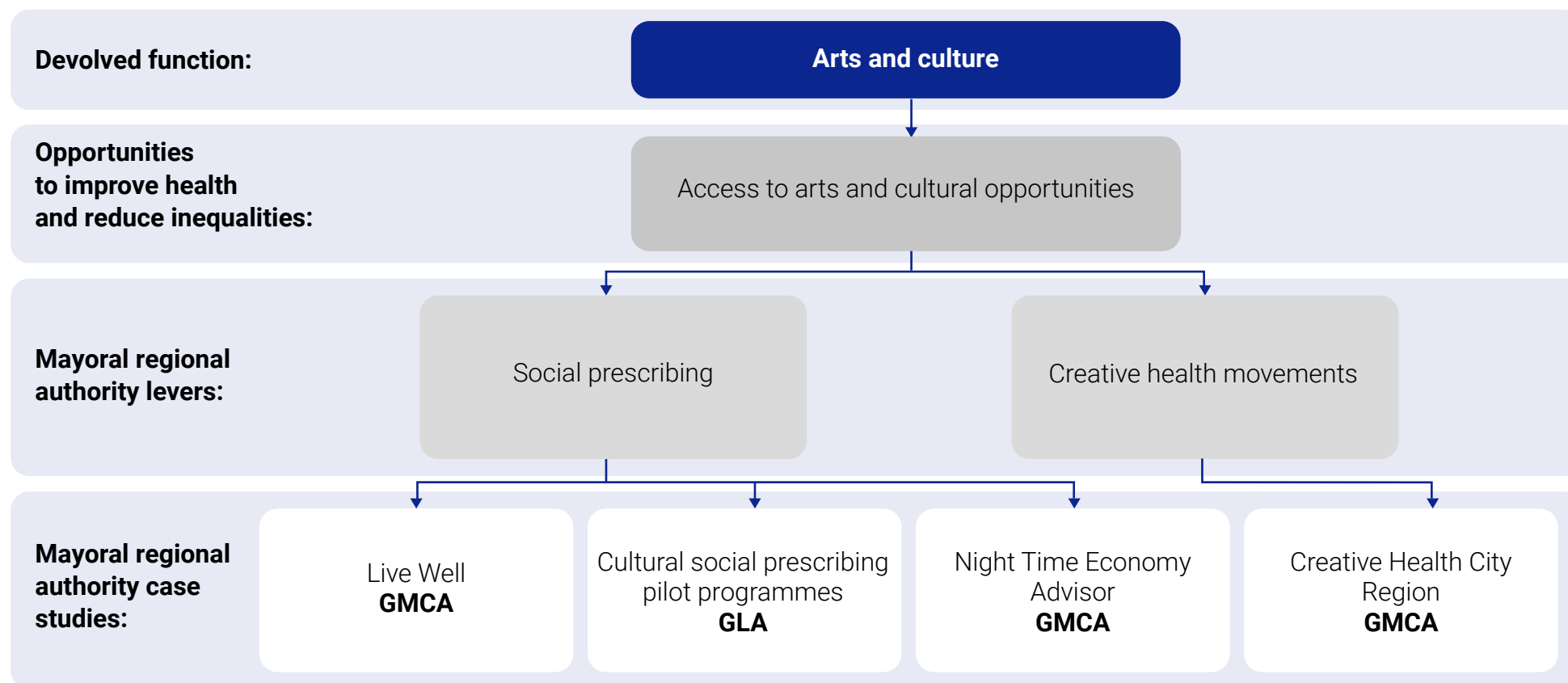
Health  
Devolution  
GMCA





# Arts and culture

In London, the mayor has several statutory duties and responsibilities related to arts and culture, including publishing a Culture Strategy and supporting museums and galleries. Other mayoral regional authorities do not hold formal statutory powers in relation to arts and culture. Nonetheless, many are working collaboratively with key partners, including health and the VCSE, to recognise the power of creativity, culture and heritage in improving health and reducing inequalities.





## Arts and culture

### **Opportunities to improve health and reduce inequalities: Increasing access to arts and cultural opportunities**

Mayoral regional authority statutory responsibilities, as well as wider roles in convening, influencing, and partnership working can be used to enhance access to arts and cultural opportunities.

Arts and culture include a wide-ranging field of activity including music, visual arts, movement-based creative expression, expressive writing, drama, and storytelling. These can make a powerful contribution to health and well-being, counter inequalities, and increase social engagement. As a supplement to medicine and care, the evidence suggests that engagement with the arts can improve a person's physical and mental well-being. Children involved in arts and cultural activities do better at school and live happier, healthier, and more fulfilling lives.

A lot of arts and cultural programmes happen at grass roots levels, in community-based programmes that address both the clinical and social determinants of health. Therefore, the benefits of these can be seen beyond traditional settings and play a wider role in connecting individuals with communities who would otherwise be excluded. Beyond immediate relationships with friends and family, connections within communities can have an important influence on health and quality of life; people living in neighbourhoods with higher levels of social cohesion experience better mental health. This relationship goes both ways, as people with better underlying health are more likely to participate in social activities within the community.



## Arts and culture

### Mayoral regional authority levers for increasing access to arts and cultural opportunities

#### Social Prescribing

The role of the mayor and the mayoral regional authority can be used to encourage social prescribing, which involves connecting individuals to non-medical support within the community, such as exercise classes, arts activities, volunteering opportunities, and social groups. This approach addresses wider determinants of health and improves overall quality of life by tackling issues like social isolation, mental health, and physical inactivity. Activities to support social prescribing can include:

- Supporting cross-sector collaboration between local healthcare providers, community organisations, local authorities, and businesses to create a cohesive and effective social prescribing system
- Developing resource directories
- Supporting the development of link worker networks that serve as connectors between the healthcare system and the local community, helping to build bridges between services and individuals in need
- Running public awareness campaigns via mayoral offices to inform residents about the benefits of social prescribing and how to access available services
- Influencing local policy by advocating for policies that promote access to social prescribing and incorporate it into broader health and social care strategies

Live Well  
**GMCA**

Cultural social  
prescribing pilot  
programmes  
**GLA**

Night Time  
Economy  
Advisor  
**GMCA**

#### Creative health movements

Mayoral regional authorities are well-placed to support creative health movements and strategies that recognise the importance of creativity, culture, and heritage in addressing inequities and improving health and wellbeing as a key component of a population health approach.

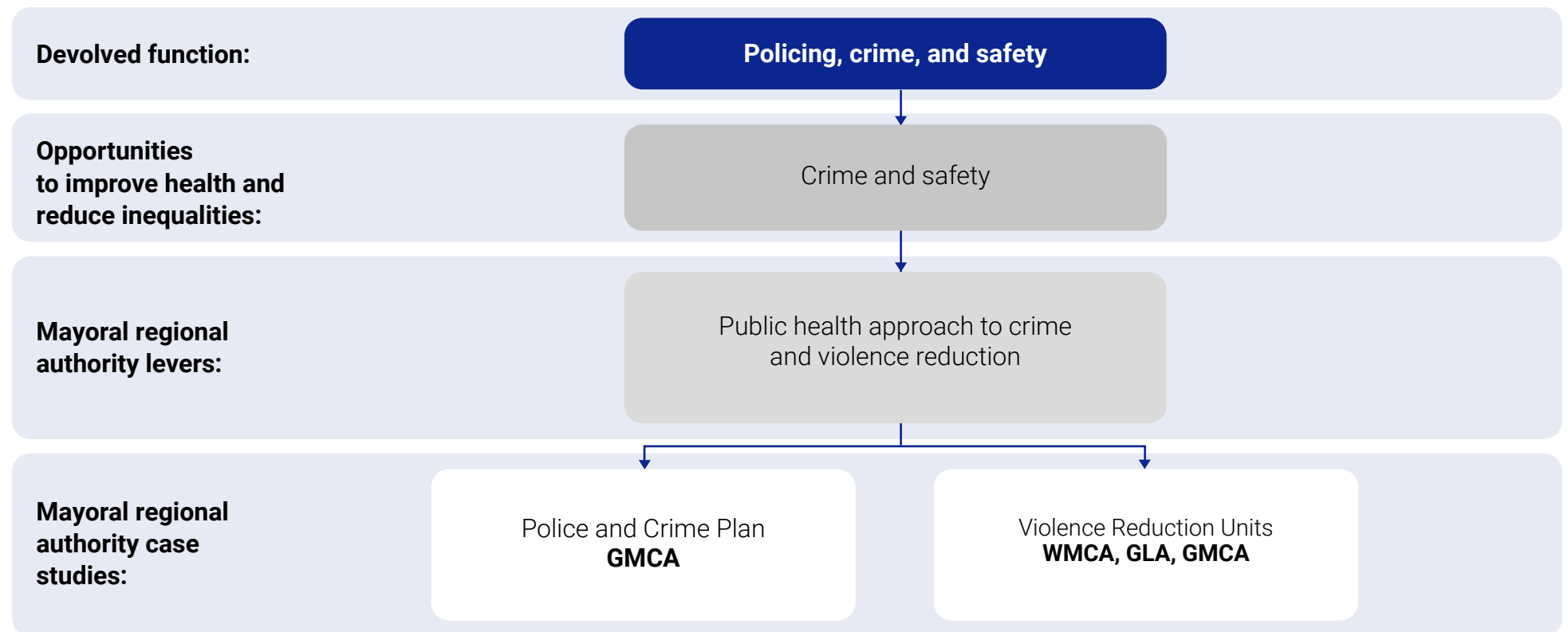
Creative  
Health City  
Region  
**GMCA**



## Policing, crime, and safety

Police and Crime Commissioners (PCCs) are directly elected politicians, separate to regional mayors, with responsibility for overseeing and holding policing to account in their area. PCC responsibilities include convening the criminal justice system, developing the crime and police plan and setting the police and crime budget.

However, in some mayoral regions this function is devolved. Within these regions, the mayor fulfils the role and responsibilities of the PCC as statutory duty and electoral mandate to ensure an efficient and effective police service and to hold the police to account on behalf of the public. For example, in London, the mayor provides oversight of the Metropolitan Police Service through the Mayor's Office for Policing and Crime. In Greater Manchester, in addition to PCC functions, the mayor also has responsibility for Fire and Rescue Service.





## Policing, crime, and safety

### Opportunities to improve health and reduce inequalities: Crime and safety

Through devolved PCC functions or collaboration with PCCs, mayoral regional authorities can work with regional stakeholders and partners to keep their residents safe and mitigate against the harmful impacts of crime.

Crime is commonly presented as a criminal justice issue, but it is also important to consider it from a public health perspective due to the impact it has on health. How safe people feel in their surroundings can affect health both directly and indirectly. Being a victim of crime can have devastating effects on both physical and mental health, such as increased stress, sleeping difficulties, and depression. More indirectly, fear of crime can also have detrimental impacts on health. Research shows that fear of crime results in people exercising less, as well as reducing how often people socialise.

In the most deprived neighbourhoods, less than 1% of people live in areas with the lowest crime rates. This compares with 27% of people in the least deprived neighbourhoods. People aged 16–24 are twice as likely to live in areas with the highest crime rates, compared with people aged over 64.

Exposure to violence as a child can increase risks of substance abuse, obesity, and illnesses such as cancer and heart disease in later life. The economic impact is also significant, with violence estimated to cost the NHS £2.9 billion every year and the total costs of violence to society estimated at £29.9 billion per year.



## Policing, crime, and safety

### Mayoral regional authority levers for addressing crime and safety

#### Public health approach to crime and violence reduction

Mayoral regional authorities can collaborate with their PCC and other regional stakeholders and partners to keep their residents safe and mitigate against harmful impacts on health. Related activity can include the following:

- Aligning PCC priorities with other public services and public health initiatives through the police and crime plan
- Fostering a collaborative approach with other emergency services, such as NHS specialist services, to implement the Right Care Right Person Toolkit to support vulnerable people to ensure they receive the right type of emergency support
- Funding drug and alcohol prevention initiatives and delivering these through key public services such as health and education
- Taking measures to improve street safety (including public transport) and tackle gender-based violence for vulnerable groups

Mayoral regional authorities can also support the development of violence reduction strategies and embed health considerations as part of a public health approach focused on prevention, early intervention, and support for those affected by violence. These strategies can include the following:

- Community-based programmes
- Education and awareness campaigns
- Partnerships with police, healthcare providers, and social services
- Mentoring programs for at-risk youth
- Mental health and substance use support to help with addressing the underlying issues contributing to violence

Police and  
Crime Plan  
**GMCA**

Violence  
Reduction Units  
**WMCA,  
GLA,  
GMCA**



# Part 3

# Developing strategy



# Part 3: Developing strategy

## Overview

This part of the toolkit seeks to support the placement of activities outlined in parts 1 and 2 of the toolkit within a strategic approach to HiAP. Recognising that strategic methods and objectives will vary across organisations, it has been designed to guide the user through possible considerations and goal-focussed approaches to developing an effective HiAP strategy.

This part of the toolkit also includes case study information to demonstrate how mayoral regional authorities have used varying strategic approaches to progress HiAP in relation to their organisational context and capacity. Examples include developing an organisational mandate and culture for HiAP and embedding it within ways of working (e.g. via focussing on the pillars for HiAP in part 1), and prioritising opportunities for action (e.g. via focussing on the devolved functions and opportunities in part 2 of the toolkit).

## Strategic goals

The choice of strategic goals for HiAP will depend on multiple factors, including the following:

- Political appetite for HiAP
- Organisational maturity and HiAP experience
- Internal and external capacity to progress HiAP

Explicit articulation of strategic HiAP goals is a crucial step in developing frameworks for monitoring and evaluating HiAP activity (see part 4 of the toolkit for further information on monitoring and evaluation). Strategic goals will differ across organisations, but may include:

- Building an organisational mandate for HiAP (e.g., by focusing on the pillars as outlined in part 1 of the toolkit)
- Embedding HiAP as part of organisational culture and ways of working (e.g., designing and implementing organisational structures, processes, and governance to support HiAP working across the organisation)
- Prioritising opportunities for action in particular policy areas (e.g., by using outputs from prioritisation activities in part 2 of the toolkit)

## Approaches and possible activities

The following pages provide illustrative examples of associated activities that might accompany the strategic goals listed above. Please note that these approaches are not mutually exclusive. Case studies have also been provided to demonstrate how different approaches have been implemented in different mayoral regions.





## Approach A: Building an organisational mandate for HiAP

|                             |  |
|-----------------------------|--|
| <b>Action area:</b>         | <p><b>Using the pillars for HiAP to focus on developing an organisational mandate that facilitates understanding and adoption of a HiAP approach</b> (consider using part 1 of this toolkit, alongside the associated self-assessment tool, to support this approach)</p>  |
| <b>Possible activities:</b> | <ul style="list-style-type: none"><li>• <b>Developing a clear, shared, organisation-wide definition of what HiAP is, how it relates to health inequalities, and what it is aiming to achieve;</b> To do this, and develop a mandate that supports HiAP, Professor Sir Michael Marmot has advised that it is important to emphasise that HiAP is not about public health taking over the remit of other areas, but instead ensuring there is a common understanding of health inequalities across the organisation, as well as a common way of analysing the health impact of various organisational functions, and a shared commitment to maximising the positive health and inequalities impacts of these functions</li><li>• <b>Articulating the potential health impact of existing organisational priorities and developing 'win-win' cases to clarify the reciprocal benefit between health and these priorities;</b> For example, HiAP goals could be framed as an approach to maximise regional social, economic, and environmental assets, for example by promoting wellbeing, inclusive growth, and/or a fairer region</li><li>• <b>Ensuring that the potential health and wider system benefits (e.g. reducing demand on health and social care services, breaking down organisational/sectoral silos, ensuring work is issue/citizen-led, etc.) of HiAP feature in the prioritisation processes</b> established to develop work programmes for each organisational priority</li></ul> |



## Approach A: Building an organisational mandate for HiAP

### Case Study: West Yorkshire - Building collaboration across the system to strengthen HiAP leadership

#### Objective:

- To develop a shared understanding across partners in the region to understand population needs, including health and wider determinant outcomes and service access data

#### Actions taken:

- The CA focused on building the right human resource capacity and governance to agree to shared system priorities, without introducing unnecessary bureaucracy
- A shared post was created across WYCA and West Yorkshire ICS
- A partnership agreement between WYCA and the ICS was established to formalise a shared purpose and mission, as well as cross-organisational governance

#### Impact:

- Shared posts across WYCA and ICS unlocked greater resource, resulting in more joined up system leadership, ability to translate between organisations, connecting more of the system to itself
- The partnership agreement between WYCA and the ICS formalised a shared purpose and mission, as well as cross-organisational governance
- The mayor and WYCA Chief Executive now sit on the West Yorkshire Integrated Care Partnership Board and the Chair, Chief Executive and Director of the Integrated Care Board sit on key CA governance boards
- Joint working arrangements galvanised focus on exemplar projects to bring the infrastructure to life (including those relating to work and health, creative health, and housing and health)



## Approach B: Embedding HiAP as part of organisational culture and ways of working

|                             |   |
|-----------------------------|---|
| <b>Action area:</b>         | <b>Strengthening processes, governance, and distributed leadership for HiAP</b> (consider using part 1 of this toolkit, alongside the associated self-assessment tool, to support this approach)  |
| <b>Possible activities:</b> | <ul style="list-style-type: none"><li>• <b>Using stakeholder analysis to identify key individuals</b> according to their levels of HiAP participation, interest, and influence, to determine how best to involve and communicate with them to identify opportunity areas</li><li>• <b>Developing, in collaboration with key stakeholders, reporting mechanisms and governance structures</b> to support collaborative HiAP working (both internally and across organisations)</li><li>• <b>Establishing evaluation criteria to capture health-related inputs and outcomes</b> in the short and longer-term to embed HiAP learning and development</li><li>• <b>Empowering teams across the organisation to deliver HiAP</b> through workforce development activities and access to embedded public health expertise</li></ul> |



## Approach B: Embedding HiAP as part of organisational culture and ways of working

### Case Study: West Midlands CA – Establishing an organisational model for HiAP

#### Objective:

- To establish an organisational model of HiAP with buy-in from internal and external partners to agree the value-add of the WMCA role in improving health and reducing inequalities within the wider system

#### Actions taken:

- The CA used early grant funded health-related programmes as a foundation to demonstrate its commitment to addressing the wider determinants of health
- The mayor and the CA played pivotal system leadership and convener roles during the Covid-19 pandemic and developed its first Health of the Region report, which identified specific actions for the CA to take on the wider determinants and the need for collective action with system partners
- The CA established a narrative for its role in addressing the wider determinants of health through preventative action and partnership working; Part of this achieved via the co-development of logic models with CA non-health teams to articulate the health impacts of activity on the wider determinants, as well as the assignment of CA health team members to wider determinants portfolio areas aligned to devolved responsibilities
- The mayor and the CA convened a Health Equity Advisory Council (HEAC), bringing together key health and local authority partners to strengthen partnership working and drive forward the ambition of becoming a Marmot Region

#### Impact:

- Internal and external partnership working has led to agreement of the WMCA's role in improving health and reducing inequalities within the wider system via addressing the wider determinants of health and using preventative action and partnership working; It has also led to establishing a way of working across the CA where health-related activity is linked into wider determinant devolved functions
- Partnership working via the HEAC has led to agreement of shared priorities between the CA and key health and local authority partners, as well as the opportunity to develop cross-organisational collaboration and system leadership to progress HiAP activity



## Approach C: Prioritising opportunities for action

|                             |  |
|-----------------------------|--|
| <b>Action area:</b>         | <b>Focus on the following considerations, and prioritise related opportunities for action accordingly</b><br>(consider using part 2 of this Toolkit, alongside the associated prioritisation self-assessment tool, to support this approach)   |
| <b>Possible activities:</b> | <ul style="list-style-type: none"><li>• <b>Understanding population need</b>, including health and wider determinant data and trends at regional level</li><li>• <b>Gauging political appetite and policy windows that could be capitalized on</b>, including:<ul style="list-style-type: none"><li>• Manifesto commitments</li><li>• National government commitments</li><li>• Local health arrangements</li><li>• Local ways of working</li><li>• Local devolution arrangements</li></ul></li><li>• <b>Making the most of mayoral regional authority assets and regional value-add by:</b><ul style="list-style-type: none"><li>• Filling in gaps in other parts of the system</li><li>• Articulating and agreeing the role of the mayoral regional authority vs other system partners in primary and secondary prevention</li></ul></li></ul> |



## Approach C: Prioritising opportunities for action

### Case Study: West of England CA – Fostering joint working with system partners

#### Objective:

- To capitalise on new devolution arrangements and national government policy relating to health, growth, and work by fostering joint working in this area across the system and building a cohesive voice to take to national government

#### Actions taken:

- The CA organised a meeting with health system partners (including colleagues from the Department for Health and Social Care (DHSC), the NHS, local authorities, and the voluntary, community and social enterprise sector) to discuss regional challenges and opportunities in relation to improving health and reducing inequalities
- Challenges identified included a lack of coterminosity of boundaries, the need for shared language when talking about health and the wider determinants, and prioritising investment in prevention
- Opportunities identified included the potential to maximise the value add of the CA in relation to the wider determinants of health, improving cross-organisational communication, particularly between NHS, CA, and DHSC colleagues, and strategically aligning initiatives and visions across organisations to make a sustainable impact

#### Impact:

- The meeting assisted with strengthening cross-organisational relationships and led to discussions about the value add of joint governance arrangements to support this (e.g., cross-organisational board representation)
- It also helped to identify key opportunities to build on to continue strengthening relationships and whole system working, including Local Growth Plan development and work on anchor institutions
- Colleagues agreed on the importance of clarifying and mapping key roles, responsibilities, and funding streams across the system to identify further opportunities for partnership working; CA colleagues are exploring taking the lead on this task



# Part 4

# Capturing progress



# Part 4: Capturing progress

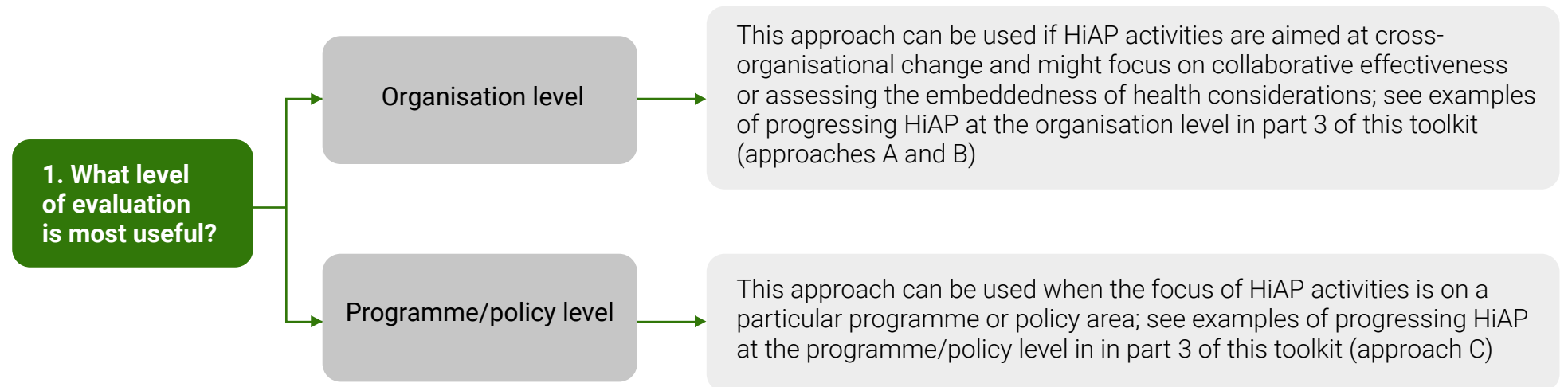
## Overview

This part of the toolkit aims to support the design of monitoring and evaluation processes for HiAP activities. Given the diversity of ways in which the HiAP agenda may be advanced, this is not intended to be a prescriptive resource. Instead, this section has been designed as a framework to support mayoral regional authorities to reflect on how the purpose, audience, and level of HiAP activity being progressed can influence the monitoring and evaluation design process.

It also provides illustrative examples of how these considerations might be used to develop a Theory of Change, which can help articulate how planned activities will lead to desired outputs, as well as facilitate the consideration of complexities and dependencies that may affect the success of HiAP initiatives.

## Choice of approach

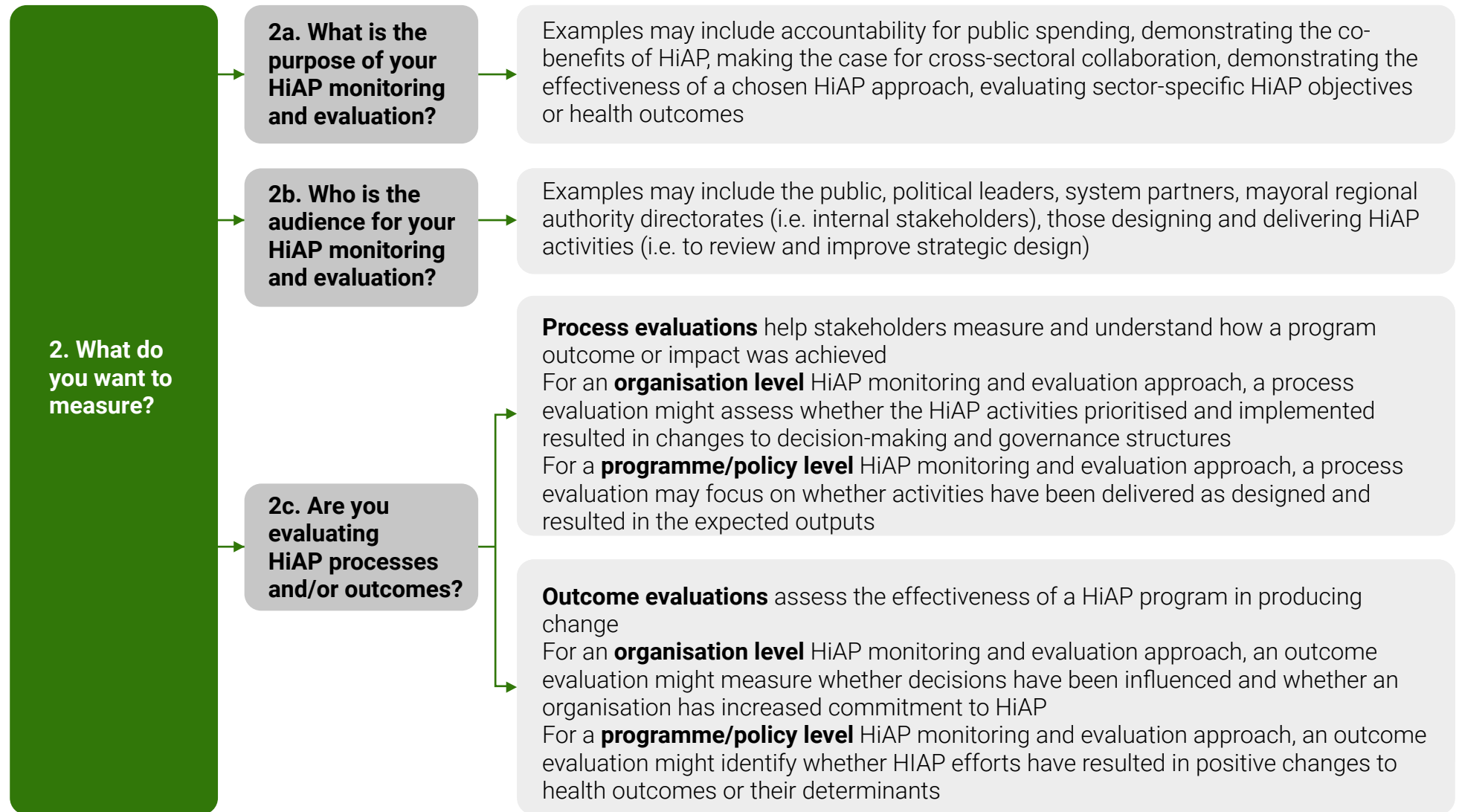
Below are a series of questions and considerations to help identify the most appropriate evaluation approach and therefore identify related outcomes most appropriate to your strategic context and regional priorities.







## Choice of approach (continued)



It is important to note that organisation and programme/policy level evaluation approaches are not mutually exclusive. In some organisations, it may be appropriate to use a mixture to capture HiAP processes and outcomes at both levels, depending on regional strategy and priorities.



## Developing a Theory of Change

Once the level/s and type/s of HiAP evaluation approach have been agreed, a Theory of Change (ToC) can be developed to form the basis of a monitoring and evaluation framework. A ToC can be a useful tool, as it sets out the connection between inputs, activities, and their outputs in relation to the outcome/s of interest. In this way, it articulates the rationale for your chosen HiAP approach.

The choice and measurement of corresponding ToC indicators facilitate assessment of whether HiAP activities produce the desired outcomes (i.e. outcome evaluation) and can also test assumptions about the relationship between activities, outputs, and outcomes (i.e. process evaluation). Designing a ToC can also be a collaborative process that supports communication and engagement with organisational staff as well as the audience of the evaluation framework. This can help formalise implicit knowledge, help to establish a shared vision, and capture early signs of success as well as longer-term outcomes.

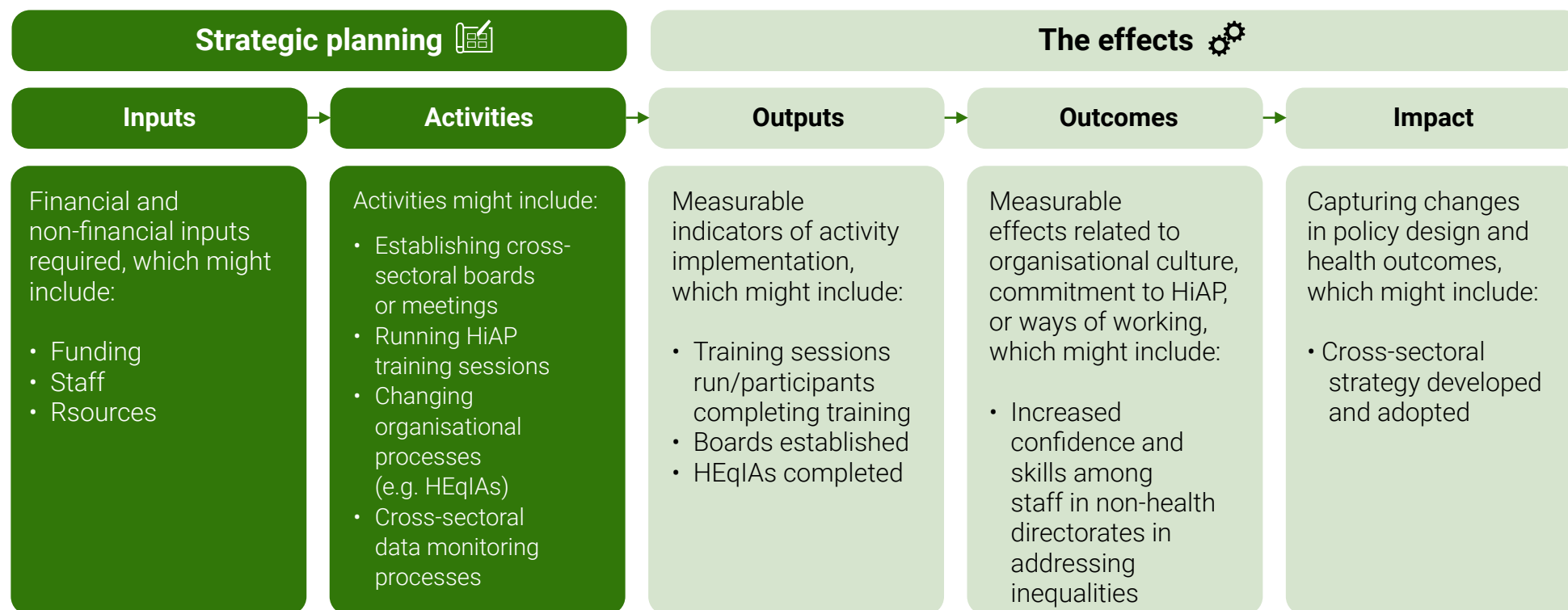
The following sections provide illustrative examples of an organisation level ToC, and a programme/policy level ToC that focusses on the area of work and health. Examples of both process evaluation indicators (i.e. activities and outputs) and outcome evaluation indicators (i.e. outcomes and impact) are provided.



# Organisation level Theory of Change

When a mayoral regional authority is focussing on embedding a HiAP approach at the organisation level, outcomes of interest will relate to organisational culture and/or ways of working. Activities and corresponding output indicators might focus on organisational or governance processes.

In part 1 of this toolkit and the accompanying self-assessment tool, users are invited to 'score' the strength of each pillar for HiAP and consider activities to address areas of relative organisational weakness. Such activities might be incorporated into an organisation level ToC, as reflected in the example below.



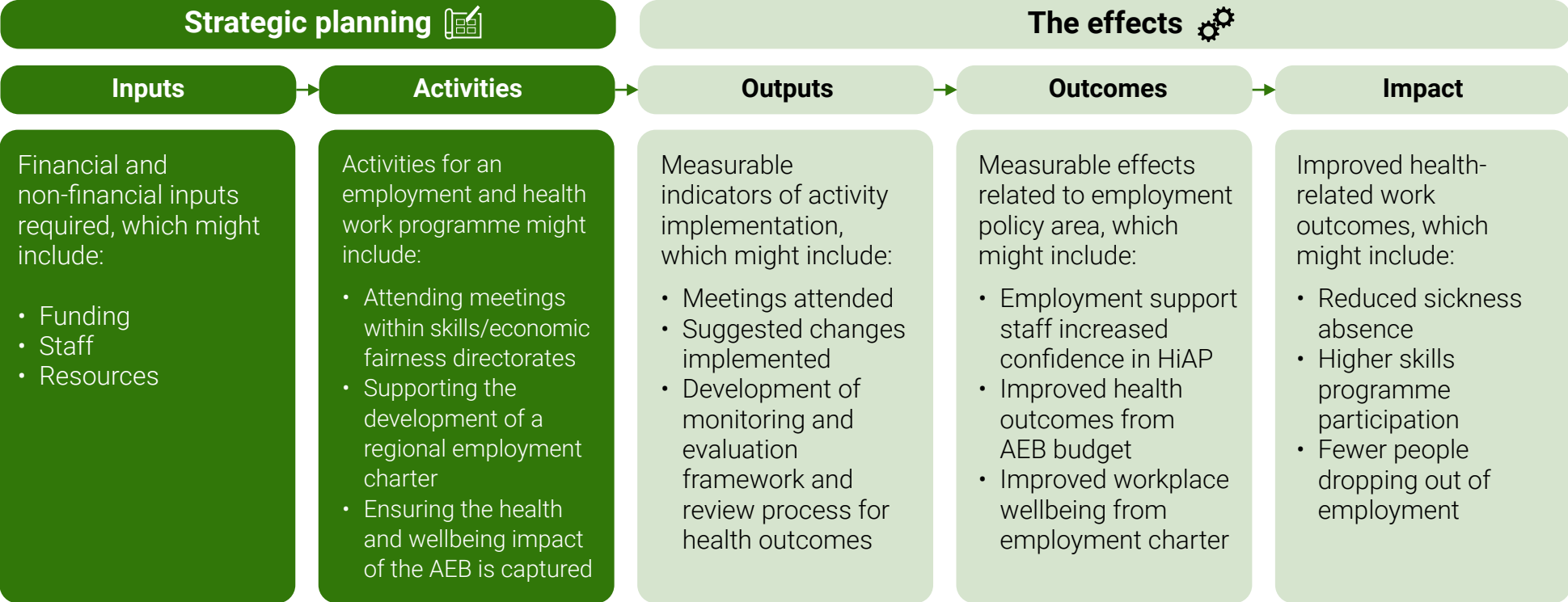
The following resource may be helpful for mayoral regional authority colleagues to support the identification of suitable metrics for organisation level evaluation:

- The Change Compass – The ultimate guide to measuring change available at: <https://thechangecompass.com/the-ultimate-guide-to-measuring-change/>



# Programme/policy level Theory of Change

The example ToC below uses the work and health programme/policy space to illustrate potential outcomes of interest in relation to HiAP efforts. Also shown are examples of activities to achieve these outcomes and corresponding output indicators to measure progress and test assumptions.



The following resources may be helpful for mayoral regional authority colleagues to support the identification of suitable metrics for programme/policy level evaluation:

- World Health Organization (WHO) Operational framework for monitoring social determinants of health equity, section 5, available at <https://www.who.int/publications/i/item/9789240088320>
- WHO Health inequality monitoring: harnessing data to advance health equity, available at: [https://www.who.int/data/inequality-monitor/tools-resources/book\\_2024](https://www.who.int/data/inequality-monitor/tools-resources/book_2024)
- Department of Health & Social Care (DHSC) Fingers public health data collection, available at <https://fingertips.phe.org.uk/>
- Snapshot of health inequalities in London prepared by the Greater London Authority Health Team, available at <https://data.london.gov.uk/dataset/snapshot-of-health-inequalities-in-london>

## Summary and next steps

This HiAP toolkit has been designed by the Mayoral Regions Programme (MRP) to support regional, cross-organisational, and cross-sectoral conversations and activity regarding the development and prioritisation of HiAP approaches and activities. The MRP is supported by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK.

For further information regarding the MRP, please sign up to the MRP Online Learning Network, which is a platform that has been launched via the Health Equity Network to share updates, insights, and publications from the programme, as well as to facilitate ongoing discussions, peer learning and collaboration amongst regional colleagues across key health and inequality-related policy areas. This is a public resource and you and your colleagues can join by signing up to the Health Equity Network via this link: <https://healthequitynetwork.co.uk/signup> and then requesting to join the MRP learning network group via this link: <https://healthequitynetwork.co.uk/topics/46794/feed>.

If you would like to discuss any of the material in this toolkit further or explore options for additional HiAP support tailored to your region's context, please contact Dr Claire Humphries, MRP Delivery Manager - [Claire.Humphries@wmca.org.uk](mailto:Claire.Humphries@wmca.org.uk).

Please note that the copy for this toolkit was finalised in December 2024, and the MRP central team may explore options to produce an updated version as regional and national policy and devolution conversations evolve.

# Acknowledgements

This toolkit has been made possible with contributions and expertise from numerous individuals and organisations.

The Mayoral Regions Programme is supported by the Health Foundation and the central team is grateful for the insight and feedback provided by colleagues in the Health Foundation's Healthy Lives team throughout the development of the toolkit.

We are also grateful to the Greater London Authority Public Health Unit for their support and guidance in developing a regional approach to HiAP, and to expert organisations such as the Local Government Association and the World Health Organization, whose leadership and resources in this space have been vital for informing our understanding of HiAP for mayoral regional authorities.

Special thanks to our MRP Governance Board members, embedded posts, and wider mayoral regional authority colleagues, who have worked collaboratively with the central team to ensure this resource is fit for purpose and speaks to the mayoral region context. Their thoughtful contributions and guidance have been essential for toolkit development, especially in establishing the suite of case study resources and tailoring the self-assessment tools.

## This toolkit was written by:

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## For further information:

Please contact Claire Humphries, MRP Delivery Manager at [Claire.Humphries@wmca.org.uk](mailto:Claire.Humphries@wmca.org.uk), and join the **MRP's Online Learning Network**, which is hosted on the **Health Equity Network**. The network has been established to share updates, insights, and publications from the programme, as well as to facilitate ongoing discussion, peer learning, and collaboration amongst regional colleagues across multiple key health and inequality-related policy areas.

# Appendix

## Opportunities for action case studies

# Opportunities for action case studies

This appendix includes further information regarding the case studies linked in part 2 of this toolkit. They have been provided as illustrative examples of ways in which different regions have deployed their levers and powers to capitalise on the potential for wider functions to improve health and reduce inequalities.

Please note that the case studies provided include hyperlinks to relevant resources, where available, in the first part of the case study title, as well as via bullet point resource lists. There is also an option to click on the second part of the title (i.e. the mayoral regional authority name) for each case study to return to the relevant section in part 2 of the toolkit. The case studies described in this section relate to the following mayoral regional authority functions:







## Economy

### Good work – Regional employment standards/charters

#### Good Work Standard – Greater London Authority (GLA, 2023 - present)

The GLA Good Work Standard (GWS) is rooted in the mayor's commitment to make London the best city in the world to work in and forms part of the GLA's economic development strategy. The GLA engaged with a wide range of stakeholders to develop the following four pillars of good work:

- Fair pay and conditions
- Workplace wellbeing
- Skills and progression
- Diversity and recruitment

There is a foundational minimum requirement that must be met to be accredited, and this progresses to a level of excellence. The accreditation process is completed through an online self-assessment portal and a criteria checklist. Applicants are assigned to a support officer, and evidence is requested from them. The Economic Fairness Team assesses the evidence, provides support to demonstrate good work practices, and signposts to other business as good practice to benchmark against, as required. There is a lower accreditation threshold for smaller employers; GLA have a separate and simplified scheme for microbusinesses with less than 10 staff.

To be eligible, employers must be accredited by the Living Wage Foundation and paying their employees the London Living Wage. Mayoral advisors decide on other accreditation outcomes for the GWS alongside trade unions to ensure there are no ongoing disputes with the applicant.

The GWS has enabled the GLA to promote good work by supporting and empowering local employers, via enhancing employers' reputation, enabling them to join a community of good work employers, demonstrating their social value when competing for public sector procurement opportunities, and facilitating access to learning and networking opportunities to support good work practices.

Since inception of the GWS, over 150 organisations have been recognised by the mayor as GWS employers, extending the benefits of good work to over a quarter of a million Londoners.



## Economy

### Good work – Real living wage region

#### Real living wage region – Greater Manchester CA (GMCA, 2022 - present)

The mayor of Greater Manchester committed to becoming the first city-region to pay all employees the RLW by 2030. This target was recommended by the Greater Manchester Independent Inequalities Commission (2021). The mayor has established a Living-Wage Action Group with businesses, unions, local authorities, faith groups and voluntary and charitable organisations, chaired by the chair of the Greater Manchester Local Enterprise Partnership, to drive forward plans for the city-region. Paying the RLW is a fundamental aspect of good employment within the GM Good Employment Charter and aligns with the work of the Action Group.

The Living Wage Action Group focuses on the following 7 key areas of the Greater Manchester economy:

- Health and Social Care
- Civil Society
- Hospitality and Leisure
- Large Employers
- Small and medium-sized enterprises (SME)
- Voluntary, community and social enterprise (VCSE) sector

Bespoke action plans are being developed for each of the seven key areas to advocate for the RLW, raise awareness, and promote good employment. Aspiring towards becoming a RLW Region, the GMCA are working to increase the number of RLW employers in their city-region and putting more money into the local economy and people's pockets. Research published by the Living Wage Foundation and the Smith Institute estimates that if a quarter of Greater Manchester's low earners saw their pay raised to the RLW, the subsequent increase in wages, productivity and spending could deliver a £56m boost to the local economy and subsequently benefit the entire city region.



## Economy

### Good work – Employer services/business support

#### Thrive at Work – West Midlands CA (WMCA, 2020 - present)

The WMCA Thrive at Work (TaW) programme is a workplace commitment for employers that enables them to implement effective healthy workplace practices, leading to accreditation of an award. The programme is designed to promote employee health and wellbeing and improve productivity and retention. The TaW programme focuses on the following aims:

- Creating a more resilient workplace through supporting staff health and wellbeing, including musculoskeletal (MSK) health, mental health, physical health, and healthy lifestyle
- Maximising staff potential with less time off sick, as well as improved retention and productivity

There are four tiered levels to the programme, which any organisation with five or more employees can achieve. Organisations can set their desired level and work at their own pace to implement the criteria. Once registered for the online portal accreditation process, employers gain access to the following:

- Support with working towards accreditation, e.g., action planning, progress monitoring, health needs assessment surveys, suggestions for improvement related to best practice, consultancy support from the WMCA accreditation team, and specialist topics learning webinars
- An online toolkit with bespoke resources
- A monthly newsletter and dedicated LinkedIn members group to network and share best practice

Over 600 organisations are participating in TaW programme, reaching an estimated 300,000 employees.



## Economy

### Good work – Employer services/business support

#### Age-friendly employer toolkit - Greater Manchester CA (GMCA, 2022 - present)

The GMCA is the first city-region to launch an age-friendly employer toolkit that is designed to help and inform employers of the positive impact an age-friendly workplace can bring. It was developed in collaboration with the Centre for Ageing Better and aims to help employers create workplaces that support and value employees of all ages, particularly focusing on the needs of older workers. It is structured around the following five key principles:

- Being flexible about flexible working
- Hiring age-positively
- Ensuring everyone has the health support they need
- Encouraging career development at all stages
- Creating an age-positive culture

The toolkit contains impactful yet easy-to-implement ideas to help businesses reap the benefits of a thriving and age-diverse workforce, along with signposts to further information and practical, actionable resources and guidelines. It is supported by the Greater Manchester Local Enterprise Partnership and aligns with other good work initiatives such as their Regional Employment Charter.

The toolkit enables GMCA to provide employers with evidence-based support to create a workplace environment in which the skills and experience of their employees in their over 50s are valued and can enhance business success. Investing in the wellbeing and skills of older workers, businesses benefit from a more engaged and productive workforce, while also helping their employees to lead fulfilling lives. These initiatives help to prepare and sustain businesses for an ageing workforce and support healthy workplace practices to enable over 50s who have fallen out of work to re-enter the workplace.



## Economy

### Income maximisation – Preventing/tackling child poverty

#### Child Poverty Prevention Programme – North of Tyne CA (NoTCA, 2021 – present)

Started by the North of Tyne Combined Authority and adopted by the North East CA, the Child Poverty Prevention Programme was based on the 2020 IPPR North report on child poverty and devolution and is designed to address the causes and impacts of child poverty in schools, workplaces, and family settings. It operates under four pillars:

- Innovative poverty interventions in schools
- Welfare support through the school gate
- Working with employers to tackle in-work poverty
- Focusing on the critical first 1,001 days from conception to school age

The programme was piloted in 86 schools, providing financial support and advice, such as uniform assistance, free afterschool clubs, cooking and finance help, and family learning courses. Schools have access to a range of tailored support options, including family learning courses, Poverty Proofing audits, specialist welfare advisors, and fully funded after-school clubs. The programme's flexible design allows schools to tailor support packages best suited for their pupils, ensuring both immediate needs and long-term educational and financial stability for families in the North East.

As of March 2024, the programme has helped 500 families recover over £1 million in unclaimed benefits. Over 23,000 employees have benefited from employer support, and 750 vulnerable new families have received baby essentials. When the Combined Authority evolved into the North East Combined Authority (NECA) in May 2024, the programme's budget was expanded to almost £2.5 million, extending its reach to nearly 300 schools. Later in the year, the Mayor announced a new, first-of-its-kind Child Poverty Reduction Unit that will work with the region's seven local authorities and wider childcare system to develop the most effective ways of tackling poverty.

#### For further information please see:

- [No Time To Wait: Blueprint for Tackling Child Poverty in the North East, NE Child Poverty Commission, February 2024](#)
- [Plan to reduce child poverty, NECA Press Release, August 2024](#)
- [Government's Child Poverty Taskforce, NECA, Press Release, September 2024](#)
- [Unlocking prevention in integrated care systems, NHS Confederation Report, October 2024, pg19](#)



## Economy

### Income maximisation – Preventing/tackling child poverty

#### **Tackling child poverty: A guide for schools – Greater London Authority (GLA, 2019)**

In 2019, the mayor of London funded the Child Poverty Action Group (CPAG) to deliver a research project to tackle child poverty through schools. The project included a review of published literature, interviews with practitioners around the country and research conducted in a small number of London primary schools. The project aimed to enhance the support teachers and staff provide to low-income families and explored the broader role schools could play in addressing child poverty, including delivering welfare rights advice to parents on school grounds.

In schools, the project focused on increasing support for low-income families through needs assessments, action plans, extended school activities, and a good practice network. A key component of this initiative was the integration of welfare rights advice within schools to directly assist families in need.

The research led to development of a guide that contains key lessons for schools on developing initiatives to tackle child poverty. It is recognised that public services have a crucial role to play in tackling child poverty and ensuring children and families recover from the pandemic. Schools, as a universal and non-stigmatising service that most families access, are essential, but currently face many challenges. By funding research projects such as these, the GLA has been able to champion work at a local level and provide the opportunity for CPAG to work with schools to understand the key factors for success in this area.



## Economy

### Income maximisation – Targeting support for vulnerable groups

#### **Mind and Money – Liverpool City Region CA (LCRCA, 2023)**

The mayor of Liverpool City Region launched the LCRCA funded Mind and Money scheme in 2023, which aims to support the region's most vulnerable residents amid the cost-of-living crisis. The £2 million initiative is part of a broader £5 million cost-of-living support package targeting 2,500 residents, including low earners, zero-hours contract workers, those with health conditions (such as long Covid), and individuals from Black, Asian, and minority ethnic communities.

The project is delivered by community and citizens legal and financial advice organisations. The project provides support to individuals for debt management, income maximisation, and financial resilience. In its first 9 months it helped 1,400 people write off £3 million in personal debts and increase their income by £800,000.

The scheme also offers practical assistance, such as food and fuel vouchers, eviction support, and guidance on energy efficiency. Access to these services is facilitated through referrals from GPs, mental health services, and other community organisations, ensuring that those in crisis receive immediate and effective support.



## Economy

### Income maximisation – Targeting support for vulnerable groups

#### Cost of Living Emergency Fund – West Yorkshire CA (WYCA, 2022 - present)

In October 2022, the mayor launched a £3m package funded by the WYCA to support households and businesses hardest hit by the cost-of-living crisis. The fund was designed to:

- Support charities providing vital targeted support to vulnerable households struggling with squeezed budgets, such as access to food, heating and financial advice
- Provide businesses with help towards the cost of energy, for example helping them buy a new boiler
- Invest in retrofitting socially rented homes to help households lower their bills

The fund was distributed through the region's five local authorities, to leverage their established networks of VCSE organisations. This allowed the project to deliver at scale across the region and benefit those who needed the support most. In June 2023, an interim evaluation report was commissioned by the WYCA that found that the fund had supported nearly 6,500 households and individuals, which was more than double the planned number of beneficiaries.

The WYCA fund worked as part of a set of collective actions with the West Yorkshire Integrated Care System (ICS) to support people during the cost-of-living crisis. The West Yorkshire Integrated Care Partnership (IPC) provided a mental and physical health and wellbeing support offer to VCSE staff, volunteers and unpaid carers. In 2024, the mayor pledged to extend the fund to continue supporting communities and local organisations through the ongoing crisis.

#### For further information please see:

- [Cost of living support, WYCA Press release, October 2022](#)
- [Annual Meeting, June 2023, pg177](#)





## Economy

### Income maximisation – Targeting support for vulnerable groups

#### **Advocating for welfare support through NHS services – Greater London Authority (GLA, 2023)**

In 2023, the mayor grant funded an independent study on initiatives to strengthen the relationships, partnerships, and referral arrangements between healthcare settings, social prescribing, and social welfare advice across London, and improve access to advice for social prescribing and those who are socially prescribed. The findings of the study informed the Cost-of-Living Task and Finish Group's report, which presented a set of guiding principles to support ICSs improve access to advice to the London Health Board.

This research prompted the London Health Board to call on ICSs to commit to strengthening the relationship between healthcare and social welfare legal advice, increasing access to advice and providing a viable referral pathway for social prescribing.

Social welfare advice services have positive impacts on physical and mental health and wellbeing outcomes. In one east London primary care network, a dedicated social welfare advice team secured £2.5m of additional welfare benefits, grants, and debts written off for residents. It also worked with several hundred households to address housing issues, including averting homelessness. Investing in the co-location of advice workers in healthcare settings had an average return of £27 of social and economic benefit per £1 invested.



## Economy

### Inclusive growth – Taking a strategic approach to inclusive growth

#### Hardwiring inclusive growth into ways of working – West Midlands CA (WMCA, 2018 - present)

The WMCA has hardwired a model of inclusive economic growth into strategies, policies, and investments so that economic activity can be pursued to support the reduction of health inequalities, whilst also contributing to economic growth. In 2018, the WMCA inclusive growth team collaborated with regional public health and national think tank partners to develop a regional framework for inclusive growth inspired by Kate Raworth's Doughnut Economics model and aligned to the sustainable development goals. This framework focuses all kinds of investment, including capital, resources, time, and attention, around the same set of social and environmental 'fundamentals' that meet the needs and aspirations of citizens, while also being regenerative for the environment. These 8 fundamentals are as follows:

- Inclusive economy
- Health and wellbeing
- Affordable and safe spaces
- Climate and environment
- Connected communities
- Equality
- Education and learning
- Power and participation

Each 'fundamental' within the framework includes a description, consideration of what good looks like, outcomes, and metrics to measure success. The health and wellbeing fundamental supports thinking about economic activity in relation to people's health which is determined by their social circumstances. The outcome of this 'fundamental' is the reduction of the avoidable differences in health and its success is measured across a range of health-related indicators, such as inequality in healthy life expectancy, personal wellbeing, mortality from preventable causes, prevalence of smoking and obesity, and active travel. The strategic alignment of inclusive economic growth and health inequalities has meant that by hardwiring an inclusive growth approach across the organisation, non-health teams are supported to understand how the economy and wider determinants of health can support the improvement of health and wellbeing and the reduction of health inequalities.

(Case study continued on next page)



## Economy

### **Inclusive growth – Taking a strategic approach to inclusive growth**

#### **Hardwiring inclusive growth into ways of working (continued) – WMCA (2018 – present)**

The inclusive growth team have focused on supporting CA teams, local authorities and external partners to understand what inclusive growth means to their work. In 2023, the WMCA relaunched its Inclusive Growth Framework as a tool for colleagues to recognise the impacts their projects have or could have beyond their individual portfolio to ensure that every project maximises the benefits it could provide across some or all the 8 fundamentals. The team is also supporting others to align their ways of working via a regular blog sharing best practices, a decision-making tool providing guidance to project and programme managers, and an implementation toolkit to help teams understand the extent to which their project aligns with the inclusive growth framework. Additionally, governance and assurance processes require programme and project managers to detail how their work contributes to the fundamentals of inclusive growth. The team also established an internal inclusive growth Business Partners Network with representatives from each of the organisation's delivery directorates with skills and knowledge across all the inclusive growth 'fundamentals', which has helped to build awareness of inclusive growth and promote internal culture change.

#### **For further information please see:**

- [Wellbeing Economy in Action, Centre for Thriving Place, September 2024, pg 23](#)



## Skills, employment, and the adult education budget

### Adult education and skills – Strategic allocation and evaluation of the adult education budget

#### Integrating health and wellbeing metrics – Greater London Authority (GLA, 2021 - present)

The London Learner Survey was launched in September 2021 to capture information on the economic and social outcomes achieved by learners participating in the GLA funded AEB and Free Courses for Jobs programmes. The survey followed the GLA's commitment in 2019 to enhancing adult education accessibility and effectiveness. It consists of two parts: a baseline survey administered at the start of the learners' course, and a follow-up survey conducted approximately 5-7 months after course completion.

The survey focuses on 7 outcomes divided into economic and social outcomes and aligns with the **mayor of London's Skills Roadmap**. The roadmap sets out the strategic direction for GLA adult education and skills to help Londoners to access good jobs and to lead happier, healthier lives. The social outcomes captured are as follows: Improved health and wellbeing; improved self-efficacy; improved social integration; and participation in volunteering.

The 2022/23 survey results found that 94% of respondents believed the course had led to a positive social change, including improved wellbeing, increased confidence, and enhanced social integration. This shows the importance of education for learners beyond improvements in their economic situation. Older learners (aged 50+) were the most likely of any age group to report an improvement in their wellbeing (85%) and were the most likely to be volunteering. The majority (91%) of learners reported a positive economic outcome following the course and younger (aged 19-23) and black learners were more likely to experience positive economic outcomes.

Overall, this analysis provides GLA with a strong evidence base to suggest that the AEB is helping to transform the lives of Londoners, particularly those who are facing barriers in the labour market. Capturing social outcomes demonstrates the GLA's commitment beyond economic outcomes and this data is being used to inform future skills policy and delivery in London.

#### For further information please see:

- [Skills Roadmap and other strategies, GLA Webpage](#)
- [Skills Roadmap for London, January 2022](#)



## Skills, employment, and the adult education budget

### Adult education and skills – Strategic allocation and evaluation of the adult education budget

#### Thrive at College pilot – West Midlands CA (WMCA, 2025)

The WMCA will be launching the Thrive at College pilot programme in 2025, which will involve working with education providers and other relevant stakeholders, to support schools and colleges to adopt a whole school approach to mental health (i.e. a co-ordinated approach to promote emotional wellbeing, identify mental health difficulties at an early stage, and provide support to those who need it) and work towards zero exclusions.

The pilot has emerged from the recommendations made by the independent **West Midlands Mental Health Commission 2022/23**, which included the CA working, in its role as system convener, with key education and relevant wider system partners to support the provision of wellbeing support and training for staff, skills development and support for family members, developing a supportive inclusion system, and integration of internal and external mental health support services. The Commission was established by the WMCA considering the impact of Covid-19 pandemic on mental health and reducing inequalities and to explore priority actions for the region. It was served by representatives of local people and services and Chaired by the Chair of one of the West Midlands Integrated Care Boards (ICBs).

Initially the pilot will focus on the FE sector and colleges within the WMCA area and lessons learnt will be extended to schools as appropriate. It is supported by the **Association of Colleges**, which recognises the unprecedented demand for mental health support in colleges. The pilot seeks to bolster the efforts and approaches being taken by colleges with limited funding by adding value to existing support from mental health support teams within regions. The pilot will include the following components:

- Strategy development and implementation
- Mental health awareness and mental health first aid offered as part of the curriculum
- Mental health support provision
- Training multiple senior leaders as mental health 'champions' with trauma informed supervision
- Taking a zero exclusion approach
- Sign up to the WMCA Thrive at Work programme, which is a workplace commitment to implement effective good workplace practices to promote employee health and wellbeing
- Creation of a community of interest to share learning and good practice amongst pilot colleges
- Additional support consideration for care leavers and children from disadvantaged backgrounds



## Skills, employment, and the adult education budget

### Individual Placement Support – Delivering and integrating individual employment pathways

#### Thrive into work – West Midlands CA (WMCA, 2018 - present)

The WMCA Thrive into Work programme offers 1-2-1 employment support to people with health challenges to find suitable and satisfying work. The WMCA commissions a local NHS Trust and the Shaw Trust to provide an integrated employment support service co-located within primary care in partnership with ICS partners. Employment specialists are based in GP surgeries and other health and community facilities across the region and work with people to identify suitable jobs and then support them with applications and interviews. The tailored support also includes support from healthcare teams, advice on benefits, help with finding a job, continued support once employed, and assistance with communicating needs to employers. Individuals are referred into the scheme through a health professional or online self-referral.

The programme was initially part of the **national health-led employment trials in 2018-20**, managed by the WMCA, which demonstrated the effectiveness of the approach to support people in the region to find new jobs and prevent them from being signed off long-term sick. In 2020, the programme roll-out was continued through further funding from the Department for Work and Pensions (DWP) and expanded to include a specialised pathway to support neurodivergent individuals and people with mild learning disabilities. As of 2023, around 4,000 people have started the programme and more than 1,000 people with long-term health conditions have been helped to get back into work.

The programme has also helped relieve pressure on GPs and other primary health care services, with around 80% of those who are now in sustained employment reporting it has improved their ability to manage their health condition. In addition, more than 50% reported they needed fewer GP appointments. Participants have been helped to regain confidence, independence, and a sense of purpose and wellbeing through finding suitable and satisfying work. Innovative collaboration with system partners and grounding the programme in the principles of IPS has enabled WMCA to draw down funding to positively impact employment and wellbeing outcomes in the region.



## Skills, employment, and the adult education budget

### Individual Placement Support – Delivering and integrating individual employment pathways

#### Households into Work – Liverpool City Region CA (LCRCA, 2018 - present)

Households into Work provides up to 12 months of individual support to unemployed LCR residents aged 16 and over, who are unable to consider taking up or sustaining employment because of their current circumstances. The programme is focused on supporting people to get to a point where they start to think about work as a realistic option and then helping people to find work.

LCRCA commissions delivery partners to work with individuals who are dealing with issues such as mental illness, addiction, domestic abuse, debt issues, and/or low self-confidence/self-esteem, which left unsupported is unlikely to be resolved. Dedicated employment advocates provide bespoke 1-2-1 support to help participants resolve underlying issues and develop the skills and resilience to help deal with challenges that may arise in the future.

More than 4,000 people have been supported by the programme since it began in 2018, with most gaining improved personal resilience and over half progressing onto formal education, training, or other skills development. More than a third of participants progressed into employment or a work-related activity, such as volunteering. Therefore, this approach has been demonstrated to successfully support individuals into work through a holistic person-centred lens that tackles worklessness.



## Transport

### **Local transport planning – Ensuring Local Transport Plans include health and inequalities considerations**

#### **Transport for West Midlands Local Transport Plan – West Midlands CA (WMCA, 2023 - present)**

The WMCA successfully integrated health considerations into its transport policy and strategy. This effort was part of the development of Transport for West Midlands (TfWM) Local Transport Plan, which aims to balance providing access with mitigating the harmful impacts of transport on people and places. The plan is a core statutory duty of the WMCA's devolved transport responsibilities and outlines the region's future transport needs to support businesses and a growing population.

Close working between the WMCA health team and the TfWM policy team led to the completion of a HEqIA as part of the Local Transport Plan production process. The HEqIA assessed the health and wellbeing impacts of the plan, with the final product incorporating several features aimed at addressing health inequalities, including the following:

- Fair Access - Improving social mobility by enhancing equity of access
- Fair Impacts - Reducing the negative externalities of transport on people's health and wellbeing
- Physically Active - Enabling safe, convenient, and accessible walking and cycling opportunities

Additionally, the WMCA's City Region Sustainable Transport Settlement programme embedded healthy streets and places as a key theme. Other themes within the programme, such as supporting inclusive growth, delivering a green revolution, and making behaviour change easy, also contribute to the overall goal of improving health and reducing inequalities.





## Transport

### **Local transport planning – Developing accessible and affordable public transportation systems**

#### **West Yorkshire Travel Plan Network – West Yorkshire CA (WYCA)**

The West Yorkshire Travel Plan Network (WYTPN) is a free membership scheme for all employers in West Yorkshire to support their staff with cost-effective and sustainable travel to work. The WYTPN is delivered by the WYCA, in partnership with its local authorities. Employers who sign up receive support with car sharing and relocation, while employees can purchase annual, business, and corporate travel passes with discounts of up to 75%.

A key criterion for employers to remain members of the WYTPN is participation in the annual Travel to Work Survey. This survey asks employees to report on their usual commute (i.e. mode of transport, length of journey, etc.). Employers use this data to measure changes in travel modes within their organisation and assess the effectiveness of sustainable travel initiatives, such as Bike to Work and the Corporate MCard Scheme, which offers discounts on prepaid travel. The information is also used by the Travel Plan Network, WYCA, and local authorities to collate and map data on employee travel patterns, which is anonymously published each year. The WYTPN currently has over 600 member organisations of various sizes and sectors, including health trusts, councils, and private businesses.

Through the WYTPN, the WYCA is working towards creating a better environment by reducing single occupancy car usage and congestion in urban areas, as well as improving the quality of the local air supply and promoting healthier and more active lifestyles.

#### **For further information please see:**

- [What is the Travel Plan Network, West Yorkshire Metro Webpage](#)



## Transport

### Local transport planning – Developing accessible and affordable public transportation systems

#### **Include Me: Travel Without Barriers – West Midlands CA (WMCA, 2022)**

Include Me West Midlands is a regional approach to making the West Midlands an exemplar region for engaging and supporting disabled people and those with long-term health conditions to be physically active. It aims to create a collective momentum and a demonstration of a willingness to learn from, and listen to, disabled people to help improve access and opportunities across the region. It was developed following a consultation with disabled people, disability organisations, national specialist organisations, and existing academic and national research.

Part of the work has focused on removing barriers on public transport and working with local technology companies to design and deliver a Travel Without Barriers pilot. The pilot introduced a digital travel assistant that facilitates General Data Protection Regulation (GDPR)-compliant exchange of a disabled person's assistance requirements among multiple transport operators and service providers. The travel assistant provides tailored journey planning support to help disabled users find accessible travel routes quickly and easily, based on an assessment of their needs (e.g., assistance requirements, purpose of travel, travel preferences) and real-time transport databases to identify and connect the most suitable modal options.

Despite the initial pilot being limited in scale, Travel Without Barriers created better door-to-door travel experiences for disabled customers and reduced anxiety, especially during journey interchanges. The pilot also enabled several improvements to disabled people's experience with public transport. The Mobility as a Service (MAAS) Alliance have built on this approach and committed to working towards being a gold standard solution in terms of accessibility and engaging disabled people, funding the WayMap pilot at Birmingham New Street and University railway stations. Additionally, WelcoMe is a service that alerts businesses ahead of a disabled person's arrival and has been introduced across Coventry leisure centres, which are now flagship sites in terms of usage.

#### **For further information please see:**

- [Moving the West Midlands Forward, Summary Document, April 2020](#)
- [Call for volunteers to trail app, Press Release, May 2022](#)



## Transport

### Local transport planning – Convening regional partners to improve road safety

#### West Yorkshire Vision Zero Strategy – West Yorkshire CA (WYCA, 2024 - 2027)

The West Yorkshire Combined Authority has established a West Yorkshire Vision Zero board to provide leadership over the region's commitment to reduce the number of people killed and seriously injured on their road by 50% by 2030, and to 0 by 2040. The board consists of the WYCA, 5 local authorities, West Yorkshire Police, West Yorkshire Fire and Rescue Service, National Highways, Brake (road safety charity), and road safety campaigners. It is chaired by the Deputy Mayor for Policing and Crime, who also oversees the West Yorkshire Safe Roads Partnership.

Through consultation and engagement with the public and partners, the following key areas were highlighted as the most significant priorities to focus on within the initial strategy:

- Safe roads
- Safe behaviours
- Safe speeds
- Safe vehicles
- Post-collision response

These 5 pillars of action are known as a “Safe Systems approach” to road safety that puts people at the centre, with a view that every road death or serious injury is preventable. A baseline assessment of partnership operational readiness to adopt the 5 pillars of the safe system approach has been undertaken to support partners with their respective Vision Zero actions. In addition, funding has been secured to provide a dedicated resource to support the Vision Zero ambition in West Yorkshire; the first 2 roles commenced activity in February 2023 to provide a focus to regional activity.

In addition to WYCA, Vision Zero approaches to road safety have been adopted by several other mayoral regional authorities, including GMCA, WMCA, and the GLA.



## Transport

### Local transport planning – Convening regional partners to improve road safety

#### Cycle safety training – Liverpool City Region CA (LCRCA)

LCRCA and Merseytravel have supported Bikeability training for school pupils, which aims to equip young people with the skills and confidence to cycle safely. The training sessions focus on practical skills such as reading road signs, recognizing hazards, and sharing space with pedestrians and other road users.

The Bikeability scheme has progressively increased its reach, growing from an initial average of around 8,000 participants per year to over 13,000 in 2023. Additionally, the mayor and LCRCA have funded various other initiatives to promote safe cycling and walking. These include constructing new bike routes and footpaths and supporting School Streets schemes, which limit car access near school gates during drop-off and pick-up times.

The sustained support and expansion of the Bikeability training programme has significantly improved the cycling safety and confidence of young people in Merseyside. The increase in trained participants reflects the programme's success and its positive impact on promoting safe, active travel among school pupils.



## Transport

### **Local transport planning – Increasing safety on public transport, particularly to prevent violence against women and girls**

#### **Safer Streets Campaign - Liverpool City Region CA (LCRCA, 2022 - present)**

The mayor of Liverpool City Region and LCRCA have been supporting and advocating for the Police and Crime Commissioner's Safer Streets campaign to tackle violence against women and girls and increase women's safety, particularly around the transport network. The campaign was launched in 2022 and funded by the UK Home Office, secured in a joint bid by Liverpool City Council and Merseyside Police and Crime Commissioner to deliver a series of measures to make the transport network in Liverpool safe for women and girls.

In 2023, following the success of the first phase and a successful second bid from the Home Office, Safer Streets was scaled up to be region wide. The delivery includes, but is not limited to, the following:

- A guardian project to provide support to those who need it in Liverpool's night-time economy
- Enhanced CCTV coverage
- New help points and safe spaces within bus stations
- Bystander training for frontline transport staff
- Educational training across 130 primary schools to raise awareness of staying safe online, sexual harassment, and misogyny
- A new adult education programme looking to challenge misogynistic language and attitudes using a creative resource and digital activity, which is anticipated to reach up to 53,000 employees across the region

This initiative is promoted through a visual communications campaign and was developed following consultation with stakeholders, public transport users, student groups, and young people. It has been supported by a wide range of partners in addition to LCRCA, including Merseyside Police, RASA Merseyside, the Merseyside Violence Reduction Partnership, Liverpool John Moores University and Culture Liverpool, as well as the region's 4 other local authorities. In 2024, the mayor committed to continuing support for the initiative.



## Transport

### Local transport planning – Promoting active travel and healthy lifestyles via transport planning and infrastructure

#### **Active Travel Implementation Plan - South Yorkshire Mayoral CA (SYMCA, 2023 - 2040)**

The Active Travel Implementation Plan feeds into SYMCA's overarching Transport Strategy, which aims to connect urban and economic centres to support people and the economy, and incorporates previous work undertaken in partnership with the Department for Transport (DfT) to develop a Local Cycling and Walking Infrastructure Plan. The mayor's Vision for Transport stated that they would put pedestrians and cyclists at the centre of transport plans, which is rooted in improving physical and mental health, as well as air quality.

In 2024, the mayor of South Yorkshire announced a "year of active travel" in a bid to reduce carbon footprint, support healthier and happier communities, and to catalyse the agenda. An Active Travel Commissioner was appointed to lead this work and has been supported by £160m in strategic investment to develop active travel infrastructure across the region. This includes 620 miles of new walking and cycling routes, 100 new or improved crossings, 280 new cycle parking spaces, and over 1,200 behaviour change activities.

Infrastructure development is grounded in place-making, whereby the safety of families, children, pedestrians and cyclists is prioritised with little traffic. This is rooted in a pledge to ensure that all active travel activity is led by the will and needs of the local community. An infrastructure network was constructed with the help of over 4000 comments from the public, made via an **Active Travel Interactive** Map. This map allows those who take, or want to take, journeys on foot/by bike to give their feedback on areas of the region's existing infrastructure, helping to contribute to a comprehensive overview of the current picture, and highlighting where improvements can be made.



## Transport

### **Local transport planning – Promoting active travel and healthy lifestyles via transport planning and infrastructure**

#### **Unhealthy food advertising ban on transport network – Greater London Authority (GLA, 2019 - present)**

In February 2019, the mayor of London implemented restrictions on the advertising of high fat, sugar, and salt (HFSS) food and drink (as defined by the Public Health England Nutrient Profile Model) across the Transport for London (TfL) estate. The TfL advertising estate makes up approximately 40% of London's out-of-home advertising by revenue.

Based on polling at the time of the ban, 82% of Londoners supported this measure. Following 10 months of the advertising ban, households were making purchases that had on average 7% less energy from unhealthy products (or 1000kcal lower) per week than what was predicted. Weekly household purchases were reduced on average by 58g fat, 26g saturated fat, and 81g sugar; the largest reductions were seen for energy content from chocolate and sweets. Further, the results suggested that bigger reductions in purchasing occurred in shoppers who used public transport more frequently, as well as poorer households and households where the main food shopper was overweight/obese.

#### **For further information please see:**

- [Advertising ban was linked to lower purchases of unhealthy food and drink, National Institute for Health and Care Research, August 2022](#)



## Transport

### **Local transport planning – Promoting active travel and healthy lifestyles via transport planning and infrastructure**

#### **Using public transport assets to reduce loneliness – West Midlands CA (WMCA, 2022 - present)**

The Let's Chat project uses public transport to connect people by facilitating connections between individuals and community groups and aims to tackle loneliness in the West Midlands. Following a successful small-scale trial, the project was initially a 12-month pilot funded by the DfT to offer those most at risk from loneliness new opportunities for social interaction, as well as to provide help and advice on a range of topics. This was developed in collaboration with community transport providers. The service provided the following:

- Dedicated buses/mobile units within communities, acting as a focal point for conversations, advice and assistance
- Community meeting spaces within vacant shops/commercial units and at bus stations
- Community transport minibus door-to-door service to provide transport for people experiencing social isolation

The project is now jointly funded by TfWM and the WMCA and delivered by a community transport provider. It provides drop-in sessions located at 3 bus stations in the WMCA region. These sessions have proven highly effective, with approximately 1,300 attendees experiencing a significant reduction in feelings of loneliness or exclusion after connecting with their communities and learning about local services. This work demonstrates how the transport network can play an important role in alleviating isolation, enabling connectivity, removing barriers to accessing support.





## Transport

### Local transport planning – Delivering and promoting behaviour change initiatives to increase active travel

#### Let's Go Tees Valley – Tees Valley CA (TVCA, 2016 – 2023)

TVCA has been promoting active travel and providing residents and businesses with information to make informed decisions on how they travel. This includes the promotion of increased levels of physical activity through walking and cycling and encouraging people to choose more sustainable transport options. This behaviour change work has been progressed through their Let's Go Tees Valley project, which included the following:

- A comprehensive marketing programme under the Let's Go brand to encourage travel behaviour change
- Region wide walking and cycling programmes
- A comprehensive school programme incorporating pedestrian and cycle training, a Junior Road Safety Officer Scheme, and promotional activities to increase walking, scooting, and cycling to school
- A personalised Travel Planning programme to support the significant investment in the Youth Employment Initiative to tackle high levels of unemployment particularly amongst younger people
- Work with employers and training providers to address issues around accessibility to training and employment through measures such as Wheels 2 Work, which enables working age people to hire an electric motorbike/bicycle for up to a 6-month period, until a longer-term transport solution can be found

The Let's Go Tees Valley initiative supports local journeys in the **region's strategic transport plan 2020-30**, and there are plans to continue to develop and extend similar initiatives, using lessons learned and developing best practice approaches, to ensure people's travel horizons are broadened and that more residents use sustainable transport to meet their needs.



## Housing

### Improving housing conditions – Regional standards charters/frameworks

#### Good landlord charter – Greater Manchester CA (GMCA, 2024 - present)

The GMCA has launched the UK's first Good Landlord Charter, which aims to improve the standards of homes in social housing and the private rented sector. This was developed through consultation with local renters and private and social landlords, including the Greater Manchester Housing Provider. The charter is based on the following 7 core principles of good renting:

- Affordable – e.g. properties meet Energy Performance Certificate (EPC) C as a minimum
- Inclusive – e.g. make/facilitate reasonable adaptations to properties where needed
- Private and secure – e.g. tenants able to make reasonable changes to their home
- Responsive – e.g. published, timely target response times
- Safe and decent – e.g. any work/repairs completed by a qualified/competent tradesperson
- Supportive – e.g. a commitment to refer tenants at risk of homelessness to the council
- Well managed – e.g. landlord must be able to demonstrate accreditation or training

It is a free and voluntary scheme whereby landlords can register their interest in participation. Registrants are supported by an independent Charter Implementation Unit, which is overseen by the GMCA, and commissioned using retained business rates for 2024/25 to support and assess applicants. The charter is open to all residential landlords, offers 2 levels of participation, and hopes to achieve the following:

- Tackle the crisis of poor housing in the region regarding rented homes
- Set clear standards that give tenants confidence and support landlords in raising the quality of renting across the region

Potential incentives for landlord participation include grants, discounts, and variations in property licensing fees, requiring local authority support. The work also aligns with the mayor's 2024 manifesto pledge to adopt an integrated Housing First philosophy. Therefore, Greater Manchester are set to enhance enforcement capacity and capability as part of a new Housing First Unit. The text of the Good Landlord Charter was agreed by GMCA in July 2024, following which they commenced process for seeking expressions of interest from landlords and letting agents to participate.



## Housing

### Improving housing conditions – Regional standards charters/frameworks

#### Healthy housing design principles – West Midlands CA (WMCA, 2020 - present)

The WMCA Regional Design Charter aims to promote and encourage creative design and innovation in quality place-making across the region that delivers inclusive growth through focusing investment on agreed social and environmental ‘fundamentals’, which meet the holistic needs and aspirations of citizens while also being regenerative of the environment.

In 2018 the WMCA Wellbeing Board established a taskforce to develop a set of health-promoting principles that shape the approach of developers in delivering new homes. This charter was co-designed with local authority members and developed in consultation with disability organisations, national specialist organisations, and academic researchers. It provides a regional framework for building new homes and encouraging place-making to facilitate the wellbeing of residents and a better connected and more prosperous West Midlands. It includes the following principles:

- Character - regional ambition and local distinctiveness
- Connectivity and mobility - regional network and modal shift
- Future readiness - climate resilience, delivering low carbon development, and technology resilience
- Health and wellbeing - building active communities and promoting wellbeing
- Engagement - across diverse stakeholders to shape design and stewardship for civic pride
- Delivery - securing social value through meeting inclusive growth objectives

The charter recognises the crucial role of the built environment in addressing health inequalities and serves as an additional tool for local planning authorities in considering good quality design. It has also been key to influence development sites where the WMCA has a strategic investment role for regeneration projects and brownfield land development. The charter is supporting the delivery of 215,000 new homes by 2031 as part of the Housing Deal between WMCA and the Government and therefore has major potential to be a strategic enabling mechanism to embed health-promoting principles in the delivery of new homes across the region.

#### For further information please see:

- [Homes for the Future Strategy, WMCA Webpage, December 2023](#)
- [Embedding wellbeing within the WMCA role in new housing delivery, WMCA briefing](#)



## Housing

### Improving housing conditions – Fuel poverty alleviation initiatives

#### **Fuel Poverty Action Plan - Greater London Authority (GLA, 2018 - present)**

The GLA's Fuel Poverty Action Plan aims to alleviate fuel poverty in London by targeting interventions at the most affected groups. A combination of fuel poverty and other social datasets are used to identify those who are most affected; the plan focuses on the private rented sector, residents in properties with poor EPC ratings, and individuals with disabilities or long-term illnesses. The plan includes several action areas, including the following:

- Boosting the incomes of people in fuel poverty by supporting benefits maximisation and access to advice
- Increasing the energy efficiency of homes through better insulation, reduced energy use, and stricter enforcement against non-compliant landlords
- Facilitating access to fairer energy tariffs by tendering for an energy supply company
- Improve collaboration among various organizations working to tackle fuel poverty, addressing the health impacts of cold and damp living conditions

The plan is aligned with other related key strategic pieces of work such as the **London Environment Strategy (2018)**, which has a shared aim to create a home energy efficiency programme. The fuel poverty plan is led by the mayor and seeks to use all mayoral powers to tackle fuel poverty and harness the GLA's convening role in establishing strong partnership working across the city to address the multifaceted issues relating to fuel poverty. Activities being undertaken include:

- Establishing the Energy for Londoners programme and the cross-sector Fuel Poverty Partnership to address fuel poverty and enable energy transformation of London homes
- Partnership working with London boroughs to roll out and scale up projects to reduce CO2 emissions
- Encouraging businesses to pay the living wage

As part of this work, the Mayor launched the **Warmer Homes Scheme (2018 – 2023)**, which improved around 3,000 homes that were fuel poor through energy efficient improvements. As of 2021, the Warmer Homes Advice Service has acted as a gateway to GLA fuel poverty programmes and supported over 2,400 low-income households to receive energy and/or water social tariffs, saving them up to £750,000 annually. Of the households assisted by the service, 75% had a long-term illness or disability, 17% were a single-parent household, and 57% were from ethnic minority communities.



## Housing

### Improving housing conditions – Retrofit programmes

#### **Sustainable Warmth Fund – Liverpool City Region CA (LCRCA, 2022)**

The LCRCA delivered the Sustainable Warmth Fund retrofit programme, which aimed to reduce energy bills and make homes warmer while minimising environmental impact across the region. LCRCA secured over £31 million to implement the Government scheme and the funds were split across the region's 6 local authorities.

The programme helped to improve 2,849 homes through the provision of benefits insulation, along with low-carbon heating and energy systems, such as heat pumps and solar panels. It targeted households with annual incomes below £30,000 residing in low EPC rated homes and prioritised the most vulnerable to ensure maximum impact. The fund was part of the CA's broader £60 million investment in measures to tackle fuel poverty and reduce emissions, aiming to enhance the energy efficiency of nearly 5,500 low-income households' properties.



## Housing

### Improving housing conditions – Promoting age-friendly housing

#### **Dementia-Ready Housing Taskforce – West Yorkshire CA (WYCA, 2022 - present)**

The Dementia-Ready Housing Taskforce in West Yorkshire works to highlight the need for dementia-ready housing and services across the region, increase awareness and understanding of dementia, challenge stigma, and work with partners to embed dementia-friendly criteria when adapting existing housing and building new homes.

The taskforce was launched in 2022 and is rooted in the mayor's pledge to ensure older people's housing and related services are dementia-friendly so that people can continue to live happily and safely in their own homes for as long as possible. It is made up of representatives from the 5 local authorities of West Yorkshire, as well as WYCA officers, the West Yorkshire Housing Partnership, and third sector organisations including the Alzheimer's Society. The taskforce's activities focus on influencing, signposting and data gathering, and coordinating with the national Dementia and Housing Working Group to amplify the group's profile, network, and share information.

The following 2 subsidiary groups have been established to support the taskforce to deliver its objectives:

- The Dementia-ready Housing Champions – This group represents housing providers and raises awareness and promotes training, including the Alzheimer's Society 'Dementia Friends'; they also implement the Alzheimer's Society Dementia-friendly Housing Guide and work towards dementia-readiness in their existing and proposed housing stock
- The Dementia-ready Advisory Group - Includes representatives from local authority housing and care teams, the Government's Office for Health Improvement and Disparities (OHID), Homes England and the NHS; Its role is to review progress of the Taskforce and provide expert input

Taskforce members have been driving the dementia agenda across their organisations, for example through training colleagues as Dementia Friends, including dementia-friendly information in supported housing communications, designing in dementia-friendly features to housing and producing dementia-friendly guides.



## Housing

### **Increasing access to affordable homes – Utilising strategic approaches to housing and related partnership working**

#### **Better Homes, Better Neighbourhoods, Better health – Greater Manchester CA (GMCA, 2021 - 2024)**

The Better Homes, Better Neighbourhoods, Better Health agreement between GMCA, Greater Manchester Housing Providers, and Greater Manchester Health and Social Care Partnership is a collaborative effort to embed the role of housing in joined up action on improving health. It was launched in 2021 and aims to create lasting solutions to complex challenges through the following activity:

- Aligning resources, expertise, and influence across sectors
- Influencing the development of new housing and communities with physical, social, and green infrastructure that promote healthy lifestyles
- Supporting public service reform by aligning health and social care systems to wider public services, such as education, skills, work, and housing
- Embedding the principles of inclusion health into ways of working, delivery, and commissioning of services and supporting the most vulnerable

There is a focus on a taking a coordinated housing and health approach that is delivered across several areas of activity, including the following:

- Introducing a Healthy Homes services across all 10 local authorities to support vulnerable households and improve their health and wellbeing, providing an effective route to support local people where they live
- Building understanding of current and future need for all types of housing to support commissioning
- Exploring housing options and investing in new models of support for people who are older and those who have health conditions and disabilities, young people leaving care, and people who are homeless to live independently for longer
- Supporting the delivery of the Greater Manchester Age Friendly Strategy, particularly to support people ageing in place and improve health outcomes for older populations
- Delivering the Greater Manchester Housing and Mental Health Strategy to develop alternative models and pathways that will assist key groups to achieve secure, high-quality homes and support
- Developing stronger links with housing, social care, and community mental health teams to ensure the best possible outcome for people receiving services in the system

The agreement includes detailed workplans for each partner that outlines strategic commitments to deliver. Whilst the agreement is for 3-years, the ambition is longer-term change to identify challenges and co-produce unique place level solutions.

#### **For further information please see:**

- [Greater Manchester Tripartite Agreement, March 2021](#)



## Housing

### Increasing access to affordable homes – Tackling and preventing homelessness

#### Homelessness Taskforce and Designing Out Homelessness – West Midlands CA (WMCA, 2017 - present)

The WMCA Homelessness Taskforce was established in 2017 with a commitment to bring together organisations, people, and resources to tackle homelessness. The taskforce has a central steering group and related task groups comprising all 7 constituent local authorities, key public sector agencies, VCSE organisations, and representation from the business community. In addition, there is a Members Advisory Group made up of Cabinet Members with responsibility for homelessness from each of the 7 local authorities, bolstering political leadership and accountability.

The Homelessness Taskforce's central aim is to **design out homelessness**, in all its forms, by identifying gaps in strategies, policies, procedures, laws, structures, systems, and relationships that either cause or fail to prevent homelessness. The purpose of the taskforce has been to identify conditions for systems change by addressing these gaps. The taskforce is rooted in adding value to the work of partners and not adding extra work to already stretched services.

The taskforce has the following 5 key areas for focusing activity:

- Accessible and affordable accommodation
- Tackling welfare-related poverty
- Access to good employment
- Information, advice, and guidance
- Integration of prevention activity

The key areas of activity aim to lead to systemic improvement in the prevention of homelessness across sectors and geography, moving away from crisis prevention, to focus on building protective factors that prevent homelessness. Some examples of activity being undertaken by the taskforce include the following:

- Lobbying for an increase in the supply of 'truly affordable' and secure accommodation across the region and agreeing a West Midlands definition of what affordable housing is (i.e. one that reflects local incomes both from work and benefits to maximise the level of affordable housing within developments)
- Promoting collaboration between service systems and helping them to prevent homelessness through the Commitment to Collaborate (C2C) Toolkit; the toolkit was developed by the taskforce in partnership with a local voluntary community sector council to support organisations and partnerships across the region to think about what actions they can take to prevent and relieve homelessness
- Promoting joined-up approaches between Children's Early Help Services, Housing Services, and providers so that collectively they promote protection factors for families and have a universal, as well as a targeted, prevention offer
- Using Adult Education Budget flexibilities to run sector-based work academies specifically for roles in homelessness, focusing on transferable skills for available jobs

#### For further information please see:

- [Commitment to Collaborate to Prevent and Relieve Homelessness Toolkit, WMCA Webpage](#)





## Housing

### Increasing access to affordable homes – Tackling and preventing homelessness

#### Life Off the Streets – Greater London Authority (GLA, 2016 - present)

The mayor of London's Life Off the Streets programme provides a range of services and initiatives to help people experiencing rough sleeping to come off the streets and rebuild their lives. These services complement those provided by London's boroughs and include the following:

- Street outreach - outreach worker teams and other services which assist with this work, locating people sleeping rough and supporting them to leave the streets
- Intermediate routes away from rough sleeping - services provide immediate options for someone to leave the streets or prevent them from sleeping rough; this includes emergency accommodation services and assessment centres, which provide safe shelter and support for people to find longer-term accommodation
- Longer-term accommodations solutions - homes for people with a history of rough sleeping with wrap-around support to help people to sustain their tenancies
- Support to rebuild lives - access to appropriate support, including mental and physical health, training, and employment to enable people to move on with their lives

The mayor's Life off the Streets services have helped more than 16,000 people off the streets since 2016.

#### For further information please see:

- [The Mayor's Rough Sleeping Plan of Action, June 2018](#)
- [Homelessness, GLA Webpage](#)
- [Life Off the Streets Executive Board, GLA Webpage](#)
- [Briefing on the Mayor's 'Life Off the Streets' Rough Sleeping Services, December 2019](#)
- [Rough Sleeping Commissioning Framework, August 2021](#)



## Environment and place

### Tackling climate change and progressing net zero ambitions – Climate adaption

#### Strategy for Climate Resilience – West of England CA (WoECA, 2023 - 2030)

The West of England CA, in partnership with the region's Climate Action Panel, Local Enterprise Partnership, and unitary authorities, has published a Climate and Ecological Strategy and Action Plan. This includes a strategic objective for climate resilience and outlines practical steps the region will take to mitigate the impact of the climate emergency. This strategy focuses on supporting both businesses and residents in building their resilience to climate change through various advice and funding offers. It focuses on the following key cross-cutting themes:

- Securing further funding and investment
- Using good quality data to inform decision making
- Skills and supply chains
- Strong collaboration

The strategy is being progressed through close working with public sector partners, including local councils, NHS and other emergency services, schools, colleges, universities, businesses, and communities.

It supports businesses and residents to build their resilience to climate change through several advice and funding offers. For example, Solar Together is a company that offers a group-buying approach for solar panels and battery storage systems, which allows the approved providers to offer a better price than what is offered on an individual basis. The strategy has also supported businesses by providing advice through the Growth Hub and Skills Programmes, as well as providing 360 SMEs with free carbon surveys and grant funding for 160 to retrofit their buildings.



## Environment and place

### Tackling climate change and progressing net zero ambitions – Air quality initiatives

#### Ultra-low emission zones (ULEZ) expansion – Greater London Authority (GLA, 2023 - present)

ULEZ is a clean air zone in London where vehicles must meet set emissions standards to enter, or drivers face a daily charge of £12.50. For owners of non-compliant vehicles, help is available through the scrappage scheme and ULEZ support offers. This is designed to reduce air pollution that disproportionately impacts those living in more deprived areas. Reducing childhood deaths from asthma was a key political enabler for this policy.

This initiative was extended in August 2023 to cover all London boroughs. Any money received from the scheme is reinvested into running and improving London's transport network. In this way, it is also used to incentivise public transport use alongside disincentivising using older, more fuel intensive vehicles. Overall, pollutant emissions across London in 2023 are dramatically lower than expected if the ULEZ hadn't been expanded London-wide. In the first 6 months of operation, roadside nitrogen oxide concentrations in outer London were up to 4.4% lower than would have been expected without the London-wide ULEZ expansion. Long term trends indicate that average concentrations in all London zones improved at a faster rate than the rest of England average over the same period. This is particularly notable in outer London, where concentrations have improved more rapidly over recent years and are now similar to the rest of England average, which has historically been lower.



## Environment and place

### Tackling climate change and progressing net zero ambitions – Strategic approaches to net zero

#### Climate Action Plan – Liverpool City Region CA (LCRCA, 2023 - 2028)

The LCRCA 5-year Climate Action Plan sets out actions for the LCRCA to move towards the decarbonisation needed in the region to reach net zero carbon by 2035. All 6 local authorities have declared a climate emergency and are taking targeted local action but are working together as the CA to share ideas and support each other to progress towards net zero.

The plan is rooted in working together with local authorities and wider partners such as the NHS and references the wider benefits of net zero, including health and wellbeing.

The plan includes the following 5 pillars:

- Transport
- Buildings
- Industry
- Clean energy
- Natural environment

Each of these pillars is complemented by a series of cross-cutting actions, which are staggered across short-term, medium-term, and long-term timelines. Progress towards achieving them is tracked and reported publicly to ensure the plan is transparent as possible. Some of the actions include the following:

- Embedding net zero and climate change mitigation goals into the emerging devolution agenda
- Working with constituent local authorities to share ideas and support communities in making changes
- Working with partners to develop a non-technical communication strategy to highlight key net zero carbon and natural environment issues, encourage behaviour change, and enhance engagement to co-develop solutions for Liverpool City Region
- In conjunction with local authority partners, exploring opportunities for greater involvement by citizens in climate policy and strategy-setting, including opportunities to influence climate action across the Liverpool City Region



## Environment and place

### Place-making and enhancing access to green space – Healthy place-making

#### **Placemaking Charter – West of England CA (WoECA, 2022 - present)**

The West of England Placemaking Charter sets out a shared vision for creating towns, cities, and rural communities that prioritise health, happiness, and quality of life. The charter was developed by the West of England Combined Authority, its local authorities in collaboration with Design West through extensive engagement with community groups, developers, and built environment experts. Engagement was conducted through a series of workshops to ensure the charter reflects evidence, best practice and responds to some of the key regional placemaking challenges.

The charter provides a framework for developers, public authorities, and local communities to create places that are future-ready, connected, biodiverse, characterful, healthy, and inclusive. It is aligned with the strategic objectives of the West of England Combined Authority, such as those in the Local Industrial Strategy and the West of England Recovery Plan 2020, whereby the Charter supports the region's goals of clean, inclusive recovery and growth.

By signing up to the charter, organisations and community groups demonstrate their commitment to high-quality placemaking that addresses climate and ecological emergencies while ensuring that new developments are well-designed, affordable, and centred on the well-being of residents. To implement the Placemaking Charter, the West of England Combined Authority and the region's local authorities have committed to an action plan to embed these principles. The action plan is based on engagement with a broad range of built environment stakeholders, from the private and public sector and local communities, and sets out how the Charter principles can be implemented in practice.

#### **For further information please see:**

- [West of England Placemaking Charter, July 2022](#)
- [West of England Placemaking Charter Action Plan, June 2022](#)
- [Design West Placemaking Charter Webpage](#)
- [West of England Placemaking Charter Final Report, January 2021](#)



## Environment and place

### Place-making and enhancing access to green space – Nature recovery and access

#### **Trees on Tees – Tees Valley CA (TVCA, 2023 - 2025)**

The Trees on Tees programme stems from the mayor's ambitious plan to plant 1 million trees and increase woodland creation in Tees Valley. The programme is part of England's Community Forests, which is a national network with local communities and landowners to plant trees across England to improve the natural environment, protect communities from flooding, and improve access to green spaces in urban areas.

The programme is led by TVCA's mayor, in partnership with the Woodland Trust, Tees Valley Nature, the Forestry Commission, the North East and Yorkshire Net Zero Hub, and Department for Environment, Food and Rural Affairs. It is helping to support the region's wider decarbonisation aims, while beautifying communities and towns and increasing woodland.

The programme involves working with a wide range of organisations, including businesses, landowners, farmers, communities, schools, environmental charities, and others to carry out the planting of trees. The first part of the programme has seen the recruitment of 4 officers – a Project Coordinator and 3 Project Officers. The Project Officers are working with partners to find suitable sites for woodland creation and tree planting, as well as to support businesses, landowners, and community organisations to secure funding to deliver planting projects and facilitate an annual free tree planting scheme for Tees Valley residents.



## Environment and place

### Place-making and enhancing access to green space – Nature recovery and access

#### Local Nature Recovery Strategy and Toolkit – West of England CA (WoECA, 2024 - present)

The West of England Local Nature Recovery Strategy and Toolkit is a collaborative effort to help people and organisations within the CA region and North Somerset to take the most effective action for nature. The strategy sets local priorities for nature recovery and maps 'focus areas' where action to help nature will have the biggest impact, which will help better target funding and investment for nature recovery.

The work was developed under public consultation and the following resources have been designed to support and engage stakeholders through an interactive map that displays recommended measures tailored to the needs of the user:

- Practical guides to use the strategy and toolkit, for example for planners, farmers, and residents
- Frequently asked questions to learn more about the strategy and toolkit
- Biodiversity priorities and measures, which consist of a description of the state of nature locally, the priorities and potential measures for nature recovery, and a table of priority species
- Mapped measures to show where creating new habitat or enhancing existing habitat will be most beneficial
- A local habitat map to provide an overview of the strategy by showing areas that are already of importance for biodiversity and focus areas for nature recovery.



## Health and social care

### **Complementing the work of health system partners and addressing the wider determinants of health – Partnerships, networks and anchor institutions**

#### **Partnership agreement with the Integrated Care Board – West Yorkshire CA (WYCA, 2023 - present)**

A partnership agreement between WYCA and the ICB has helped to form a strategic collaboration aimed at improving health outcomes and wellbeing for residents of West Yorkshire. The agreement creates common understanding of shared priorities, resources, and reciprocal governance arrangements. The mayor and WYCA's Chief Executive Officer sit on the ICP Board, whilst the Chair of the ICB sits on WYCA's Place, Regeneration, and Housing Committee.

This partnership integrates health, social care, and economic initiatives to support economic resilience and growth. By aligning health priorities with broader economic strategies, the partnership focuses on reducing health inequalities, enhancing mental health services, and promoting healthy lifestyles. Shared posts have unlocked greater resources to deliver the partnership agreement through driving key skills such as system leadership, the ability to translate between organisations, and connecting more of the system to itself. Exemplar projects that have brought the partnership to life have included work and health, creative health, and housing and health.





## Health and social care

### **Complementing the work of health system partners and addressing the wider determinants of health – Partnerships, networks and anchor institutions**

#### **Greater Manchester ICP target for good work – Greater Manchester CA (GMCA, 2024)**

The Greater Manchester Good Employment Charter is a voluntary membership and assessment scheme that was developed through a process of co-design involving the GMCA, all Greater Manchester districts, Trade Unions, and employers and employees from all sectors. To become a member, employers need to demonstrate that they excel across the 7 characteristics of good employment defined in the charter.

As part of their workforce strategy, the Greater Manchester ICP made offering good employment a priority across the region's health and care sector. They also used increase sector membership to the charter as one way of measuring success against this priority area. To support this goal a 'community of practice' network has also been established across primary and social care, NHS trusts, and community organisations for employers to learn about best practice and implementation, reflect on existing workforce practice and policy, and develop a greater understanding of the charter membership application process and benefits.

In March 2024, the charter welcomed 2 NHS organisations, including its first NHS Foundation Trust (Northern Care Alliance), as members. This marks a significant milestone for the charter and the NHS's commitment to fostering positive employment practices. It means 22,000 employees in health and care are positively affected, improving morale and productivity. As a result, the organisation will stand out as an employer of choice, making it easier to retain and recruit staff.



## Health and social care

### **Complementing the work of health system partners and addressing the wider determinants of health – Partnerships, networks and anchor institutions**

#### **The London Anchor Institution Network (LAIN) - Greater London Authority (GLA)**

The GLA is a supporter and member of the LAIN, which brings together key institutions in London, such as universities, hospitals, local authorities, housing associations, and large public and private sector organisations, to collectively drive positive social, economic, and environmental outcomes in the capital. The network aims to leverage the power and resources of these anchor institutions to address social issues like inequality, poverty, and unemployment, while promoting sustainable growth, health, and well-being for local communities. Activities and impact of the LAIN include the following:

- Procurement and social value - the LAIN supports anchor institutions in using their purchasing power to benefit local businesses and communities; this can involve ensuring that contracts are awarded to local suppliers or that procurement strategies include considerations of social value, such as job creation and community investment
- Workforce development - Many anchor institutions have large, diverse workforces and the LAIN encourages its members to develop inclusive hiring practices, offer apprenticeships, and provide opportunities for residents to access training and employment within their organizations; this helps to build local capacity and reduce unemployment in areas with high levels of economic disadvantage
- Community engagement – through the LAIN, anchor institutions collaborate on initiatives to strengthen local communities; this may include funding or partnering on social programs, supporting local charities, and encouraging volunteering among their staff
- Environmental and sustainability initiatives - LAIN members work together to share best practices for reducing their environmental impact, such as through energy-saving measures, sustainable transportation, and waste management strategies

Social innovation and co-design – the LAIN also fosters innovation in tackling social issues, with anchor institutions working together on pilot projects, sharing learning, and co-designing interventions with local communities to ensure that initiatives are relevant and impactful



## Health and social care

### **Complementing the work of health system partners and addressing the wider determinants of health – Duties and strategies for health and health inequalities**

#### **Health Inequalities Strategy – Greater London Authority (GLA, 2018 - present)**

The mayor of London has a statutory duty under the Health and Social Care Act 2012 to develop a strategy to address health inequalities across the capital. The first Strategy was published in 2018 and included a comprehensive and evidence-based framework for action on the wider determinants of health and a commitment to HiAP. When the Covid-19 pandemic exacerbated health inequalities across the region, the GLA and partners refreshed their approach and commitment with 6 new priorities and ways of working (including measurable goals), outlined in the Health Inequalities Strategy implementation plan 2021-2024 as follows:

- Healthy children – expand the School Superzones pilot programme across London
- Health minds – ensure London has 250,000 wellbeing champions
- Healthy places (1) – net zero by 2030 and have the cleanest air of any major world city
- Healthy places (2) – lead the campaign to make London a Living Wage City
- Healthy communities – support action on tackling structural racism as a determinant of health
- Healthy living – ensure all Londoners can get involved in active travel

The strategy implementation plan is updated annually to reflect progress and new approaches. Progress is also reported to the London Health Board, which includes NHS England, ICS, NHS trusts and local authorities, OHID, VCSE and London Councils. Accountability for the delivery of the strategy is supported by the London Healthy Equity Group and London Partnership Board (which took over some of the strategic priorities of the London Local Enterprise Partnership).

In 2023, the latest strategy implementation plan made explicit the top-level commitment to HiAP, which has supported the creation of the GLA Group Public Health Unit (whose mandate is to deliver HiAP) and engagement with senior leaders across the GLA group (e.g. in housing, transport, and skills).



## Health and social care

### **Complementing the work of health system partners and addressing the wider determinants of health – Duties and strategies for health and health inequalities**

#### **The impact of health devolution – Greater Manchester CA (GMCA, 2015 - present)**

Greater Manchester's councils have a long history of working together. This record of co-operation led to the creation of the GMCA and helped Greater Manchester lead the way on city-region devolution with a statutory city region pilot in 2009. The 2014 Devolution Agreement with Government gives the region additional powers and greater accountability through an elected mayor. The mayor chairs the GMCA and was first elected by Greater Manchester voters in May 2017. Subsequent deals built upon this innovative agreement, including a £6 billion health and social care devolution deal in February 2015.

On 1st April 2016, Greater Manchester took responsibility for £6billion spent on health and social care in their 10 boroughs, following the devolution deal with the government. They were also given an extra £450million to help transform services. This was overseen by the Greater Manchester Health and Social Care Partnership, which was made up of the city region's NHS organisations and councils, plus representatives from primary care, NHS England, the VCSE sector, Healthwatch, Greater Manchester Police, and the Greater Manchester Fire and Rescue Service. This partnership then became the Greater Manchester ICP.

An evaluation of the population health impacts of health devolution in Greater Manchester found that between 2016 and 2019, life expectancy in Greater Manchester was 0.2 years (95% CI: 0.18 to 0.21) higher than expected. In the first 2 years, life expectancy in Greater Manchester was protected from the decline observed in comparable areas. In the longer-term, life expectancy rose faster than in comparable areas. These gains were consistent in 9 of the 10 local authorities in Greater Manchester, larger for the male population, and concentrated in areas with high income deprivation and low life expectancy prior to devolution. The study hypothesised that these population health improvements were likely due to a coordinated devolution across sectors, affecting wider determinants of health and the organisation of care services.



## Arts and culture

### Access to arts and culture opportunities – Social prescribing

#### Live Well – Greater Manchester CA (GMCA)

Live Well is Greater Manchester's movement for community-led health and wellbeing across the region, in partnership with voluntary, community, and social enterprise organisations. This collective movement aims to improve health by addressing the social causes of ill health and empowering communities to take an active role in their wellbeing. Key activities include social prescribing, a Nature for Health initiative, incorporating Live Well into the health system inequalities strategy, piloting health and wellbeing programmes in secondary schools, and promoting creative health options through cross-sector leadership.

The programme also includes a co-design process to ensure that the community's voice is central to its development and implementation. Live Well has led to a significant shift in how health and wellbeing are approached in Greater Manchester. At the launch event more than 250 stakeholders showcased impactful community-led health initiatives and now thousands of community groups are now actively supporting people to Live Well. More people are being connected to community resources that support their health. The programme has made strides in addressing health and wellbeing inequalities and the Creative Health Strategy has encouraged leadership to expand creative health options.



## Arts and culture

### Access to arts and culture opportunities – Social prescribing

#### Cultural social prescribing pilot programmes – Greater London Authority (GLA)

The GLA has supported various pilot programme evaluations across London that focus on social prescribing to help build the case for further funding. These pilots have helped to integrate social prescribing models into local healthcare and community services, ensuring that people are connected with activities and support that improve their health and well-being outside of traditional clinical care. To support shared learning and development, a community of practice is also being created as part of the wraparound support for those that have received pilot funding.

#### For further information please see:

- [Reducing health inequities in London by improving access to social welfare advice, Bromley by Bow Centre \(BBBC\) Webpage](#)
- [Executive Summary, BBBC, October 2023](#)
- [Full Report, BBBC, October 2023](#)
- [Final Report to the London Health Board, Cost-of-living Task and Finish Group, November 2023](#)
- [Meeting Agenda and Minutes, London Health Board, November 2023, pg 9](#)



## Arts and culture

### Access to arts and culture opportunities – Social prescribing

#### **Night Time Economy Advisor – Greater Manchester CA (GMCA, 2018 - present)**

In 2018, Greater Manchester's first-ever Night Time Economy Advisor was appointed by the mayor. The role has championed Greater Manchester's nightlife within the region and promoted its status nationwide. Additionally, they have set out bold recommendations to help improve safety, transport, and cultural diversity, as well as ensuring workers within the sector are supported throughout their careers.

Alongside GMCA and local authorities, the advisor has worked tirelessly to support night time economy businesses as they faced immense challenges from the Covid-19 pandemic and cost of living crisis. Acting as a voice for operators, the advisor has been instrumental in conveying concerns, offering guidance on support available, and lobbying government and industry bodies. They regularly host listening events with businesses and employees of the night time economy to further understand the issues they face, with a number of suggestions made for improvements.

The advisor is supported by the Night Time Economy Partnership, comprising experts from across Greater Manchester to develop, discuss, and deliver plans to develop the city-region's nightlife, making it stronger, safer, better-connected, and an even more attractive destination. In 2022, they were appointed Chair of the Night Time Industries Association (NTIA).

This work is supported by **The Night Time Economy Strategy for 2022-2024**, which was developed by the GMCA Culture and Night Time Economy Team with advice from the Night Time Economy Advisor, based on conversations with employers, workers, and national organisations. It sets out how the wide variety of businesses and individuals operating in the sector will be supported over the next 3 years by the work of the GMCA Culture and Night Time Economy Team, the Night Time Economy Advisor and the Night Time Economy Panel, which represents operators, local authorities, the VCSE sector, GMCA, and Transport for Greater Manchester.

(Case study continued on next page)



## Arts and culture

### Access to arts and culture opportunities – Social prescribing

#### Night Time Economy Advisor (continued) – GMCA (2018 - present)

The strategy identifies the following 7 priority areas for action:

- Safety – for residents, visitors, and workers, who deserve a safe and secure environment
- Diversity – ensuring the night time economy is diverse, reflective of, and accessible to all communities
- Workers – moving towards improved pay, conditions, mental health and wellbeing, and career pathways
- Transport – working with Transport for Greater Manchester and private partners to ensure safe access and that transport isn't a barrier to growth
- National and international partnerships – building on the global success of United We Stream and supporting collaboration with UK and international partners
- Regeneration – supporting the night time economy as a vehicle to revitalise high streets and town centres
- Business and sector support – delivering night time economy surgeries in all 10 boroughs and building dedicated support networks across the region

The Night Time Economy Strategy is supported by the **Greater Manchester Night Time Economy Blueprint** and the **Greater Manchester Night Time Economy Covid-19 Recovery Blueprint**.





## Arts and culture

### Access to arts and culture opportunities – Creative health movements

#### **Creative Health City Region – Greater Manchester CA (GMCA, 2022)**

Greater Manchester has committed to becoming the first creative health city region, recognising the power of creativity, culture, and heritage in addressing inequalities and improving the health and wellbeing of its residents. In 2022, a strategy outlining how creative health approaches can contribute to reducing inequalities across the life course, as well as immediate areas of work and expected system and population health outcomes was published.

This strategy builds on the GMCA's 3-year Great Place programme, which demonstrated the powerful contribution of culture and creativity to health and wellbeing, community, inclusion, and place. It also aligns with key NHS priorities, such as Core20Plus5, supports GMCA's broader ambitions outlined in the Greater Manchester Strategy regarding creating a greener, fairer, and more prosperous region, and demonstrates how creative health can make a significant contribution towards GM becoming a Marmot City Region.

Further, the strategy provides a roadmap for the integration of creative health approaches into the daily lives of Greater Manchester residents and identifies the following 6 distinct areas of work to commence the journey to becoming a creative health city region:

- Leadership - identify strategic leadership at a Greater Manchester level and develop leadership in localities, involving local government, health, VCSE, faith, and cultural sectors and communities
- Knowledge - facilitate access to information about creative health assets, methodologies, and practice
- Evidence - convene a creative health evidence hub that draws on the expertise of Greater Manchester's academic institutions, data analysts, and health experts and creates capacity to monitor the contribution of creative health approaches against the Greater Manchester and ICP strategies
- Commissioning - create the conditions for investment in co-produced creative health programmes and interventions, particularly with and in deprived and marginalised communities, raising external funding where appropriate
- Workforce development - provide networking and professional development and training opportunities for all those engaged with creative health across the health, care, VCSE, faith, and cultural sectors
- Communication - develop and deliver a communications strategy to promote the work taking place in Greater Manchester under the banner of creative health

(Case study continued on next page)



## Arts and culture

### Access to arts and culture opportunities – Creative health movements

#### **Creative Health City Region (continued) – GMCA (2022)**

The success of Greater Manchester as a creative health city region will be measured by various system outcomes, from creative, cultural, and heritage opportunities and activities being universally accessible to all residents, to hosting an evidence hub that leads the way in evaluating the contribution of creative health approaches to health, wellbeing, and equity. These outcomes will be underpinned by wider population benefits, ranging from school readiness and attainment for young people, to increased healthy life expectancy. The strategy expects that by adopting its recommendations, every locality will be in a better position to offer well-resourced creative health activities across the life course, population health and wellbeing will improve, inequities will be reduced, and the people of Greater Manchester will be better able to fulfil their potential.

The Creative Health Strategy is now incorporated into the Greater Manchester Joint Forward Plan for 2023-2028, which sets out how health and care will be delivered across the region. In addition, a 3-year place partnership led by the GMCA and NHS Greater Manchester has received a grant of £800k to work with public services, health and social care providers, cultural and voluntary organisations, universities, and residents to support lasting access to culture and creativity to support health and wellbeing.

#### **For further information please see:**

- [Towards a Creative Health City Region – GM Case Study, National Centre for Creative Health](#)
- [GM Creative Health Strategy, Culture Commons Webpage](#)
- [Arts Council England Funding Grant, GM ICP, September 2024](#)



## **Policing, crime, and safety**

### **Public health approach to crime and violence reduction**

#### **Police and crime plan – Greater Manchester CA (GMCA, 2022 - 2025)**

Victims and equality are front and centre of Greater Manchester's Police and Crime Plan for 2022 to 2025. Standing Together is a partnership plan that describes a new era of accountable and people-centred policing, community safety, and criminal justice services for Greater Manchester. The plan commits to holding the Greater Manchester Police Chief Constable to account on his Improvement Plan (launched in 2021) and their promises to the public.

The plan was informed by listening to residents, services, and other key partners, including the probation service, transport, health, Young Combined Authority, and voluntary, community, and faith groups. Proposed priorities were developed based on insights derived from surveys, as well as analysis of crime patterns, trends, and work with communities. A public consultation was carried out in 2021 to gather views on these priorities and more than 93% of people agreed the following were important:

- Keeping people safe and supporting victims
- Reducing harm and offending
- Strengthening communities and places

The following themes for action were also chosen:

- Tackling inequality and injustice in all its forms, including gender-based violence
- Delivering with victims, communities, and partnership

These priorities and themes are all drivers of health and inequalities and the plan is aligned to national outcomes and measures of success that impact upon tackling serious violence, drug prevention, and reducing neighbourhood crime. The mayor and the deputy mayor have made a commitment to working as a joined up and coordinated partnership to solve problems in communities and to delivery better services alongside the police, local authorities, health, and VCSE services. The plan is also aligned to the **Greater Manchester Gender-Based Violence Strategy**.



## Policing, crime, and safety

### Public health approach to crime and violence reduction

#### **Violence Reduction Units (VRUs) – West Midlands CA (WMCA), Greater London Authority (GLA), Greater Manchester CA (GMCA)**

Since 2019, the Home Office has provided funding for VRUs to be set up in several city regions, including London, the West Midlands and Greater Manchester. VRUs bring together police, local government, health providers, community leaders, and other organisations to address violent crime, understanding the root causes and planning providing a coordinated and preventative cross-sectoral response.

An **evaluation** of VRUs conducted by the Home Office in 2022 showed reductions in police-recorded violence. At the strategic level, VRUs were shown to help strengthen partnerships, streamline approaches, and identify and facilitate areas for collaboration. They also supported improved multi-agency data-sharing to better understand needs at population level to inform local priorities and service design, as well as cross-organisational service commissioning. This evaluation has informed **guidance** to VRUs to support further effective working.

#### **For further information please see:**

- [Public Health Approach, GM VRU Webpage](#)
- [A Public Health Approach to Reducing Violence, GLA Webpage](#)

# Bibliography

This toolkit was developed using a wide range of policy and research literature. The following pages provide a summary of key resources used to inform each part of the toolkit.

For further information on case studies in part 2 (opportunities for action), please refer to the Appendix.



# Bibliography – Part 1: Pillars for HiAP

| Title   | Author/s                     | Date of publication | Description  |
|---|------------------------------|---------------------|--|
| Health in All Policies: From rhetoric to action   | Ollila E.                    | March 2011          | The article analyses earlier efforts in intersectoral health policy-making and adapts Kingdon's theory on policy change for exploring opportunities and challenges for strengthening HiAP approaches.                                  |
| Health in All Policies: An EU literature review 2006 – 2011 and interview with key stakeholders | Equity Action                | May 2012            | This report combines a literature review and semi-structured qualitative interviews to identify opportunities and barriers for the implementation of HiAP in the countries of the EU plus top tips for successful HiAP implementation. |
| Health in all policies: Framework for Country Action  | World Health Organization    | January 2014        | This framework provides countries with a practical means of enhancing a coherent approach to HiAP, particularly at a national level.   |
| Health in all policies: a manual for local government   | Local Government Association | September 2016      | This manual brings together the arguments for a HiAP approach with practical suggestions for development at the local level.   |
| Implementing health in all policies – Lessons from around the world                             | The Health Foundation        | August 2019         | A collection of case studies that looks at practical attempts to implement HiAP around the world.  |



## Bibliography – Part 1: Pillars for HiAP (continued)

| Title   | Author/s                                       | Date of publication | Description   |
|---|--|---------------------|---|
| Progressing the Health in All Policies approach in the GLA                                    | Shared Intelligence                            | August 2021         | Shared Intelligence were commissioned to identify evidence of organisational processes and ways of working that progress a HiAP approach and set it across a GLA context. This report aims to inform the GLA's understanding of "how" to progress a HiAP approach and support the understanding of the barriers and enablers to embedding it.   |
| <a href="#">Intersectoral models to build healthy public policy: A review of the evidence</a> | Stretton Health Equity, University of Adelaide | September 2022      | Preventive Health South Australia commissioned this report to inform their ongoing work on the intersectoral models for developing healthy public policy in South Australia, including different models of Health in All Policies. The review considers the role of community participation, enablers and barriers for successful intersectoral collaboration, and the skills needed for intersectoral collaboration. |
| GLA Group Health Levers   | GLA Group Public Health Unit                   | October 2023        | Internally developed resource mapping the different non-policy levers available to the GLA Group which can improve the social, economic & environmental conditions in which people live.  |
| <a href="#">What builds good health? An introduction to the building blocks of health</a>     | The Health Foundation                          | July 2024           | This guide is a brief introduction to the building blocks of health. It explains how a person's opportunity for health is influenced by much more than the NHS, and why people in the UK don't all have the same chance to be healthy.  |
| <a href="#">Devolution of power to the Mayor of London and Greater London Authority</a>       | London Assembly Research Unit                  | July 2024           | This paper sets out the powers devolved to the GLA, comparing their devolution arrangements in other areas of England, particularly the mayoral combined authorities in large English cities.   |



## Bibliography – Part 2: Opportunities for action

| Title  | Author/s                                 | Date of publication | Description  |
|--|--|---------------------|--|
| Evidence hub: What drives health inequalities?   | The Health Foundation                    | N/A                 | Data, insights and analysis exploring how the circumstances in which we live shape our health.   |
| Child poverty in the UK: measures, prevalence and intra-household sharing  | The University of York                   | December 2015       | This article examines how far the realities of life for poor children match individual explanations for poverty, portraying poor parents as making bad spending decisions and transmitting their attitudes on to their children.                 |
| 3rd global report on adult learning and education: the impact of adult learning and education on health and well-being, employment and the labour market, and social, civic and community life | UNESCO Institute for Lifelong            | 2016                | A reference and advocacy document, providing information for analysts and policymakers with arguments for how adult learning and education promotes sustainable development, healthier societies, better jobs and more active citizenship.       |
| Connecting healthcare with income maximisation services, and their financial, health and well-being impacts for families with young children: a systematic review protocol                     | Burley J., Price A.M., Parker A., et al. | December 2021       | A mapping and synthesis of evidence on the impact of healthcare-income maximisation models of care for families of children aged 0–5 years in high-income countries on family finances, parent/caregiver(s) or children's health and well-being. |
| Maximising the health impacts of free advice services in the UK: A mixed methods systematic review   | Young D., Bates G.                       | March 2022          | This mixed methods review examined up to date evidence to help understand the health impacts of free and independent welfare rights advice services.   |





## Bibliography – Part 2: Opportunities for action (continued)

| Title   | Author/s                    | Date of publication | Description  |
|---|-----------------------------|---------------------|--|
| Doing what works Individual placement and support into employment     | Centre for Mental Health    | September 2011      | This briefing outlines the evidence base for IPS and provides information on how to 'do what works'.   |
| IPS in the UK Improving employment support in mental health services  | Centre for Mental Health    | May 2017            | A briefing exploring the effectiveness of IPS in supporting mental health services   |
| Healthy, Wealthy and Wise: The impact of adult learning across the UK | Learning and Work Institute | October 2017        | A paper reviewing evidence of the impact of adult learning across the UK under three broad themes: Health, work, and communities   |
| Health matters: health and work                                       | Public Health England       | January 2019        | A government guidance document on the relationship between work and health and how to create health workplaces   |
| Employment and Health Evidence & Gap Map                              | Sipher Consortium           | 2025                | An evidence and gap map exploring the key relationship between employment and health outcomes was created. This map includes published research into the link between employment and health but not policy interventions in this area. |



## Bibliography – Part 2: Opportunities for action (continued)

| Title  | Author/s  | Date of publication | Description   |
|--|---|---------------------|---|
| <a href="#">Building for a Healthy Life: A Design Toolkit for neighbourhoods, streets, homes and public services</a> | Urban Design Group, commissioned by NHS England | 2020                | Building for a Healthy Life updates England's most widely known and most widely used design tool for creating places that are better for people and nature.   |
| <a href="#">How transport offers a route to better health</a>  | The Health Foundation                           | February 2021       | This long read examines the challenges of shifting towards a transport system that better supports health. It sets out how transport affects health, the difficulties in moving towards greater use of public transport and the effects of COVID-19 on travel patterns. |
| <a href="#">Active travel: Local Authority Toolkit</a>   | Department for Transport                        | August 2022         | A government guidance document on how LA's can increase active travel through influencing planning and taking a wider, strategic view of travel infrastructure across their area  |
| <a href="#">The role of homes and buildings in levelling up health and wellbeing</a>                                 | House of Commons Library                        | October 2022        | A House of Commons research briefing on the role of homes and buildings in levelling up health and wellbeing  |
| <a href="#">Health Cities Toolkit</a>  | Oxford Healthy Cities Toolkit                   | July 2023           | A toolkit to understand what factors impact the health and wellbeing of those living and working in cities by providing policy makers with evidence-based summaries of what is likely to benefit or negatively impact health.   |



## Bibliography – Part 2: Opportunities for action (continued)

| Title   | Author/s  | Date of publication | Description  |
|---|---|---------------------|--|
| Health co-benefits of achieving sustainable net-zero greenhouse gas emissions in California | Institute of Environment and Sustainability, University of California | May 2020            | An academic paper that shows how greenhouse gas reduction efforts can provide substantial health co-benefits, especially for residents of disadvantaged communities.   |
| Fuel poverty, cold homes and health inequalities in the UK                                  | Institute of Health Equity  | August 2022         | This report reviews the evidence on both the direct and indirect impacts of fuel poverty and cold homes on health; the inequalities in who this effects the most, and the relation between health inequalities and climate change. |
| Written evidence submitted to DEFRA consultation on the Air Quality Strategy                | London Councils   | May 2023            | A submission of evidence and responses to the DEFRA consultation on the Air Quality Strategy from a collective of Local Government in London   |
| Combined Recipe for Healthy Communities   | Centre for Local Economic Strategies                                  | August 2024         | A blog post looking at how a number of programmes programmes aim to integrate local and combined authority interventions to amplify their impact on public health.   |
| Layered Systems Map: experiences & evidence of housing and health                           | Sipher Consortium   | 2025                | This map is constructed from a combination of published evidence on the pathways from housing to health outcomes, and participatory systems mapping carried out with SIPHER's Community Panels.                                    |



## Bibliography – Part 2: Opportunities for action (continued)

| Title  | Author/s                                      | Date of publication | Description  |
|--|---|---------------------|--|
| Improving Health and Wellness through Access to Nature                                   | American Public Health Association            | November 2013       | This policy statement describes connections between nearby green spaces and cognitive, emotional, and physical health outcomes.                      |
| Access to nature requires attention when addressing community health needs               | University of Pennsylvania School of Medicine | July 2020           | A paper exploring how health care providers and systems can maximise the benefits of nature access as a wider determinant of health.                 |
| What Creates Healthy Cities?   | Commission on Creating Healthy Cities (CCHC)  | July 2022           | The CCHC report on their investigation into the links between urban matters and health and wellbeing   |
| Health Effects of Climate Change in the UK: State of the evidence 2023                   | UK Health Security Agency                     | December 2023       | The report brings together up to date evidence to inform policies and actions that mitigate and adapt the damaging health impacts of climate change. |
| Local Nature Recovery Toolkit: The State of Nature and Opportunities for Nature Recovery | Nature Recovery West                          | May 2024            | A guide to what the most effective actions for nature recovery are, and where the focus areas for nature recovery are.                               |



## Bibliography – Part 2: Opportunities for action (continued)

| Title  | Author/s                                    | Date of publication | Description  |
|--|---|---------------------|--|
| <a href="#">Practical Tools to Foster and Sustain Partnerships Between Health Care and Community Partners</a>  | The Better Care Playbook                    | August 2018         | The Better Care Playbook features two resources that can foster and sustain partnerships between health care providers and their community partners.   |
| <a href="#">Supporting Health Care and Community-Based Organization Partnerships to Address Social Determinants of Health</a>  | Center for Health Care Strategies           | March 2019          | A series of case studies and tools that examine the operational, financial, and strategic components of successful partnerships.   |
| <a href="#">Community-based organizations' perspectives on improving health and social service integration</a>   | Agonafer E.P., Carson S.L., Nunez V. et al. | March 2021          | A study looking at perspectives on service delivery for clients, the impact of the Whole Person Care-Los Angeles initiative to integrate health and social care, and their suggestions for improving health system partnerships.                                     |
| <a href="#">The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews</a> | Hugh Alderwick, Andrew Hutchings            | April 2021          | A systematic review of evidence on the health impacts of collaboration between local health care and non-health care organisations, and the factors affecting how these partnerships functioned.   |
| <a href="#">Prevention, population health and prosperity: a new era in devolution</a>  | NHS Confederation                           | May 2024            | This report explains why ICSs and devolved administrations should collaborate to improve health and support economic prosperity, how they can maximise their impact for shared populations, and what government must do to advance the health and devolution agenda. |



## Bibliography – Part 2: Opportunities for action (continued)

| Title   | Author/s  | Date of publication | Description  |
|---|---|---------------------|--|
| <a href="#">A public health approach to violence prevention for England</a> | Department of Health  | October 2012        | This report identifies key risk and protective factors for violence, details effective interventions and policies in preventing violence, and provides examples currently used in England. It also outlines existing policy frameworks supporting violence prevention. |
| <a href="#">Creative Health: The Arts for Health and Wellbeing</a>          | All-Party Parliamentary Group on Arts, Health and Wellbeing | July 2017           | A report from an inquiry into practice and research in the arts in health and social care, with a view to making recommendations to improve policy and practice.   |
| <a href="#">Public health approaches to reducing violence</a>               | Local Government Association                                | July 2018           | This report discusses the public health approach to violence reduction, its insights into violence, and the effective interventions for reducing it.   |
| <a href="#">Creative Health &amp; Wellbeing</a>                             | Arts Council England  | July 2022           | A plan for how Arts Council England will work within health and social care, and how they will promote collaboration between organisations and practitioners in the creative and health sectors.   |

# Bibliography – Part 3: Developing strategy



| Title  | Author/s   | Date of publication | Description  |
|--|--|---------------------|--|
| <a href="#">Beyond leadership: political strategies for coordination in health policies</a>                | Greer S.L., Lillvis D.F.   | May 2014            | Suggests three kinds of strategies policymakers can use to establish intersectoral governance for HiAP   |
| <a href="#">Health in All Policy Approaches Guide: Finding the mix of strategies that fits your needs</a>  | SOPHIA Health in All Policies Screening Workgroup                          | October 2017        | It includes 36 HiAP tactics with tips and examples for practitioners at any level of experience. The HiAP Implementation Guide was developed by the SOPHIA HiAP Working Group in 2023 and is based on the previous works by Gase et al. <b>(2013)</b> , and the SOPHIA HiAP Screening Guide <b>(2017)</b> . The HiAP Working Group also created the <b>HiAP Strategy Selector Tool</b> - an interactive worksheet that elevates the tactics that may be a better fit for you given your community's characteristics. |
| <a href="#">Health in All Policies in South Australia— Did It Promote and Enact an Equity Perspective?</a> | van Eyk H., Harris E., Baum F., Delany-Crowe T., Lawless A., MacDougall C. | October 2017        | This paper presents selected findings from a five-year multi-methods research study of the South Australia HiAP approach and draws on data collected during interviews, observation, case studies, and document analysis.  |
| <a href="#">Mobilizing for Action through Planning and Partnerships (MAPP)</a>                             | National Association of County & City Health Officials                     | July 2023           | Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process to achieve health equity. MAPP provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. It emphasizes the vital role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals.                   |
| <a href="#">A Quick-Start Guide to Using Health in All Policies</a>  | National Association of County & City Health Officials                     | September 2023      | This guide is designed to support public health practitioners and their partners as they utilize HiAP to address the various determinants of health at all stages of the decision-making process. It is a resource to encourage a rapid understanding and uptake of HiAP strategies  |



## Bibliography – Part 4: Capturing progress

| Title   | Author/s   | Date of publication | Description   |
|---|--|---------------------|---|
| <a href="#">Organisational Assessment Tools</a>   | INTRAC for Civil Society                               | May 2019            | This short paper outlines different approaches to organisational assessment and offers a number of tools that can be used to support this process.  |
| <a href="#">Working together for equity and healthier populations: sustainable multisectoral collaboration based on health in all policies approaches</a> | World Health Organization                              | August 2023         | This document provides practical advice for implementing multisectoral collaboration for healthy public policies. Health in All Policies (HiAP) approaches have typically played an important role in advocating for, and fostering action on, the social determinants of health (SDH) to advance health equity. This document summarises key related WHO literature with a focus on providing an overview of core HiAP concepts and concrete advice on fostering collaborative relationships between different parts of government for healthy public policies.  |
| <a href="#">Operational framework for monitoring social determinants of health equity</a>   | World Health Organization                              | January 2024        | This Operational framework for monitoring social determinants of health equity provides countries with critical guidance on monitoring the social determinants of health and actions addressing them and using data for policy action across sectors to improve health equity. The publication is meant as a resource for national governments and their partners. It was drafted under the guidance of an expert group and with internal contributions across the three levels of WHO, as well as through formal consultation with Member States, and was endorsed at the Seventy-sixth World Health Assembly. |
| <a href="#">Health in All Policies Evaluation Tool for State and Local Health Departments</a>   | National Association of County & City Health Officials | August 2024         | This tool was developed in collaboration with local and state health departments to provide structure and guidance for evaluating HiAP initiatives.   |