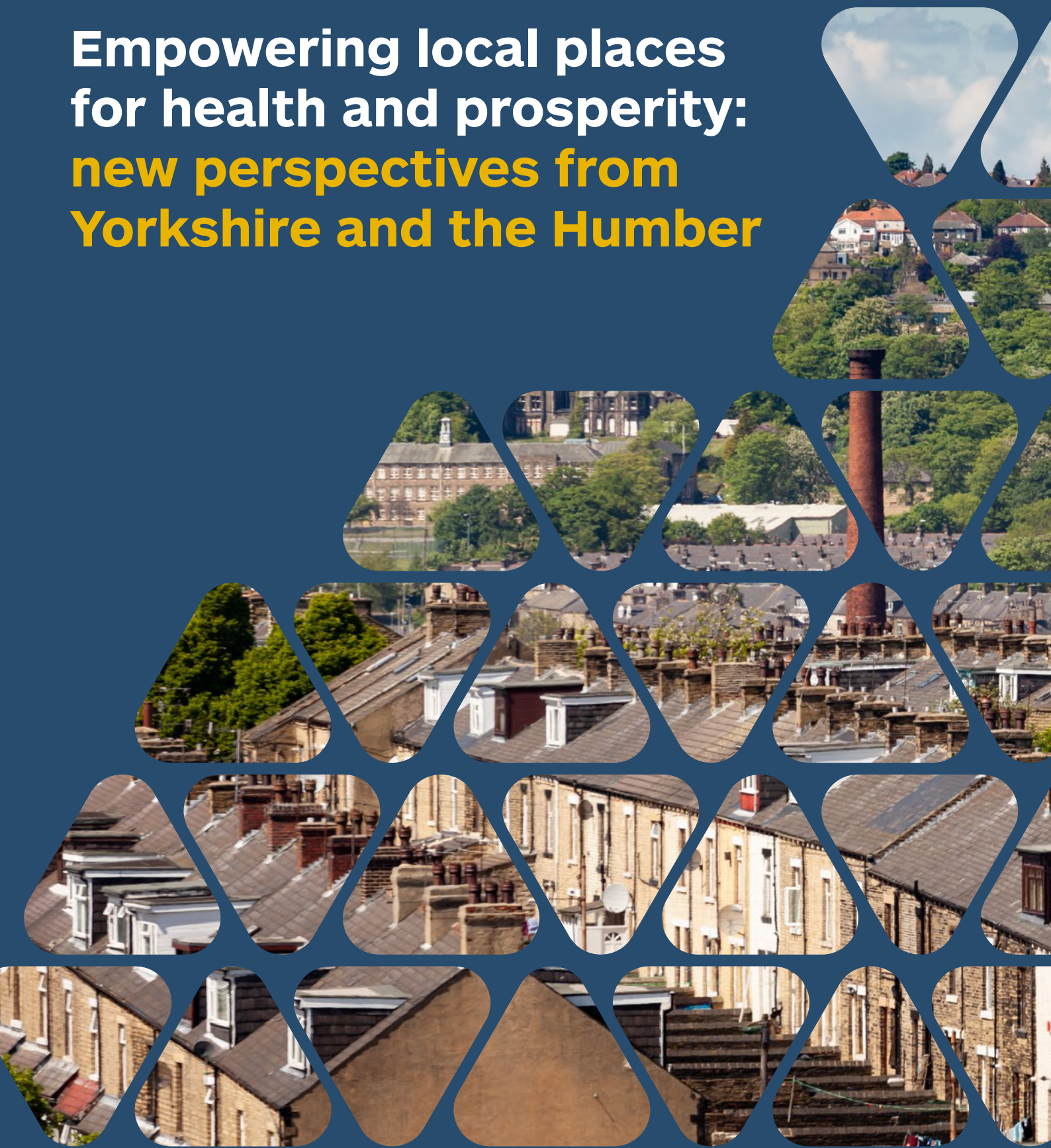


Empowering local places for health and prosperity: new perspectives from Yorkshire and the Humber



Health Innovation
Yorkshire & Humber



NHS Confederation



**Yorkshire
Universities**

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Foreword



The relationship between health and growth is symbiotic. A healthy mind and body are essential for us to progress - whether as individuals, communities or countries. And that progress is in turn a spur to improved health outcomes in a virtuous loop. For the better part of 200 years, that symbiotic relationship has generated a positive loop of improving health outcomes and sustained economic growth.

That feedback loop, in some countries and communities, is now at risk of going into reverse gear. Worsening health outcomes and widening health inequalities – which predate but which were made worse by Covid – are now only too apparent. These are reducing rates of participation in the labour market and depressing rates of productivity for those in work, both of which serve to undermine economic growth. Having been a tailwind for two centuries, health is now an economic headwind.

Those headwinds are particularly strong in the less well-performing parts of the UK, including parts of Yorkshire and the Humber. Health inequalities, on the scale that now exist across and within regions of the UK, are truly shocking. There is no more striking diagnostic of policy failure than them. This is why tackling health inequalities was at the centre of the Government’s Levelling Up White Paper I helped co-author in 2022.

This White Paper on Levelling Up Yorkshire and Humber provides some clear and comprehensive recommendations for how health inequalities might be tackled, many of which echo those in the Government’s Levelling White Paper. Central to them is the importance of acting at the local level, using delegated powers, to tackle what are inevitably local health-cum-social problems, combining the strengths of the local anchor institutions to deliver tailored, integrated solutions.

A key point here is that effective action to remediate health problems will require a multi-pronged and multi-institutional approach, the like of which is most effectively implemented at the local level. At the same time, health issues need to run as a golden thread through all arms of policy, and their accompanying institutions, to ensure actions as well as words are aligned at the local level.

I am optimistic about the UK because, when I visit its regions and nations, I see energy, ideas, entrepreneurship and passion to unlock the vast potential in people and places – and nowhere more so than in Yorkshire and the Humber. I know it is possible to turn back the tide of health and economic outcomes, from negative to positive, in Yorkshire and the Humber and beyond. And I think this White Paper provides the roadmap for doing so.



Andy Haldane
Chief Executive,
RSA



White paper on a page

The national, northern and regional picture reinforces the need for a new approach to improving health and economic wellbeing, with challenges such as:



National:
£180bn a year
the cost of health-related economic inactivity to the UK¹

Northern:
£13.2bn a year
in lost productivity for UK plc as a result of health inequalities in the North²

Yorkshire and Humber:
Third lowest life expectancy
in England for both males and females¹⁸

Our place-based model for better health and economic prosperity:



People-focused:
People must be at the centre of policy making and delivery.



Partnership-powered:
Collaboration across a broad coalition of partners is essential to delivering place-based interventions.



Place-based:
A place-based approach is the best way to ensure barriers to good health and prosperity are addressed.



Purpose-led:
A single, shared purpose should be used to guide all partnership-working.

Recommendations

At national level, the government should:



Accelerate action to embed the health mission of the Levelling Up White Paper as a key outcome across all departments and within economic development investment



Devolve meaningful health investment and decision-making powers to the region's mayoral combined authorities (MCAs)



Ensure future appraisal of investment takes account of health as well as economic benefits and includes an appropriate level of revenue funding alongside capital investment



Increase investment in health innovation and research and development in the region



Work with universities to address urgent barriers to meeting NHS Workforce Plan targets

At regional level, mayoral combined authorities should:



Continue to more closely integrate health and economic growth, setting appropriate targets in response to local health priorities.



Continue to enhance collaboration with Integrated Care Systems (ICSs) and each other, and work with the region's universities to better understand the impact of local interventions.



Along with ICSs and other anchor institutions, use their convening power to empower broad coalitions of partners

Businesses should:



Take action to support their employees' health and wellbeing, taking advantage of available support and best practice



Larger businesses should adopt and amplify best practice in supporting employee wellbeing, setting action plans and targets and monitoring progress

Introduction



A comment often made about COVID-19 is that the pandemic changed nothing but accelerated everything.

This is certainly true of health and economic growth in Yorkshire and the Humber.

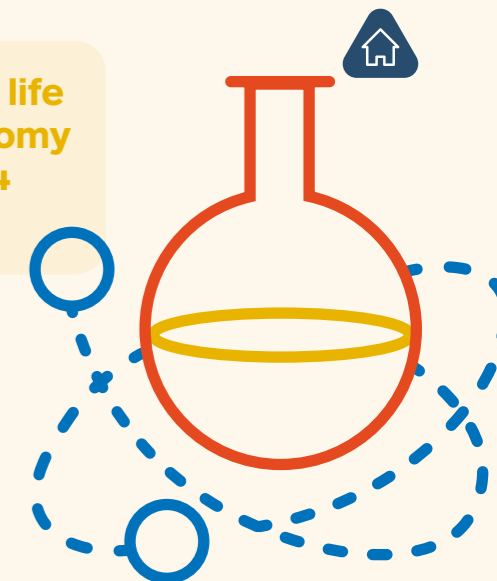
Our first YHealth for Growth report – Levelling Up Yorkshire and Humber: Health as the New Wealth Post-COVID³ – published in 2020 made clear the link between good health and economic prosperity and our region’s relative underperformance on both.

Nearly four years on, the same health and economic inequalities we highlighted in that report persist and the pandemic has exacerbated them, widening the healthy life expectancy and prosperity gap between Yorkshire and more affluent regions.

As a result, too many people in our region are held back from opportunity. Businesses are less productive than their counterparts in London and the South-East, and our economy struggles to realise its potential. With the NHS and local councils under mounting pressure and the wider UK economic outlook uncertain, we must look urgently to new ways of working to ensure our people, our economy and our health service cannot just survive but thrive. The status quo is no longer tenable.

Although our region – and indeed the country – faces significant challenges there are also grounds for optimism. Yorkshire and Humber is a hotbed of health and life science innovation being **part of a Northern life science economy worth £13.4 billion a year, accounting for 21% of total UK life science employment.**

The Northern life science economy is worth £13.4 billion a year



The region is the scale of a small country, with a diverse geography, economy and population that essentially functions as a microcosm of the UK. Lessons learned here can be scaled up and applied elsewhere, meaning our region offers an effective test bed for piloting new approaches and innovations. As such, the purpose of this white paper is to put forward recommendations that can improve health and economic outcomes, not just in Yorkshire and the Humber, but beyond as well.

Our 2020 report set out 10 recommendations, based on substantial evidence about the region’s health and economic performance. From the evidence gathered for this white paper, we believe those recommendations, and the three foundational principles that underpin them, still stand. Our intention here is to build on them, with a particular focus on qualitative evidence. This evidence comes from around 40 leading figures working at the intersection of health and economic growth across a broad range of sectors, including local and regional government, the health service, business, academia, research and policy organisations, voluntary and community sector organisations and sporting bodies.



Our three foundational principles

- 1. **There are strong links between improving health and economic growth**
- 2. **Greater attention should be paid to achieving more 'Good', inclusive, forms of growth**
- 3. **Anchor institutions can play a leading role**

This emphasis on qualitative evidence is deliberate: the pace and scale of change since 2020 mean that official statistics – by their nature, lag indicators – can provide only a partial picture of the economic and population health of the region here and now, compared with those who are working at the coalface. As partnership-focused organisations, we have the opportunity to bring those voices together and learn from their experiences, as well as our own insights and analysis.

These four themes – the 4 Ps of health and economic growth – form what, we argue, should be the basis of a new collaborative model for delivering better health and economic outcomes, with people and places at their heart.

Four main themes have emerged through this white paper:



1. **People** – people are the fundamental unit and driver of good health and economic growth. People must therefore be at the heart of any meaningful approaches to tackle health inequalities and other barriers to individuals realising their potential.



2. **Place** – a place- or system-based approach to improving health and economic outcomes achieves better results, responding to the specific needs and characteristics of individual places and the people within them.



3. **Partnerships** – in the current social and economic landscape, no one organisation can tackle health and economic inequalities alone. Partnership-working is essential to provide the resources and multi-pronged action to enable people and the places in which they live to thrive.



4. **Purpose** - to achieve the best possible outcomes and make the most of limited resources, partners should be united by a shared purpose, built on a common understanding of the real problems that local people and places face.

Now is the right time to embrace such a bold new approach. Our current centralised, top-down approach to health is not working. From the stark economic and health impacts of the pandemic, to inexhaustible NHS waiting lists, to pessimistic economic forecasts: we have never experienced a burning platform quite like this one.

Yet, increased devolution to local places in recent years has sown seeds of change and green shoots are appearing. Local leaders and partners have stepped in and worked together to fill policy vacuums at the national level, with its lack of overarching industrial strategy and differing visions between siloed departments and agencies. There is growing evidence that local action delivers better outcomes, through the power of greater local autonomy, alignment of principles and reforms, and a better understanding of health as an economic and social agent. To ensure these green shoots can grow to their full potential, we need to empower local leaders to truly lead.

One thing that is clear from this white paper is that there is no single silver bullet to level up our region's health and economic performance. It is only by working together at the place-based level, united by common purpose and with a keen focus on achieving better outcomes for people and their communities, that we will realise the changes that we all – regional leaders, national government, business, and universities – agree is needed.

With a General Election happening later this year and a continued emphasis on devolution to local places – one of the great public policy successes of the past decade – our aim is that this white paper, and the recommendations we put forward, will provide the catalyst for further discussion, collaboration and, crucially, action.



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Context

The current state of health and economic growth at national, Northern and regional levels

The national context

As the government's Levelling Up white paper⁴ acknowledges, the UK has larger geographical differences than many other developed economies on multiple measures, including productivity, pay, educational attainment and health.

National metrics highlight that the UK is getting poorer and sicker, while at the same time facing a challenging economic outlook⁵:

650,000 fewer people in the workforce since COVID-19 – two-thirds of which are aged 50-64⁶

1 in 6 of the UK workforce currently affected by long-term sickness⁷

50% increase in long-term sickness among 16-24 year olds; the largest rise of any age group⁸

£180bn a year – the cost of health-related economic inactivity to the UK⁹

£53bn – estimated cost to employers of poor mental health in 2021 (↑25% from pre-pandemic 2019 estimates)¹⁰

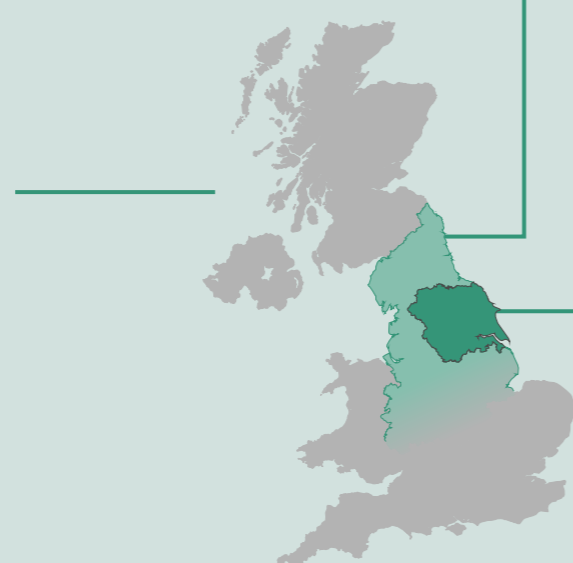
The Northern context

The COVID-19 pandemic has further widened the North-South health divide, with northern regions – including Yorkshire and the Humber – experiencing a higher mortality rate and greater economic shocks during and after the pandemic.

17% more Northerners were likely to die of COVID-19 than the rest of England¹¹

19% higher unemployment in the North during the pandemic than the national average¹²

£13.2bn a year in lost productivity for UK plc as a result of health inequalities in the North¹³



The Yorkshire and Humber context

Yorkshire and Humber's performance on health and economic outcomes largely mirrors the North's performance, with some specific challenges:

4th lowest region for physical activity in England with only 65% of people describing themselves as physically active¹⁴

4th highest rate of smoking prevalence in England¹⁵

67% of adults described as overweight or obese – above the England average¹⁶

3rd lowest percentage of people in employment in England¹⁷

3rd lowest life expectancy in England for both males and females¹⁸

£2,977 public spending per person on health in 2022-23 – lower than the UK average¹⁹

“I’m in my tenth year in the job and the challenges are not getting any easier. They are more complex. We also seem to have forgotten that the pandemic had a profound impact. It really shone a light on the extent of the health inequality gap that we are dealing with across places.”



Rob Walsh, Chief Executive, North East Lincolnshire Council

Opportunities and enablers

Despite these challenges, Yorkshire and the Humber has several distinctive opportunities and enablers that could help the region improve its economic and health performance:

5.4 million population²⁰

150,173 people directly employed within NHS hospitals and community health²¹

6 teaching hospitals – including the largest teaching hospital in Europe

5 mayoral combined authorities with devolution deals²²- 100% devolution coverage

2 investment zones (West and South Yorkshire) specialising in health innovation and advanced manufacturing respectively

12 higher education institutions – one of the largest concentrations in Europe

Strong track record of partnership working across the region and between sectors

Sporting, outdoors and cultural excellence – 3 national parks, 90+ miles of coastline, 2 UNESCO World Heritage Sites



Progress since the 2020 YHealth for Growth report

Our 2020 YHealth for Growth report, and our collaborative work since, has influenced action to improve health and economic outcomes regionally and nationally. The following summary outlines the progress against the recommendations from our initial report and the key achievements during the past three years.

2020 recommendations and summary of key developments

At national level, the government should:

GOOD PROGRESS



1. Increase health research and development spending in Yorkshire and the Humber

- West Yorkshire Investment Zone announced in November 2023 focusing on HealthTech and life sciences, with the potential to unlock £220m investment.
- £7m each UK Research and Innovation (UKRI) launchpad funding allocated to South and West Yorkshire combined authorities to accelerate health tech innovation.
- 4 local authorities (Bradford, Doncaster, North Yorkshire and Wakefield) in the region have won funding by the National Institute for Health Research (in total around £15m - £20m) to support research and analytical capacity in local areas relating to health improvement and health inequalities.
- £6m funding secured to establish Yorkshire & Humber Policy Engagement & Research Network (Y-PERN), a collaboration between the 12 higher education institutions in the region and Yorkshire's MCAs.
- Leeds Health and Social Care Hub launched in 2022, informed by the YHealth for Growth partners' work, bringing together the Department of Health and Social Care (DHSC) and various local partners to improve health outcomes in the region.²³

2020 recommendations and summary of key developments

SOME PROGRESS



2. Empower local leaders with the tools to improve health outcomes and deliver inclusive growth and wider prosperity

- Positive progress on devolution to the region, with new mayoral combined authorities (MCAs) and devolution deals secured for York and North Yorkshire, Hull and East Yorkshire, and Greater Lincolnshire, meaning the region now has 100% devolution coverage.
- No specific powers or investment for Yorkshire MCAs to improve health outcomes within current devolution deals.
- Current approach to devolution continues to represent “earned autonomy” rather than meaningful, empowered devolution.

LIMITED PROGRESS



3. Give greater priority to wellbeing in investment decisions

- Levelling Up white paper committed to invest an increased share of investment outside London and the South East.
- Government published a review of the Treasury Green Book in November 2020 (after publication of the first YHealth for Growth report), focused on ensuring the Green Book did not hinder the levelling up agenda²⁴.
- However, actual Treasury Green Book appraisal of government investment continues to focus on cost-benefit analysis that does not prioritise wellbeing.

SOME PROGRESS



4. Ensure health is included as an outcome in all economic development policies

- 2022 Levelling Up White Paper includes a specific mission focused on raising overall healthy life expectancy and narrowing the gap between local areas where it is highest and lowest.
- Efforts are being made within Yorkshire and the Humber to align economic development priorities with health and wellbeing, illustrated by the collaboration between the West Yorkshire Combined Authority and West Yorkshire Health and Care Partnership.
- ICSs have been established with a remit to address the social determinants of health and wellbeing through partnership working – although they are still at an early stage
- More work is needed to ensure that health objectives are firmly embedded within, and better influence and shape, economic and infrastructure investment.



2020 recommendations and summary of key developments

LIMITED PROGRESS



5. Embed health as a priority for all departments

- Health is one of the 12 missions identified in the government's Levelling Up white paper, now enshrined in law through the Levelling Up and Regeneration Bill.
- Progress on delivery against this mission remains limited to date.

Within Yorkshire and the Humber

GOOD PROGRESS



6. Development bodies and anchor institutions should align strategies to deliver inclusive growth

- The concept of inclusive growth is now well-embedded among public bodies and other anchor institutions in the region, with many having developed inclusive growth strategies, including health outcomes and indicators.

GOOD PROGRESS



7. Partners should seek to understand, diversify and strengthen local supply chains

- The Leeds Inclusive Anchors Network has increased the number of local businesses engaged in its supply chains, with over £1bn of goods and services purchased locally and more than 3,000 young people supported into higher education.
- There are 13 anchor institutions in Leeds engaged in the Network. They are all locally-rooted, have high spend, provide vital services and are influencers, enablers and champions within the city.

2020 recommendations and summary of key developments

GOOD PROGRESS



8. Partners should commit to supporting jointly-funded posts, secondments or exchanges between sectors

- More shared appointments between ICBs and South and West Yorkshire MCAs now in place.
- Inclusivity Champion appointed in West Yorkshire, reporting directly to the Mayor.

GOOD PROGRESS



9. Partners should look to strengthen joint analysis and foresight through the establishment of observatories

- Y-PERN established to connect research expertise with policymakers to better inform local and regional development planning.
- West Yorkshire Scientific Advisory Group (WYSAG) established to support joint working between the West Yorkshire Combined Authority, the West Yorkshire Health and Care Partnership and the West Yorkshire Integrated Care Board.
- National government and higher education funding systems continue to present barriers to wider local evidence and intelligence-building.

GOOD PROGRESS



10. Anchor institutions should collaborate on transformative change, on areas not within their core domain

- The Civic University Network (CUN), led by Sheffield Hallam University, is a pioneering initiative harnessing the collective power of the higher education sector to drive societal, economic, and environmental advancements in local places. Building on the Network, the University and its partners have been awarded £3.7m from Research England to support universities across the country in developing their civic leadership, maximising their local social and economic impact, and helping to address national and global challenges.
- The 2021 Memorandum of Understanding (MoU), signed by Yorkshire Universities, and Yorkshire and Humber Councils, commits universities, local government and combined authorities, to work in partnership to address economic, social and environmental opportunities and challenges, including health and wellbeing.



New perspectives on health and levelling up in Yorkshire and the Humber



Summary

This section focuses on the key insights gathered from around 40 individuals, representing a broad range of sectors, geographies and communities across our region.

From this testimony on the current “state of the region” and what Yorkshire’s economy and people need to thrive, we have drawn out the **four interlinked themes – or 4 Ps – of People, Place, Partnerships and Purpose** which, together, provide an effective new model for improving health and economic outcomes.

This section sets out key learnings under each of these thematic headings, which in turn provide the basis of our 10 recommendations for national, regional and business leaders.



People

Putting people and communities at the centre of the health service

People are the lifeblood of the Yorkshire and Humber economy and the vibrancy of its places. And, as our 2020 YHealth for Growth report made clear, people will only realise their full social and economic potential if they are mentally and physically well.

Several of those we spoke to in developing this white paper spoke of the need for greater emphasis on upstream interventions, focused on preventing or minimising physical or mental ill-health and thereby lessening the burden on the NHS.

Ensuring the health service remains viable, given the significant social, economic, environmental and operational pressures it is facing, will require changes to the top-down, delivery-focused model around which it is currently organised, alongside new relationships with the people it serves and those who work in it.

“ We need a more ambitious relationship with the public where we give patients agency and choice. Conversely, we should support patients to take control over their own health and the way they use the health service.

“We’ve got to think about how we go from a delivery model to a co-collaborative model. The health service has not been good at having these kind of conversations. I think local government has been much better. It’s partly because they have had absolutely no money and so have had to have really tough conversations with residents and say, ‘we can’t do this on our own’. The NHS needs to learn how to do this. There is no conceivable world in which the NHS is able to meet the demand placed on it with a public that isn’t more engaged and active in terms of managing its own health and using the health service more effectively. That future doesn’t exist.



Matthew Taylor,
CEO, NHS Confederation

Transforming relationships between the health service and those it serves will require different approaches to engaging with local communities to understand the lived experience of the people within them and the barriers they face to being healthy and accessing economic opportunity.

The National Health Innovation Centre at the University of Huddersfield is a key development within the region that is aiming to do just that, by adopting a human-centred lens to healthcare research, innovation and workforce training.



Case study: National Health Innovation Centre (NHIC), University of Huddersfield

NIHC is a pioneering new centre that will improve health outcomes and lead innovation in healthcare for the region and beyond. The campus will enable the rapid expansion of courses in nursing and midwifery as well as allied health professions, leadership and human sciences.

As well as playing a key role in developing the health workforce of the future and building on the University’s existing expertise in nursing and related qualifications, NIHC will have a focus on community health at the Health and Wellbeing Academy and a range of other public-facing facilities.

It will also offer world-leading research facilities in fields such as skin integrity and infection prevention, psychological therapies, addiction and falls prevention. NIHC is intended to also act as a focus for entrepreneurial academic activity linked to the needs of the local health workforce and the regional health economy.

NIHC will be at the heart of the new West Yorkshire Investment Zone announced in November 2023, which will bring fresh government investment to boost innovation, productivity and growth.

“

“Our area has the lowest business productivity in England and West Yorkshire is the fifth most deprived area in England. It’s not really rocket science to look at people as the biggest asset that business has...and getting them well, healthy and back to work will be one of the single biggest things you can do to improve business productivity.

“Public policy that’s driven from London is all very well – and there are lots of good policy documents circulating – but you’ve got to actually make things happen. Policies should be really interlinked with lived experience in my view. Bringing in that lived experience is critical - In the past it was ‘this is what we think needs to be done’ and we need more place-based policy.”



Prof. Liz Towns-Andrews,
Head of Regional and Business Engagement,
National Health Innovation Centre, University of Huddersfield

”



People

Tackling inequality as a core barrier to good health and economic opportunity



With COVID-19 shining a spotlight on the stark disparities between affluent and more disadvantaged areas, it is more important than ever that policy and delivery take account of the different needs of those facing additional barriers based on socio-economic background, disability, gender, race, educational attainment or other factors.

Many of those we interviewed as part of this white paper cited the critical need to promote equitable access to healthcare and economic opportunity if efforts to level up Yorkshire’s economy and the health of its people are to succeed.

“You can’t separate economic growth and health inequality – and any local authority worth its salt working with its partners in any given region needs to understand the inextricable link between the two. For me, the challenge is having the levers to pull to close the gap and we have very stark inequalities. We have areas of significant affluence, but also areas of significant deprivation and filling that gap is an immense challenge.

“The health inequality gap has been exacerbated by the pandemic. Life expectancy, smoking, teenage pregnancy...all these figures are starting to creep the wrong way again. We have a significant gap to close and if it gets any wider it could be an irreconcilable gap.”



Rob Walsh, Chief Executive, North East Lincolnshire Council

Yorkshire and the Humber is held back, not just by health inequalities between the region and more affluent parts of the country, but also inequalities within the region. Where people grow up and live determines their health and economic prospects; a child born in Hull, Wakefield or Rotherham is likely to die several years earlier than one born in York or the East Riding.²⁵

“Pre-pandemic poverty made this area a lot more susceptible to what transpired. In-work poverty was already well established, and the health implications were well known. We’ve had various reports – notably Marmot over a decade ago – demonstrating this and the investment hasn’t followed. “



Shane Mullen, Public Health Specialist, East Riding of Yorkshire Council, ADPH Y&H Advanced Practitioner Fellow (Inclusive Wellbeing Economies)

Combined and local authorities, education institutions, the healthcare system and business all have a part to play in helping remove barriers to people realising their potential as individuals and as important contributors to the regional and national economy.

The disproportionate impact of the pandemic on young people

Although the region has moved on from the acute phase of the pandemic, the impact of multiple lockdowns – particularly in parts of the region that experienced the most prolonged restrictions – continues to be felt by many.

One group that has been particularly affected is the region’s young people, whose educational and social development were inhibited significantly by the successive COVID-19 lockdowns.

“I think policymaking often overlooks children and young people. We are not supporting the next generation enough. Also, I don’t think inequalities are being taken seriously enough from a national policy perspective.”



Dora Machaira, Public Health Manager, North Yorkshire Council, ADPH Y&H Advanced Practitioner Fellow (Life Chances for Children & Young People)

“The other part for us is mental health, particularly in relation to children and young people, and the long-term impact of that. We should not just be focusing on this generation but also looking at the future generation.”



Karina Ellis, Executive Director for Corporate Affairs, Humber and North Yorkshire Integrated Care Board

Several of those we spoke to commented that not enough action has been taken to address the short, medium and long-term consequences of the pandemic for young people. Without urgent action by policymakers, the region could see a “lost generation”, with major adverse impacts both for individuals looking to realise their potential within future labour markets, and businesses accessing the skills and talent they will need to generate growth.





People



“We are expecting an avalanche coming down the line based on the experiences of our school partners. Mental health was a big issue for schools before the pandemic, but the teachers we work with are reporting increasing mental health concerns, particularly among girls. There are short, medium and long-term ramifications for young people at all ages: from early years right through to Higher Education. Some young people, with the right support now, will be able to get back on track but others have been fundamentally impacted by the pandemic.

“As well as the mental health impacts, the pandemic has also affected children and young people’s development. We are hearing from our primary school partners that children are arriving in reception far behind where they would normally expect them to be developmentally. This presents fundamental issues for their future development: it’s well understood now that the early years are formative for people’s future health and life prospects, and not enough is being done to address these issues.

“Employers constantly tell us that it’s softer skills like communication and interpersonal skills that they typically recruit for, as technical experience will need to be continually re-learned due to the rapid changes in the labour market. School closures have had an impact on young people’s ability to develop those softer skills that are crucial to helping them get ahead in the workplace and build a good life for themselves, as well as contribute to the economy.”



Stephanie Burras CBE,
CEO, Ahead Partnership



Channel 4 is one business that has taken a proactive approach to removing barriers to young people building a career since it opened its national HQ in Leeds in 2021 – one of the most high-profile inward investments the region has attracted in recent years. Its Content Creatives programme helps young people in the North, mainly from backgrounds that are traditionally under-represented in the UK’s creative industries, get a foothold on the career ladder through skills training and practical experience in a creative business.

“We’re committed to supporting equality and economic growth through programmes like Content Creatives and our wider approach to recruiting people from different backgrounds. We’re very mindful that the TV industry is not a particularly representative place. It doesn’t reflect its audience as well as it should do, whether that’s around ethnicity, socioeconomic background or in terms of disability and mental health.

“Content Creatives is designed explicitly to open doors and of the current cohort, 80% are from a working-class background. The inclusive nature of what we’re trying to do has a beneficial outcome for the individuals who take part – it has a huge impact when you can see that there are people like you, who think like you and have had similar experiences, behind and in front of the camera – our organisation, and the region.”



Kevin Blacoe, Head of Partnerships,
Channel 4



Developing the healthcare workforce of the future

As a significant healthcare employment centre nationally and with one of the largest concentrations of higher education institutions in Europe, Yorkshire and the Humber already plays a key role in developing a skilled healthcare workforce. Across Yorkshire there are 37,000 students studying medicine or health-related subjects²⁶ - some 17% of the total student base. Nine of Yorkshire’s 12 universities provide health-related courses, representing a hugely significant health and care training ecosystem for the UK.

- **9 Yorkshire universities offering health-related courses**
- **37,000 HE students studying health-related subjects**
- **17% of the total HE student body studies health-related subjects**

The scale of this ecosystem means Yorkshire and the Humber should be well-placed to deliver on the ambitious targets set out in NHS England’s Long-Term Workforce Plan²⁷ published in June 2023. Targets include doubling the number of medical school places in England and increasing adult nursing training places by 92%.

However, action to deliver on these ambitions has been slow to materialise, which is concerning given the scale of the workforce crisis the NHS is facing. Recent data shows that there are over **130,000 vacancies in England including 46,000 vacant nursing posts** – a record high.

Yorkshire Universities is backing a campaign by Universities UK, calling for the government and the NHS to work with universities to address urgent barriers to meeting the targets in the Workforce Plan, including boosting student recruitment, providing capital investment to improve training capacity, extending and diversifying placements and practice-learning and tackling health student and early-career attrition.²⁸



Place

Improving health and economic outcomes through devolution



A place-based approach to levelling up health and the economy is fundamental to ensuring that policy, strategy, investment and interventions address the specific needs and circumstances of local communities.

Early evidence from Greater Manchester – the first combined authority in the country to secure devolved health funding and services through its 2015 MoU with the NHS and Public Health England²⁹ - strongly supports the theory that, where health outcomes are embedded within place-based strategies, they can drive improved outcomes. Indeed, a 2022 study by the University of Manchester, funded by the Health Foundation and published in the Lancet, indicated that devolution of health and social care services has had a positive impact on life expectancy in Greater Manchester – equating to a 0.25% increase in life expectancy compared with the pre-devolution period.³⁰

“When we look at the impact of our devolved powers, there is evidence that devolution of health and social care has had an impact on life expectancy. I think the difference in increased life expectancy is about joining up the system better, talking to each other across health, social care and local authorities. Before this came in people didn’t really know their counterparts in different parts of the system. The CCG wouldn’t know who their counterpart was in the hospital trust or local authority. Making the system joined up is crucial if we’re going to do things better. This is progress, but there are still big health challenges across Greater Manchester.”



Julian Cox, Assistant Director of Research (Analysis), Greater Manchester Combined Authority

Greater Manchester’s iterative approach to securing more and more devolution also makes clear that devolution is a process, not an end point. As South and West Yorkshire negotiate trailblazer deals with government, and York and North Yorkshire, Hull and East Riding, and Greater Lincolnshire embark on their own devolution journeys, there is an opportunity to ensure that health outcomes are fully integrated within economic policy and strategy in our region and to advocate for place-based investment and decision-making powers that respond to the specific needs and characteristics of local places.

Certainly, Yorkshire’s MCAs are putting a stronger focus on health within strategies and investment plans for their respective regions. In November 2023, West Yorkshire was confirmed as the UK’s third investment zone, with a focus on health and life sciences. Based around university and business clusters in Leeds, Bradford and Huddersfield, the investment zone offers the potential to **create 2,500 jobs over the next five years and unlock more than £220 million in investment.**

West Yorkshire Life Sciences Investment Zone:



2,500 jobs to be created



£220m+ investment set to be unlocked

“One of the biggest opportunities we’ve got – and it’s taken a while to get going – are the investment zones in West Yorkshire. This was announced in the Budget in March and represents £80million of investment into our region. Our theme is health and it’s an opportunity to put money into HealthTech and develop an ecosystem that essentially has the public, private and third sectors co-located to support the health of our population. This has great potential and it will drive inward investment too”.



Prof. Liz Towns-Andrews, Head of Regional and Business Engagement, National Health Innovation Centre, University of Huddersfield

The West Yorkshire investment zone announcement follows South Yorkshire becoming the UK’s first investment zone earlier in 2023, with a focus on advanced manufacturing, and the award of £7.5 million UK Research and Innovation (UKRI) investment each to the West and South Yorkshire MCAs to help local health tech businesses develop life-saving medical innovations for use in the NHS and around the world.

These more recent announcements build on work by the West and South Yorkshire MCAs to tackle health-related issues using existing devolved powers, such as capital funding for new cycling and walking infrastructure in their respective areas.

Case study: Cycling for Health in West Yorkshire

Cycle for Health is a programme by West Yorkshire Combined Authority in partnership with Cycling UK, prescribing cycling for people with long-term physical or mental health conditions and low overall levels of physical activity.

So far more than 1,000 people have already benefitted from Cycle for Health since its launch in 2016, receiving a structured route into regular low-impact activity across the 12-week course. 38% of those taking part have come from the most disadvantaged communities in West Yorkshire, while 71% are women.

Participants are referred from healthcare organisations, including GPs and mental health services and so far, the statistics for post-course activity levels are encouraging with 85% showing an overall increase in their cycling levels six weeks after completion. 61% said their fitness had improved while 32% reported an increase in confidence and a 26% increase in feeling relaxed.

This pioneering programme demonstrates the impact that MCAs in Yorkshire are already having using their existing powers and investment to address health challenges.

Innovative approaches to partnership-working within the region like this demonstrate that progress is already being made within existing structures – and illustrates the potential for how much more could be realised with further devolved investment and decision-making.



Place

Moving from earned devolution to empowered devolution

Although combined and local authorities, ICSs, universities and other anchor institutions are placing increased emphasis on improved health outcomes within policy and strategy, and using powers and investment at their disposal to tackle health and economic challenges, a fundamental barrier remains: the region still does not have proper devolved powers to address health-related issues on a place basis and funding is allocated in a piecemeal way to specific projects and initiatives.

“Despite the new announcements and the very impressive progress in Greater Manchester, we still have a lot of decentralisation rather than meaningful devolution. So, we’re still operating on earned autonomy and menu-type devolution rather than fully empowered devolution.”



Kersten England CBE, Former Chief Executive of Bradford Council and Former Chair of Yorkshire Councils, Chair of the Young Foundation

Almost all government investment allocated to “levelling up” projects in the region has been capital investment. Without revenue funding to support and encourage people to use new facilities or infrastructure, this capital investment does not have the health and economic impact it could, particularly for more disadvantaged communities. **As a result, improved facilities often benefit those who are best equipped to take advantage of them, rather than those who are most in need of additional support.**

“There has been quite a bit of capital funding under this government but it goes to waste because there’s no revenue funding. We have to build bike lanes by 31st March and there is no revenue money to do the development work to make people use them. Without the time and lead in to do the development work to get the best benefit, it’s wasted. You can’t put in capital projects too quickly without doing the preparatory work.”



Dave Gent, CEO, Active Humber

The Treasury Green Book approach to determining government investment allocations, with its focus on cost-benefit analysis rather than wider contributors to levelling up such as health and wellbeing, can have perverse consequences.

“Policy-wise there is a lot I’d like to see change from a health perspective. I’m interested in how health co-benefits of government spend are accounted for in the HMT Green Book. When we do cost benefit analysis at the moment, we look at this from a range of measures and one of the things that comes up clearly is reduced congestion. That’s a co-benefit of investing in a transport scheme and yet air quality is not recognised. How bad must the air quality have to be for the government to support clean air zones?”

“If health isn’t accounted for in the assessments here on investment then we will just keep building roads and creating more air pollution. If you invest in more green infrastructure and cycling then those numbers stack up. We have to question, at the heart of decision making, what is being valued?”



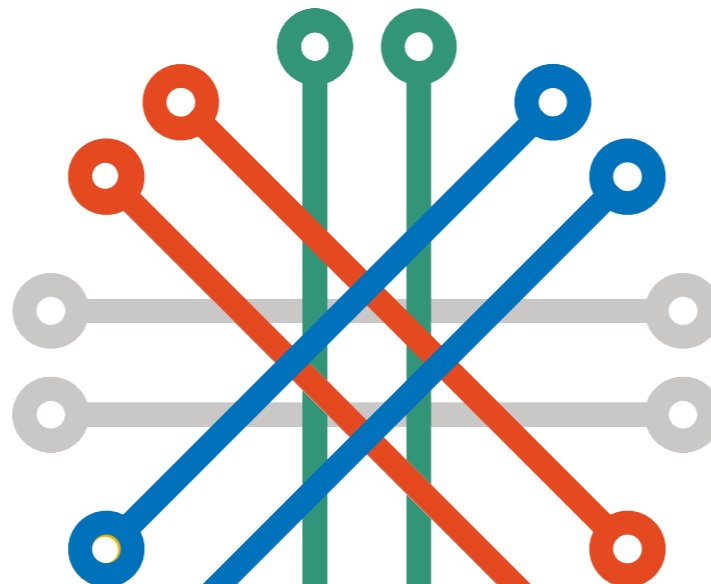
Rosa Foster, Co-Director, Yorkshire and Humber Climate Commission

What’s more, the monitoring and evaluation of government investment typically focuses on how that investment has contributed to national targets, rather than the circumstances and priorities of local communities. This presents further barriers to real joined-up action and partnership working, which local, regional and national partners all agree is needed to achieve the most meaningful impact.

“If you over-control the health service so all it can do is meet the objectives and targets that you set at the centre...well, how can it be a good partner? It can’t be a good partner if all it ever says to local government, the third sector and business is all we can do is deliver our national targets. We need to give the space for the NHS locally to be a good partner.”



Matthew Taylor, CEO, NHS Confederation





Place-based leadership in action in Yorkshire

The central principle underpinning the concept of devolution is that of subsidiarity: that interventions should be delivered at the lowest level possible.

Critics of English regional devolution argue that it risks sucking up investment and decision-making from local authorities rather than drawing down investment from the centre to local places. Several of those we spoke to for this white paper argued that the principle of subsidiarity isn't just a question for central government; MCAs should also consider how they can use their devolved investment and decision-making to empower partners at the local level.

“We really can't lose the focus on places. It can get too macro, the bigger you get the more macro you become. I get that. But we can't forget to focus on specific places. There are six unitary areas in Humber and North Yorkshire. If we dilute the focus on place and the resources don't go to where they need to, then I think that's a big risk. Where decisions are made is important in how resources are deployed. We need to get the relationships right so that risk can be properly shared.”



**Rob Walsh, Chief Executive,
North East Lincolnshire Council**

Indeed, many suggest that the real power of MCAs lies in their convening capabilities, building genuine collaboration with and between their partner local authorities. As they become more firmly established, with more flexible “single pot” investment at their disposal, Yorkshire and Humber's MCAs can consider how they can leverage these convening capabilities – and adopt more innovative commissioning models - to ensure that investment and interventions are deployed at the right level.

Through such an approach, MCAs and ICSs can be catalysts for meaningful change, empowering local communities to achieve better health and economic outcomes.

In Barnsley, partnership working between the Council, South Yorkshire Mayoral Combined Authority (SYMCA) and the health service is helping to continue attracting footfall into the town centre and maintain economic vibrancy, by repurposing large vacant retail units as healthcare assets.

Meanwhile, in Hull the Tobacco Control Centre of Excellence is an example of how specific local health challenges can be tackled through a place-based lens, while also realising economic benefits.



Case study:

Healthcare on the high street in Barnsley

An excellent example of how capital funding can be leveraged for health and economic improvements can be seen in Barnsley. In 2022, an NHS Community Diagnostic Centre was opened in The Glass Works leisure and retail destination in the town centre, opening up access to healthcare on the high street.

Since opening, staff at the facility have provided over 40,000 checks and scans, with breast screening, bone density scans, phlebotomy, ultrasound and x-ray imaging available there. A further £4.6m in NHS funding will allow an extra eight test, check and scan services to be offered, relieving yet more pressure on existing hospital and GP services, meaning people can be seen sooner.

It helped achieve a 22% increase in breast screening rates from April to October 2022, reduced waiting times for imaging services by an average of 1.5 weeks from March to October 2022 and an overall reduction in ‘do not attends’ at appointments.

In September 2023, Barnsley Council announced that it plans to redevelop the former Alhambra Shopping Centre using capital funding from the government and South Yorkshire Mayoral Combined Authority.

As well as protecting a much-loved centre in Barnsley for the future, the Alhambra is being planned to become a health and wellbeing hub alongside retail, emulating the success already seen at The Glass Works.

Case Study:

Humber and North Yorkshire Centre for Excellence in Tobacco Control

Smoking remains a health issue on a national level but is another where health inequalities are evident. In Humber and North Yorkshire, 13% of people are smokers, which is the same as the national average, but the average goes up to 18.9% in Hull.

The impacts of smoking are clear, with at least 18,500 hospital admissions and 2,500 deaths caused by it in the region each year. Economically, smoking costs Humber and North Yorkshire £1.5 billion per year in NHS and social care expenditure as well as lost earnings and employment, with Hull alone accounting for £370m of that loss.

The Tobacco Control Centre of Excellence is a partnership between the NHS, local

authorities, voluntary sector organisations and academic institutions aiming to accelerate reductions in smoking rates.

It focuses on locally-targeted interventions to de-normalise smoking, drive down smoking prevalence and reduce the harms from tobacco, using mass media campaigns, tackling illicit tobacco, and advocating for national action on tobacco control.

The Centre also has an important role to play in influencing effective national action, using the latest evidence, research and insight and continuing to establish itself as a centre of excellence for ICS-level tobacco control.





Place

Empowering hyper-local partners

A further benefit of place-based working that emphasises meaningful local empowerment is that it also creates opportunities to involve hyper-local partners. Hyper-local organisations are often invisible to national and even regional decision-makers, and yet they are the organisations that are more embedded in communities and can deliver interventions, such as social prescribing, that are truly targeted to the needs and aspirations of local people.

The benefits of empowering hyper-local partners are many: greater connections and credibility among local people and communities, a deep understanding of what those communities really need to succeed, and more innovative, collaborative ways of working.

“When we look at the model of what works around connected places...getting that community engagement with the populations you’re working with...a lot of that does start with place. It’s the communities and places where people live that resonates. Integrated Care Systems don’t have an identity in themselves, it’s the community that the population identifies with.”



Jake Abbas, Head of Local Knowledge and Intelligence Services at Public Health England

“Our project is trying to harness the assets that are spread across the region and encouraging communities to get well through creativity.”

“The challenge is that many of these organisations and charities are very local and people don’t know where they are...and the referral system through social prescribing isn’t working as well as it should.”



Prof. Liz Towns-Andrews, Head of Regional and Business Engagement, National Health Innovation Centre, University of Huddersfield

“Sometimes at the hyper-local level there is more freedom and more innovation is happening because it’s out with the formal structures and permissions. It’s just happening on the ground, so you have to build from the ground up and top-down and connect the three layers – bottom, middle and top. Not everything has to be part of a devolution agreement.”



Kersten England CBE, Former Chief Executive of Bradford Council and Former Chair of Yorkshire Councils, Chair of the Young Foundation



The role of Yorkshire-wide collaboration

With devolution typically focused on the Mayoral Combined Authority / Integrated Care System, and the principle of subsidiarity reinforcing the need to work at the most local level possible, is there still a need for pan-regional collaboration as well?

Although the sub-regions within Yorkshire have their own, distinctive economic challenges and opportunities, there are also **commonalities across the region**. York and North Yorkshire’s strong policy focus on the economic and health requirements of rural communities, for example, can provide valuable lessons to policymakers in South and West Yorkshire, which have large rural areas in addition to their more widely recognised urban centres. Yorkshire is also a region whose people continue to feel a strong sense of identity and cultural belonging to their historic county.

As a result, **Yorkshire has a long-standing tradition of pan-regional collaboration** through vehicles such as Health Innovation Yorkshire & Humber, Yorkshire Universities, Yorkshire Councils and the Y-PERN policy engagement network, all of which provide resources to support both regional and local bodies.

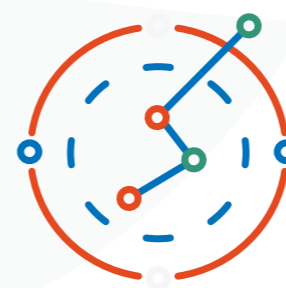
“The trick is to get the right things at the right level. It’s like a Russian doll – the local stacking up into the sub-regional, stacking into the regional.”

“Yorkshire as a region is about the scale of Scotland as a country, so it gives you the scale of a small nation to work at. We have always felt there are some things that we could meaningfully make progress on at the regional level, whether it’s sharing good practice, adopting, scaling, replicating, whether it’s making common cause on things that affect us all or whether it’s actually investment in the infrastructure that can only operate meaningfully at the regional level. Yorkshire is an ideal test bed, because we’ve got rural, urban and coastal and a hyper-diverse population.”



Kersten England CBE, Former Chief Executive of Bradford Council and Former Chair of Yorkshire Councils, Chair of the Young Foundation

Health Innovation Yorkshire & Humber’s Innovation Hubs are an example of how region-wide collaboration is having a positive local impact.



Case study:

Innovation Hubs sparking pan-regional partnerships

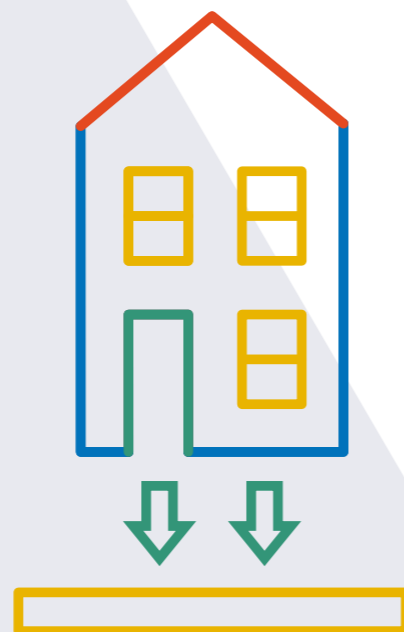
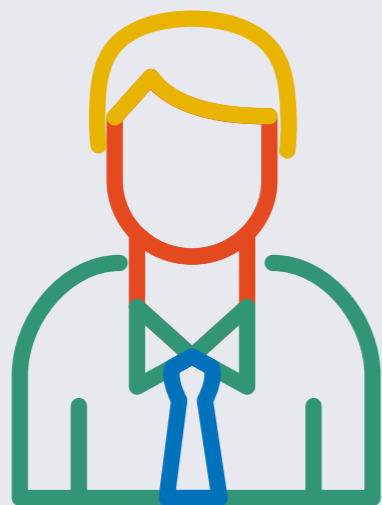
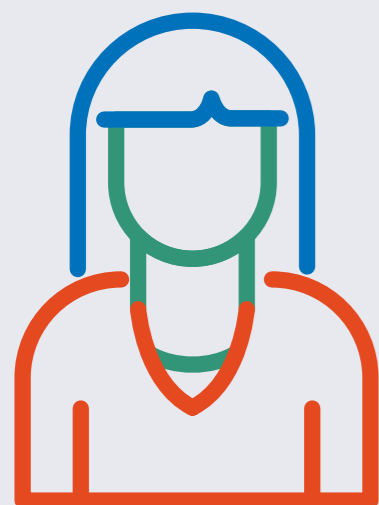
Health Innovation Yorkshire & Humber has set up two Innovation Hubs within the Yorkshire and Humber region, in partnership with South Yorkshire Integrated Care System (SY) and West Yorkshire Health and Care Partnership (WY).

The Innovation Hubs are aimed at improving stakeholder engagement through more effective and innovative partnership working between the ICSs and Health Innovation networks and a greater focus on being responsive to local healthcare needs and priorities.

The SY Innovation Hub was set up in 2019 and has so far delivered four exemplar projects in three areas, focusing on population health, workforce and urgent and emergency care. It has also developed a consortium of stakeholders and supported funding applications, resulting in approximately £240,000 in additional research and innovation funding.

It has delivered support of over £4.6 million of additional investment, including NIHR Artificial Intelligence for Long Term Conditions funding and NHSE joined-up care funding. Other outcomes aimed at fostering a culture of innovation include an innovation web portal, an innovation podcast, an Innovation Ambassadors' network and a series of ICS Innovation Labs.

The WY Hub opened in 2022 and is already on course to emulate those levels of impact in West Yorkshire through partnership working that helps to better match innovations with local need.

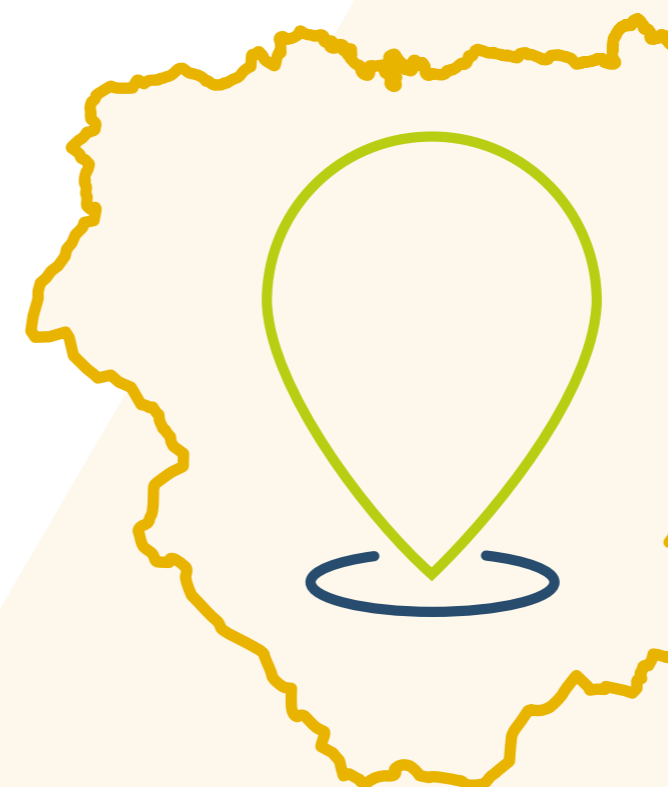


Sharing evidence and best practice

Another benefit of collaboration at the Yorkshire and Humber level is the development of a common evidence base and the sharing and dissemination of best practice.

A key recommendation from the 2020 YHealth for Growth report was that regional partners should establish observatories or similar mechanisms to strengthen joint intelligence and analysis to inform effective public policymaking.

Important steps forward have been made with the establishment of the Yorkshire and Humber Policy Engagement and Research Network (Y-PERN) – a collaboration between the 12 higher education institutions in the region and Yorkshire's combined authorities. Through multi-million-pound investment secured by Yorkshire Universities from Research England, partners have created a new infrastructure to harness university research expertise for societal benefit.



Case study:
Y-PERN

Y-PERN is a collaboration between the members of Yorkshire Universities and the combined and local authorities in Yorkshire and Humber.

Its goal is to connect a wide range of research expertise with policymakers to better inform local and regional development planning through a federated model that encourages learning and improvement.

A cornerstone of Y-PERN is its academic autonomy, allowing it intellectual freedom and the ability to 'speak truth to power', bringing evidence-based rationale to influence policymaking for excluded and marginalised communities.

The significance of this for health in the region is that it can act as an exemplar for how the extensive research facilities of Yorkshire Universities can be utilised by policymakers to improve health outcomes based on a proper understanding of the challenges faced, robust evidence and insights.

Y-PERN is a £6m project, over three years, funded by a £3.9m grant from the Research England Development (RED) Fund.

Building on Y-PERN, the twelve members of Yorkshire Universities, alongside Yorkshire and Humber Councils, the Yorkshire and Humber Climate Commission, and the Yorkshire and Humber ARC, have been awarded £5m in funding from UKRI to fund the Yorkshire and Humber Policy Innovation Partnership (Y-PIP). A key aim of Y-PIP is to give more power to low-income, marginalised and isolated communities in regional research and decision-making.



Partnerships

Building on partnerships forged during COVID-19

Partnership-working is the bedrock on which a place-based approach to helping people thrive can be built and implemented.

The health service and the wider public sector no longer have the resources or capacity to meet the growing and shifting demands placed upon them, requiring greater partnership-working than ever with business, community-based organisations, sporting bodies and others.

The crisis phase of the pandemic demonstrated the power of effective partnership-working - often forged at pace. However, operational pressures since COVID-19 eased have seen a return to old, short-termist ways of working. To level up the Yorkshire economy and ensure the health service can continue to provide the care that people need from it, we need to reinvigorate the partnerships that formed during the pandemic and create the conditions for innovation outside of crisis mode.



Unlocking the economic potential of Integrated Care Systems

Although the region's ICSs are still at a nascent stage, early lessons bode well for the positive impact they could have on health and economic outcomes in the region. The Humber and North Yorkshire Health and Care Partnership ICS, for example, has been working with partners to consider the impact of poverty on child health and development and how this can be mitigated.

One aspect of the work of ICSs that remains untapped is their “fourth purpose” – unlocking the social and economic potential of the NHS³¹. Although not seen as a priority by the centre, the potential of this fourth purpose for local areas is huge and there are opportunities for Yorkshire, with its well-developed partnerships and history of collaborative working, to shape what success could look like.

Case study:

Speeding up patient discharge in York and North Yorkshire

During COVID-19, national guidance required a rapid approach to the discharge of patients from hospital, while still maintaining high standards of patient assessment and aftercare.

The York and North Yorkshire Control Room developed a process through which a patient would be discharged from hospital to have a needs assessment either at home or in a community setting/ care home. Hospitals and care providers worked together in the best interests of the patient, ensuring their needs were met at the right level. The result was a faster and more efficient discharge process, which had benefits for patients during a very frightening time, as well as the health and care system.

Due to the obvious lack of face-to-face contact, care was taken to ensure each

patient received regular check-ins to ensure their discharge process went smoothly.

There are some issues that still need to be resolved – the documentation that hospital staff are required to complete is lengthy, presenting challenges for ward staff especially. Increased choice of care homes for self-funded patients can also result in delays and constraints.

However, overall, the York and North Yorkshire experience highlighted that not all decisions need to be made in a hospital setting and that home assessment is often the best course of action for patients. The team is working to embed this model for the longer term, including working with York Hospice to ensure the right support is in place for patients on end-of-life care.



The fourth purpose of Integrated Care Systems is the one that's least developed, with the least investment in and least understanding. It's the least prioritised by the centre, there's no question about that. So it's really going to be up to us to work out what this fourth purpose can mean. We have a lot of latitude and freedom to think about what this purpose means because the centre is not trying to control or regulate it. There's an enormous opportunity to think about what it means both in Yorkshire as a whole and also in different parts of the region.



Matthew Taylor,
CEO, NHS Confederation



Partnerships

A central role for business in health and wellbeing

Increased collaboration with businesses to enhance health and prosperity is an aspect of partnership-working that Yorkshire is well-placed to take advantage of. Indeed, building on the close public-private partnerships that the region's local enterprise partnerships (LEPs) have nurtured could help Yorkshire pilot ways of working that have as yet been under-exploited in other areas, including Greater Manchester

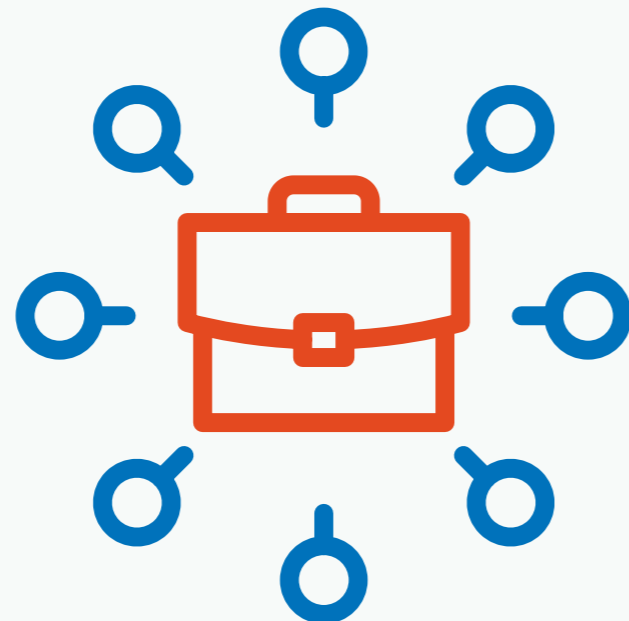
The region's LEPs have been well-embedded within Yorkshire's business community since 2011. Spanning the public and private sectors, their function has been to unite local government, universities and businesses behind a shared economic plan for their respective places and provide private sector input into economic decision-making.

As LEPs become more closely integrated into the region's MCAs, there is an opportunity to strengthen public-private sector partnership-working even further, ensuring businesses have a clear role, not just in developing a strong regional economy, but also in providing healthy work environments.

“There's a real increased awareness around the link between the economy and public health. But it's a two-way street. It's not just about a more productive and healthier population. We have to look at the economic models that we embrace going forward and these must address the wellbeing of our population too. This will create the circular effect that we want to see. You then get into thinking about people's working conditions and good work being good for your health. It has to be good work, not just any work.”



Jennifer Connolly, Associate Director of Population Health, West Yorkshire Combined Authority



As in many other areas, **COVID-19 provided the catalyst for many businesses to take more concerted action to support their employees' health.** Those businesses – such as Westfield Health in Sheffield - are seeing returns on their investment in employee wellbeing through improved productivity and retention and reduced sickness absence.

“There is a direct correlation between a happy, healthy workforce and growth. There's masses of evidence showing that people who have a positive experience of work and have higher wellbeing are more productive – and that leads to better outcomes for all. Too many businesses prioritise performance over wellbeing. It shouldn't be one or the other – and they often end up with burned out staff.

“I would like to see incentives in the tax system – like business rate relief for example – to reward companies that prioritise wellbeing. I don't think businesses see it as their responsibility to look after their employees' health and wellbeing and they are paying a price for not doing so.”



Dave Capper, CEO, Westfield Health

The rise of the environmental, social and governance (ESG) movement among larger corporates presents an opportunity to nudge more businesses towards proactively supporting employee health and developing more 'good' forms of work.

“During lockdown those that worked in higher risk, high exposure type industries had a much worse time of COVID-19 than those in white collar jobs with employers who did support their health to a degree. COVID-19 made it clear that you need to look after the physical and mental health of employees... and people like the CBI and other employer organisations have since said that, as employers we have a responsibility to the health of our employees.

“And then there's the whole ESG movement and its impact on the workplace. The 'social' element includes the need to create an environment for your workforce that addresses diversity, inclusion, equity and health. There have subsequently been calls for health to be an explicit part of the ESG framework (ESHG) because it was so evident from everything that happened during the pandemic that the health of employees needed to have a higher profile with employers.”



Karen Taylor OBE, Director, Deloitte Centre for Health Solutions



Partnerships

Businesses large and small playing their part

As well as the direct responsibility larger, tier one firms have in supporting their own employee’s wellbeing, they can also play a similar role to anchor institutions in amplifying and encouraging good practice among their customers, supply chains and wider business networks.

This is a core ethos of Channel 4, for example. Since relocating key parts of its operation outside London, with the largest of its “Nations and Regions” presences being its national HQ in Leeds, the business now spends more than half of its revenue outside the capital. It encourages its suppliers to sign up to measures that support health and wellbeing and uses its programming to give a voice to healthcare issues.

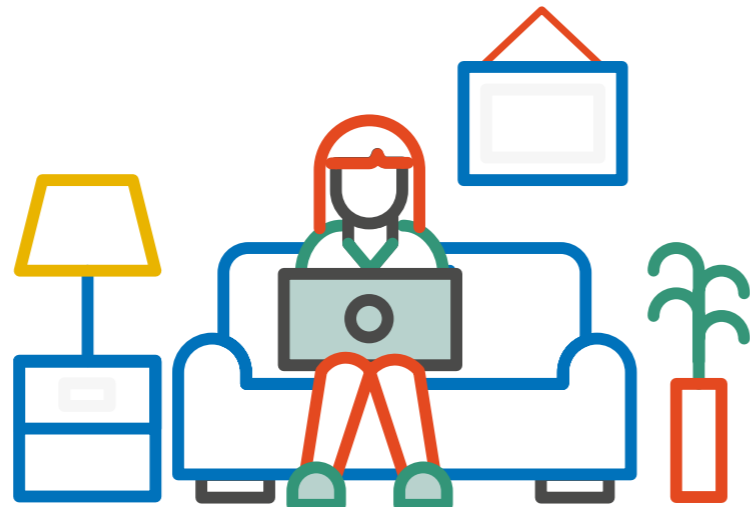
“Channel 4 moving out of London has seen our spend shift to about 55% outside the capital now, whether that’s through the people we employ directly or through our supply chain and our increased commissioning in the regions where we’re now based, of which Leeds is the biggest.

“As an employer, the health and wellbeing of our workforce is more important than ever before. We do a lot of things around safeguarding and bullying, good health and good working practices. We were ahead of our time in adopting a menopause policy and providing a platform to talk about those issues, through the Davina McCall documentary.”



Kevin Blacoe,
Head of Partnerships, Channel 4

Responsibility for supporting good employee health should not sit solely with big business, however. Small and medium-sized enterprises (SMEs) can also take action to help their employees stay fit, well and productive. Larger firms and anchor institutions can help SMEs do more to invest in employee wellbeing by sharing good practice and exerting pressure through their supply chains and procurement processes.



The SME community in Yorkshire and Humber is strong and a key driver for innovation. The flexibility, freedom and diversity of smaller businesses is integral to innovation and our path towards improving the health and prosperity of our population and growing the economy.

We should seek to understand, diversify and strengthen local supply chains, while collaborative working is also essential, bringing together the expertise of healthcare, digital and creative sectors to utilise the talent of our region to improve the lives of our people.

Who better to develop innovations to support the region’s population than local businesses who can draw upon their understanding of the area they live and work in, especially given the regional variations in the needs of the health system?

Even if a business has not worked in the health sector before, we all have a role to play in supporting health and innovation. Digital and creative companies also have a huge opportunity to develop innovative ideas for the health sector and drive technological advancements that can lead to opportunities to create employment, further supporting continued improvement in the region’s health and wellbeing, and in turn the economy.



Dave Capper,
CEO, Westfield Health





Partnerships

Taking a whole system view

The contribution that business can make to both health and economic outcomes underlines the fundamental point that the region's economic and health ecosystem is far broader than local government and the health service.

A wide range of actors contribute to economic prosperity and good health in the region – including voluntary and community sector organisations (VCSOs), education institutions, sport and culture bodies as well as businesses. The opportunity for policymakers and anchor institutions in Yorkshire is to unify all these contributors behind a clear vision and strategy and then involve them meaningfully in delivery.

“We need a joined-up approach, which is about the social determinants of health, not just about what the NHS does. When we think about improving health we must recognise it's as much about education, improving air quality, environment, housing and employment as it is about the health service. The NHS is only responsible for about 15-20% of people's health outcomes. Secondly we need to make the case for investment – not just spending, but investment. How do we invest in the health service in ways that are good for the local economy, local enterprise, local supply chains and workers?”



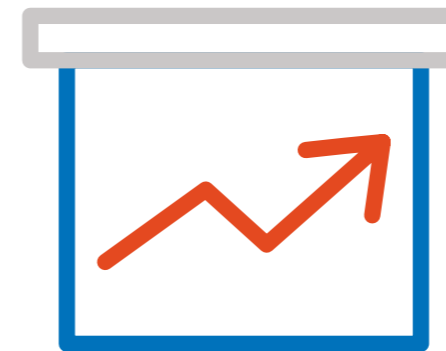
Matthew Taylor,
CEO, NHS Confederation

Taking a whole-system view acknowledges that health and economic growth are inextricably linked – and that a range of other factors, including transport, climate change, culture, heritage, sport and education, also intersect to influence people's life chances. We must therefore broaden and deepen partnerships to ensure that all partners who have a role in supporting population and economic wellbeing in the region are able to play their part.

“Health inequalities are a big issue in Hull and we want to see better outcomes. The link between health and economic growth is fundamental. We can't look at things in isolation; we need to see life in the round. Growing the economy, creating jobs, providing better education and skills, the climate, culture and leisure... It's the combination of all these things that leads to better health outcomes. We will only get change if we put things together.”



Cllr Mike Ross,
Leader, Hull City Council





Partnerships

The value of sport and physical activity

Participation in sport and physical activity is a key element of that whole-system approach.

Although the direct correlation between physical activity and good health is well-established, the contribution that sport and active lifestyles make to economic wellbeing and other local priorities, such as the environment, inequality and regeneration, are less well understood and, as such, underinvested in.

“I’d like to see us play a bigger role in tackling climate change. Our cities need more green space to get rid of CO2 and improve air quality. But it’s poorer communities who haven’t got green space and are breathing in toxic air. And what annoys me on this is that between South Yorkshire and the Humber we produce 44% of the UK’s industrial carbon emissions.

“The climate, health and economic performance are all closely linked. Green spaces make the air cleaner and more people using bikes and physically exercising is good for our region’s health. It’s a story we should be telling. There has got to be a lot more health economics applied to the economy in an environmentally sustainable way.”



Dave Gent,
CEO, Active Humber

Participation in sport and physical activity mirrors broader health and socio-economic inequalities: access to sporting facilities depends largely on where a person lives. Yet promoting equitable access to sport, beyond active travel measures linked to capital infrastructure, barely features within regional or national policy.

“Physical literacy should be a fundamental part of every child’s experience, but it isn’t and we know there is a huge inequality in that based on where children grow up and live. When we make it easier for people to access sport in all its forms we know we get better outcomes. But the challenge is how we do that.”



Prof. Rob Copeland, Director of The Advanced Wellbeing Research Centre and Professor of Physical Activity and Health, Sheffield Hallam University

Sporting bodies in the region comment that they have not been as successful as cultural organisations in making the case for investment. Once again, the Treasury Green Book approach to assessing returns on government funding, makes it difficult for sports bodies to secure investment from funds such as the Levelling-Up Fund. Where they have been successful, this has largely been for capital projects – not revenue programmes to encourage more people, particularly those from more disadvantaged backgrounds, to participate in sport.

Anchor institutions and bodies such as Health Innovation Yorkshire & Humber can help sporting organisations assess their economic impact and articulate their strategic case in terms that will resonate with public sector funding bodies.

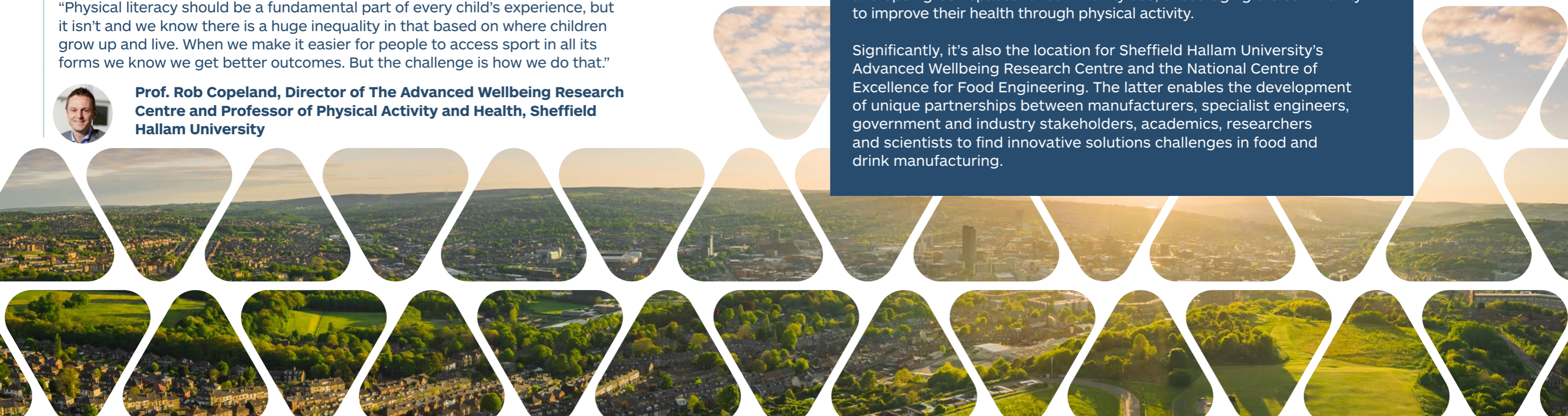
Case study: **Olympic Legacy Park, Sheffield**

The Sheffield Olympic Legacy Park is another example of how local authorities, universities and health organisations can work in partnership to engage the community with research and innovation.

It is the only Olympic legacy park ever established outside of a host city, looking to ensure that the London 2012 Games continue to inspire a generation as part of a vision that ‘the future of wellbeing lies in preventative intervention, active lifestyles, and opportunities to thrive.’

The 35-acre site is home to rugby league team Sheffield Eagles and basketball teams the Sharks and the Hatters, as well as iceSheffield, which hosts many local ice hockey teams. It also has cycle paths, a running track and open green spaces for community use, encouraging the community to improve their health through physical activity.

Significantly, it’s also the location for Sheffield Hallam University’s Advanced Wellbeing Research Centre and the National Centre of Excellence for Food Engineering. The latter enables the development of unique partnerships between manufacturers, specialist engineers, government and industry stakeholders, academics, researchers and scientists to find innovative solutions challenges in food and drink manufacturing.





Purpose

Partnerships united by common purpose and understanding

We have already established that radical new responses and ways of working are required if Yorkshire is to have a chance of closing longstanding health and economic disparities.



Fundamental to any new approaches to investment and collaboration being successful, is a clear and shared understanding of the problem that in turn shapes a shared, evidence-based vision to which all partners in the region can work. This will help ensure that interventions are focused on the right things, at the right time and in the right ways.

In addition to the successful Y-PERN policy engagement initiative, the region is home to an internationally-significant exemplar of monitoring health and economic outcomes using a longitudinal approach – the Born in Bradford project.

Case study: Born in Bradford

Bradford is the sixth largest city in the UK, with a young, diverse and multi-ethnic population of more than half a million people. However, it suffers from high levels of deprivation as well as some of the highest rates of childhood illness in the country.

Born in Bradford is one of the largest research studies in the world, tracking the lives of over 30,000 people in the city to gain a better understanding of what influences the health and wellbeing of its communities.

It is a birth cohort study, tracking the wellbeing of over 13,500 children born at Bradford Royal Infirmary between March 2007 and December 2010, along with their parents. The study is exploring the determinants of childhood and adult disease and is providing a catalyst for communities to work with the NHS and the local authority to improve child health and wellbeing.

Born in Bradford offers the potential to assess the determinants of both childhood and adult disease and the influences of pregnancy and childbirth on subsequent health, as well as the impact of migration.

The intention is to be able to generate and test hypotheses that have the potential to improve health outcomes for some of the most disadvantaged within the community.

This person-centred approach to investigating the causes of ill health within a community is a world class example of assessing health and economic outcomes and demonstrates how Yorkshire can lead the way.

Both Y-PERN and Born in Bradford highlight how new insights and evidence about the real issues affecting Yorkshire's economic and population health can in turn drive new ways of working.

Promoting longer-term thinking

Despite this progress, the significant operational pressures on public services in the region – particularly on the health service and local authorities – mean that the opportunities for joined-up analysis and long-term thinking are not being maximised. This is compounded by short-term thinking driven by political cycles and funding regimes in both the public and higher education sectors, which set rigorous, vertical criteria based on national targets and measures that constrain horizontal, cross-sector analysis and collaboration at the local level, based on what really matters in those places.

As a result, **innovative partnership responses that were forged at pace during the pandemic are giving way to former, pre-pandemic ways of working:** a point made emphatically by Yorkshire's university Vice-Chancellors, who see their institutions' combined research and innovation capacity - combined with the important civic role that each plays in its local area - as significant assets that can be further exploited.

“We need to break out of the current short-term thinking driven by NHS targets and political cycles and focus on long-term action that is driven by data. We need to bring together data from across different sectors to build a richer understanding of how economic and health outcomes are interlinked, giving us a common understanding of the problems and how we can work together to tackle them. Our universities have the capabilities to do this, but current funding and institutional structures make this challenging.”

From a Yorkshire Universities Vice-Chancellors' roundtable

Alongside universities, businesses can play a key role in advocating for long-term thinking and strategies, reinforcing the importance of retaining the valuable strategic role that the region's LEPs have played in public-private sector partnership-working over the past decade as they become integrated within MCA structures.

“There isn't a long-term, cross-party strategy on energy, on food or on housing... all things that could improve the health of the population. Part of the problem is our short-term, five-year political cycle. But if big businesses that are crucial to the economy got behind this and called for a cross-party strategy we might have more chance of making progress.”



**Karen Taylor OBE, Director,
Deloitte Centre for Health Solutions**





Purpose

A shared vision that all partners can work towards

Perhaps due to Yorkshire’s strong track record of pan-regional collaboration, it is notable that key partners are working to broadly complementary aims or objectives; they just lack the strategic framework and governance structures to fully understand what different organisations in the region are doing and how to harness this collective effort in a more joined-up way.

“We have landed the Greater Lincolnshire devolution deal and this is a huge opportunity for a patch like ours. We want to see a single voice, accountable to government, more influence, economies of scale, more collaboration between upper tier councils, absolutely. That’s an opportunity to combine resource and power to make the changes we want to see happen. Integrated care partnerships, combined authorities and upper tier councils need to find a way of working really well together to ensure we maximise the bang for our collective buck.”



**Rob Walsh, Chief Executive,
North East Lincolnshire Council**

A unified vision and understanding for the region will not only help partners increase the impact of health and economic interventions here– achieving “greater bang for buck”. It will also provide a strong and effective voice for the region nationally, which will be critical ahead of the 2024 General Election.

With both the Conservative and Labour parties affirming their commitment to continued devolution to local places, regional partners should work together – and with wider northern partners through the Convention of the North – to ensure that devolution of investment and decision-making around health and the economy is at the forefront of those parties’ manifesto pledges.

“We need a shared vision and we need to understand each other. It’s a small thing, but I think it would be great if leaders in this region took the time to job shadow each other. I’d like to see every combined authority chief executive spend a few days shadowing a vice chancellor of a university or shadowing an ICS chief executive and vice versa – so we can really get to know each other’s worlds and understand the different challenges. I’d like to see a united voice and a level of mutual respect, knowledge and trust.”



**Matthew Taylor,
CEO, NHS Confederation**



With their convening power, their strategic remit to develop place-based economic plans for their area, and their devolved investment and decision-making, the region’s MCAs are well-placed to take a long-term strategic view and unify local partners behind a common vision that addresses both economic and health outcomes. MCAs and ICSs in South and West Yorkshire and already collaborating increasingly closely to join up health and economic strategies, although consideration will need to be given to arrangements in York and North Yorkshire and the Humber, where ICS and MCA geographies are not coterminous.

As the only combined authority area in the North that currently has specific devolved investment and powers around healthcare, Greater Manchester offers some useful lessons for Yorkshire on how joint intelligence-gathering, strategy and governance can galvanise collaborative action within a place and deliver better outcomes for people and the economy.



“The Greater Manchester Strategy sets out our approach to the place as a whole. It defines a vision of “good lives for all” which all partners in the region work towards. Our health and care strategy is part of that. It’s based on six missions and the GMCA and 10 local authorities are crucial partners. Our Integrated Care Partnership Board is chaired by the Mayor of Salford, with representation from elected members from all 10 Greater Manchester local authorities, plus the Mayor of Greater Manchester, Andy Burnham.

“This governance model reflects the symbiotic relationship between the GMCA and local authorities and the NHS. We need to support each other: we need local government and the combined authority to help us deliver better health outcomes, while they need us to ensure the workforce stays healthy and, as the biggest employer in Greater Manchester, to support our staff and help address the cost-of-living crisis.”



**Paul Lynch, Director for Strategy and Planning
Greater Manchester Health and Social Care Partnership**



Conclusion



The pandemic has accelerated the health inequalities and economic underperformance that had held back Yorkshire and the Humber’s prosperity for decades. Now, the impacts of COVID-19 along with unprecedented pressures on the health service and public investment means that bold new ways of working are needed if we are to meet the challenges, and embrace the opportunities, of the near- and longer-term future.

The themes of **people, place, partnerships and purpose** together form the basis of an effective new model to respond to those challenges and opportunities.

This model has people at its heart and emphasises place-based policy and interventions as the most effective way of responding to the specific needs and characteristics of people and their communities. This is critical in enabling people to realise their potential and, in turn, make a fuller contribution to the economy.

The success of this people-focused, place-based approach will rely on strong, empowered and broad-based partnerships, regionally, locally and hyper-locally.

With the region functioning effectively as a microcosm of the national economy, Yorkshire and the Humber makes the ideal testbed for piloting measures that could ultimately be rolled out nationally.

Yorkshire brings distinct advantages that would give those initiatives the greatest chances of success. This includes significant health and life science employment and innovation, well-established partnerships

between public, private and university sectors at both the regional and MCA-levels, green spaces and cultural assets that provide ready opportunities to connect people with physical activity and mental wellbeing, plus geographic, economic and population diversity.

The recommendations below are rooted in the groundwork done in 2020, but more closely reflect where the region is today and the opportunities of the future, identified through our long-standing collaborative working with partners in the region and nationally, as well as the evidence gathered through this white paper. As in the 2020 report, there are recommendations here for both national and regional players.

What has also come to the fore through this white paper is the crucial role of business in supporting workforce and population health. We have therefore included recommendations for businesses who are based or operate in the region, and the development organisations and anchor institutions who can support businesses to play their full part in a healthy and economically vibrant region.

Putting in place our proposed new model for people-focused, place-based and partnership-driven working to improve health and economic outcomes will require action from all of these players.

The impact of this collective effort, however, will be a virtuous circle that ultimately benefits everyone: by investing in and creating the conditions for equitable health and economic prosperity, people will prosper personally and have better life outcomes. In turn, this will open up their opportunities and access to good, skilled employment, which will support the region’s and overall UK economic growth.



Our recommendations:

Recommendations at a national level:

- 1. Government should accelerate action against the health mission of its Levelling Up White Paper, ensuring that health is embedded as a key outcome across all government departments and within all government-led economic development investment.**

Enshrining within law the requirement for government to deliver positive health outcomes through the Levelling Up and Regeneration Bill has been an important step forward. Now, the government needs to commit the pounds and legislative action to make change happen, working closely with MCAs and other local and regional bodies. Any future government should re-commit to the 12 missions of the Levelling Up White Paper, which collectively provide a framework to address the long-term regional imbalances that have held back lives, livelihoods and productivity in Yorkshire and other regions for too long.

- 2. Government should also accelerate meaningful devolution of health investment and decision-making powers to the region's MCAs in response to locally determined need and opportunity, empowering local leaders to lead.**

These devolutionary powers should focus on greater empowerment of MCAs and their local partners. They should also include the freedom for MCAs to set their own investment priorities and targets for health-related interventions, corresponding to the specific characteristics of their places rather than nationally determined measures, and more flexible devolved investment to ensure the capacity and capability is there to deliver on those priorities.

- 3. Future central government investment in levelling up should include an appropriate level of revenue funding alongside capital investment so that local and regional partners can put in place targeted support to enable people from disadvantaged backgrounds to access and make the most of new facilities and infrastructure.**

This will ensure that capital projects deliver the biggest possible positive impact for local economies and communities, maximise returns on government investment, and help tackle health inequalities and related issues such as air quality and climate change that aren't prioritised within traditional HMT Green Book appraisal.

- 4. Government should continue to increase investment in health innovation and R&D in the region to maximise the opportunities of investment zones, Innovate UK-funded programmes and university-led initiatives to develop Yorkshire and the Humber as a nationally leading centre for health and life science innovation, able to compete globally for UK plc in terms of trade and investment.**

Consistent with the cross-departmental approach set out in the Levelling Up White Paper, government should consider where departmental funding from the Department for Levelling Up, Housing and Communities (DLUHC), the Department for Health and Social Care (DHSC) and higher education funding programmes can be aligned to support testbeds and other innovative proposals from regional partners that could be applied here and adopted and scaled up elsewhere.

- 5. The NHS and government should work closely with universities to address urgent barriers to meeting the targets in the NHS Long-Term Workforce Plan.**

This should focus on measures to address the recommendations put forward by Universities UK, including boosting student recruitment, improving training capacity, extending and diversifying placements and practice-learning, and tackling health student and early-career attrition. In Yorkshire and the Humber, ICSs should work with MCAs and other local partners to develop system-level responses to the Workforce Plan, which reflect local needs and respond to geographic inequity in training provision through reforms of education funding policy and the increased use of apprenticeships and blended learning opportunities.



Recommendations at a regional level:

- 6. Recognising the intrinsic link between good health, economic prosperity, environmental sustainability and other strategic drivers, MCAs should continue to build on efforts to more closely integrate health and economic growth, including health as a core outcome of growth plans for their respective areas and setting appropriate targets in response to locally determined health priorities.**

This should form the basis of future devolution negotiations with central government, enabling the region to put in place targeted interventions that respond to the identified needs of local communities.

- 7. The region's MCAs should continue to enhance collaboration with ICSs and with each other to jointly commission research and insights to inform effective public policy, making the most of regional assets such as universities as far as possible. This should include gathering evidence that enables Whitehall to better understand the impact of local interventions and why place-based, people-focused approaches deliver better outcomes.**

Such a collaborative approach will ensure MCA budgets for research and intelligence can go further by avoiding duplication, promoting a common understanding of issues and opportunities, and encouraging best practice-sharing across the region. As well as a regional approach to commissioning research and intelligence, regional bodies should also take full advantage of the emerging Northern Evidence Network, so that regionally commissioned research can focus on filling gaps in evidence at the regional and MCA levels.

- 8. MCAs, ICSs and anchor institutions across the region should make full use of their scale, networks and convening powers to bring together and empower broad coalitions of partners within their respective places, harnessing the full power of partnerships to achieve better economic and health outcomes.**

This should include building on the legacy of the region's local enterprise partnerships (LEPs) to develop the role of business in enabling population and economic wellbeing; supporting sports bodies and other organisations to strengthen their investment cases around the contributions they make to core regional priorities; working with partner local authorities to engage, involve and commission community-based organisations in developing and delivering interventions that reflect the needs and lived experiences of local people; and supporting education institutions and other organisations that work with young people to address the disproportionate impacts of the pandemic on our region's future workforce.

Recommendations for business:

- 9. All businesses – large and small – should recognise their ability to contribute positively to the health and prosperity of the population and take action to support their employees' health and wellbeing, taking advantage of available support and best practice where appropriate.**

In addition to specific health and wellbeing measures, businesses should consider how they are providing meaningful work that enable individuals to progress and prosper, how their EDI and talent development processes can create opportunities for under-represented groups and measures to enable young people to develop skills and access high-quality employment.

- 10. Larger businesses and other key employers, including anchor institutions, should adopt and amplify best practice in supporting employee wellbeing, setting action plans and targets and monitoring progress through ESG or other appropriate frameworks.**

Recognising their sphere of influence and the positive impact they can have beyond their own workforce, larger organisations should also use their scale and “amplifier effect” to drive responsible employee wellbeing practices through their supply chains, customer base and broader professional networks.

Next steps

This white paper, like our previous 2020 report, is intended as a starting point to bring together partners and agree collective action to close health and economic disparities within our region and between Yorkshire and national averages.

We believe it sets out potential solutions to address the challenges the region faces and that those solutions could be scaled up and applied in other parts of the country as well.

Yorkshire has many of the ingredients for success right here. Our long history of collaboration means that regional and local organisations are already coming together to develop shared visions and new ways of working.

This white paper sets out further recommendations for local and regional bodies to consider. However, there are also levers that national bodies – particularly government and the health service – can pull to truly empower local leaders to build on the good work that's already happening here.

Over 2024 and beyond, we will be creating opportunities for partners to come together to discuss the issues raised in that white paper and, crucially, agree action to move the recommendations forward.

Join the discussion on social media using #YHealth4growth

 www.yhealth4growth.info




About the report authors

Health Innovation Yorkshire & Humber

Health Innovation Yorkshire & Humber is one of 15 health innovation networks set up by NHS England to operate as the innovation arm of the NHS.

Across the country health innovation networks act as a bridge between health and care providers, commissioners, academia and industry. By connecting these sectors, they help to build a pipeline of solutions for the NHS from research and product development through to implementation and commercialisation.

Locally they work in partnership with their regional health and care community and develop projects, programmes, and initiatives that reflect the diversity and meet the needs of their local populations and health care challenges.

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Yorkshire Universities

Yorkshire Universities (YU) is a partnership of 12 higher education institutions in Yorkshire and the Humber. YU's mission is to maximise the contribution of higher education to the region, through collaboration, where this generates greatest impact and public benefit, and aspiration and opportunity are supported. YU is a unique partnership based on a shared commitment to improve the economic and social prosperity and wellbeing of people and places in Yorkshire and the Humber.

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NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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Endnotes

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