

REGENERATION

# Three ways in which regeneration can support health improvement

Investments to improve population health must include skills and labour market progression as well as housing and public engagement

OPINION



**Tom Stannard**  
Corporate director of regeneration and economic growth, Wakefield MDC

In 2010, in the now seminal Fair Society, Healthy Lives, Sir Michael Marmot argued: “This link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus.”

His report was a timely wake-up call, in the wake of the post-crisis recession, that regeneration practice required a step change in attitude, approach and solutions focused on tackling “2.5 million years of life potentially lost to health inequalities”.

In the intervening period the recession and its consequences for public expenditure have been profound. The story of this has been retold many times – declining public investment in local government generally forcing a focus on statutory vs non-statutory services and interventions. There has been financial challenge across the health service combined with the opportunity, in some areas, of devolution. Clinical acute care has arguably taken centre stage – often forced by winter crises – over adult social care, and mental and public health. And public health’s much-heralded move to local government was followed regrettably by further years of financial challenge.

Undeniably, austerity has taken its toll on the health economy writ large. Economic patterns have shifted as well. A more health conscious, ageing society living longer, alongside population growth across many areas of the country, compounds the pressures felt in localities. The statistics remain stark. In my own area, Wakefield, our 2017 State of the District

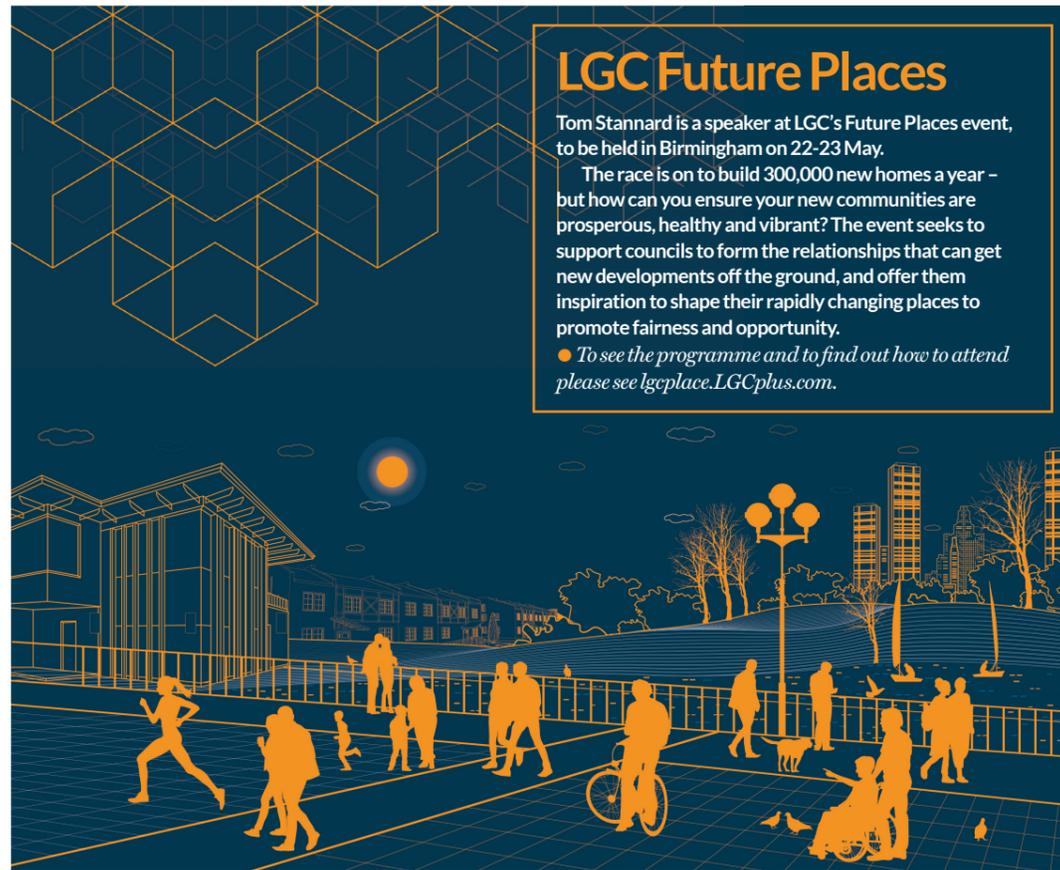
report found 70.5% of adults were overweight or obese, gradual improvements in life expectancy and physical activity levels, but also persistent levels of under-employment and in-work poverty.

Despite nine years since Marmot, there remains a huge agenda to be tackled. A 2018 report by the King’s Fund provided a clear and up to date argument for the role of city regeneration in improving population health. It argued that better integrated health economy governance can lead the way in getting the ‘system’ to talk to itself – a prerequisite in successful health economy planning and intervention.

We should not overlook the dramatic success place-based planning can have on population health outcomes. In health circles there is much focus on housing, but to enable progression for people on the housing ladder, out of poor quality stock that inhibits good health, and away from purely reactive enforcement in the private rented market, the starting point must be skills and facilitating labour market progression for residents.

The raw economics demonstrate the deficit model we will bequeath to future generations without tackling the UK skills crisis. With this will come continuing deteriorations in public health. Earlier

“Public health’s much-heralded move to local government was followed by further years of financial challenge



## LGC Future Places

Tom Stannard is a speaker at LGC’s Future Places event, to be held in Birmingham on 22-23 May.

The race is on to build 300,000 new homes a year – but how can you ensure your new communities are prosperous, healthy and vibrant? The event seeks to support councils to form the relationships that can get new developments off the ground, and offer them inspiration to shape their rapidly changing places to promote fairness and opportunity.

● To see the programme and to find out how to attend please see [lgcplace.LGCplus.com](http://lgcplace.LGCplus.com).

this year, the UK Learning & Work Institute argued that as a result of cuts in public funding for adult skills, alongside falling employer investment in skills, the UK is poised to:

- Fall from fourth to sixth of the G7 countries for low skills;
- Remain fifth for intermediate qualifications; and
- Remain fourth for higher qualifications.

Its analysis demonstrated that by setting out a higher ambition for the UK, making sure more people have functional and intermediate qualifications, the economy could be boosted by £20bn a year, helping another 200,000 people into work. The costs? Extra investment of £1.9bn per year to reverse the falls in the number of adults improving their skills each year since 2010.

This represents a relatively small price to pay in the grand scheme of UK public expenditure, for economic mobility and population health improvement. Given this analysis, I would propose three key issues for the regeneration and health improvement worlds and their various local partners to focus on:

1. Housing condition, housing growth

and community development – planning with health at the table. Our early work with Wakefield CCG seeks to plan properly for population health need in areas of substantial housing growth.

2. Community engagement – take your population with you. It is bad planning to ‘impose’ growth on established communities and it is essential to go well beyond statutory planning consultation to get this right. Other services can also assist. Our work in Wakefield in engaging local communities in health improvement via local leisure facilities is a good example.

3. Skills and employment progression – investing upstream in skills and in-work progression support, particularly for the working age adult population is essential for economic mobility, and via this for population health improvement. Doing this in partnership with local NHS colleagues only adds further value to the mix. Our in-work progression pilot in Knottingley is a good example in practice.

There is a lot further we can go to secure health improvement via regeneration interventions. For me, the labour market issues come close to the top of the list each time. ●



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## Rewiring social value to deliver local prosperity

The Public Services (Social Value) Act urges social, economic and environmental wellbeing to be considered in procurement. Seven years after it became law, is it now delivering skills, jobs and growth for local communities?

This is a relevant question given the budgetary pressures faced by public services to deliver front-line services.

The New Local Government Network leadership index recently revealed councils’ diminishing confidence in their resources to deliver services; only a third felt they will be able to provide discretionary services such as libraries and museums beyond 2023.

Other concerns include the plight caused by low income levels in their communities and, separate to the index’s findings, dealing with the rise in knife crime.

Is the act helping to tackle these challenges by embedding social, economic and environmental gain through the process of commissioning public services – as was its intention?

Things are happening. Last year around £25bn of public sector procurement spend was shaped by the act, leveraging activities worth many millions of pounds more in support of local economies. In some towns and cities it has led to a vibrant, healthy, innovative and competitive marketplace of suppliers embracing small businesses, mutuals, charities and social enterprises.

However, £25bn is less than 10% of taxpayers’ money spent by the public sector on procurement a year.

We’re lacking consistency and best practice in how the act is applied. Councils need to be more

demanding, for instance specifying how much of their money is spent in the local community, and how many local people their contractors employ. Set targets for value-adding activities such as training and apprenticeships, supporting local businesses and charities, improving the environment, helping people with disabilities into work, employing ex-offenders and tackling homelessness.

OPINION



**Sarah Fraser**  
Head of the Willmott Dixon Foundation

Make sure these are targets for which business can be held accountable.

Measurement is key – are you using social return on investment (SROI) as a way of demonstrating success? For example, Willmott Dixon uses externally verified TOMs (themes, outcomes and measures) verified by the Social Value Portal. SROI

takes into account the impact on an individual and/or the community – it avoids this becoming a ‘box ticking’ exercise.

From providing work experience and apprenticeships to equipping people with the skills and confidence that breeds aspiration and opportunity, companies driven by a purpose beyond profit want to play their part. Just look at our Building Lives Academy initiative that has already upskilled over 150 people – mainly young and unemployed – since its launch in April 2018

Now think how many more people’s lives we can have a positive impact on if the annual £268bn of public sector buying power is used to leverage more for local communities.

● *The Willmott Dixon Foundation oversees the company’s mission to strengthen the wellbeing of local communities. [sarah.fraser@willmott Dixon.co.uk](mailto:sarah.fraser@willmott Dixon.co.uk)*