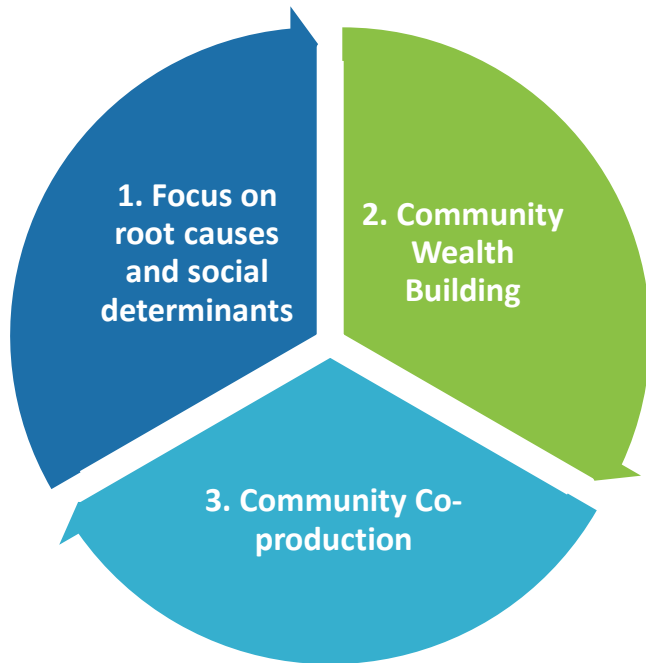
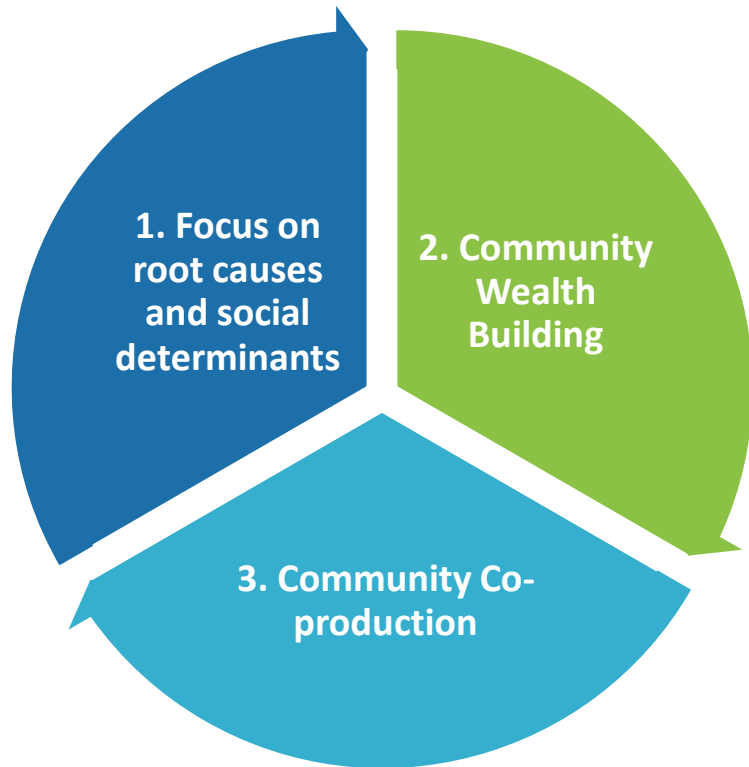


# Towards a Community Health and Wealth Building Strategy

**July 2024**



# Towards a Health and Wealth Building Strategy



- Why a Health and Wealth Building Strategy?
  1. Focus on Root Causes
  2. Community Wealth Building
  3. Community Co-Production
- How will we measure success?
- How will local people benefit?
- Timeline

# HDC Community Strategies

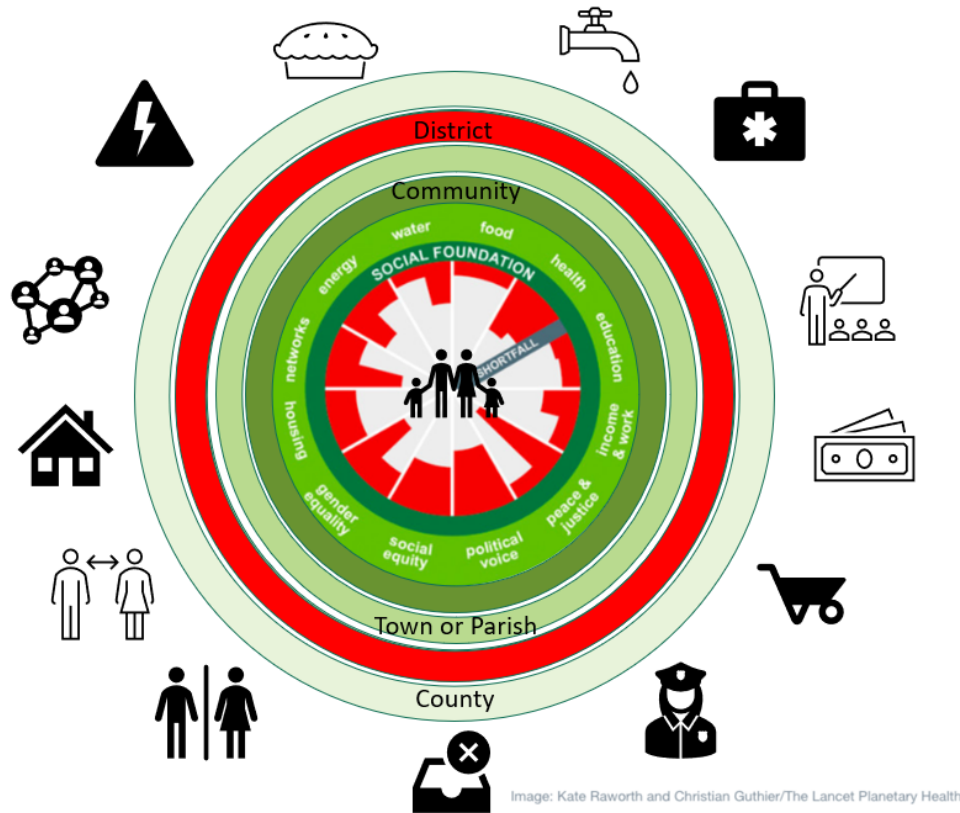


Image: Kate Raworth and Christian Guthrie/The Lancet Planetary Health

## Community “Transition Strategy”

Adopted October 2021

Focus on root causes and putting our resident at the heart of how we seek to deliver public services

Supporting residents out of the pandemic period

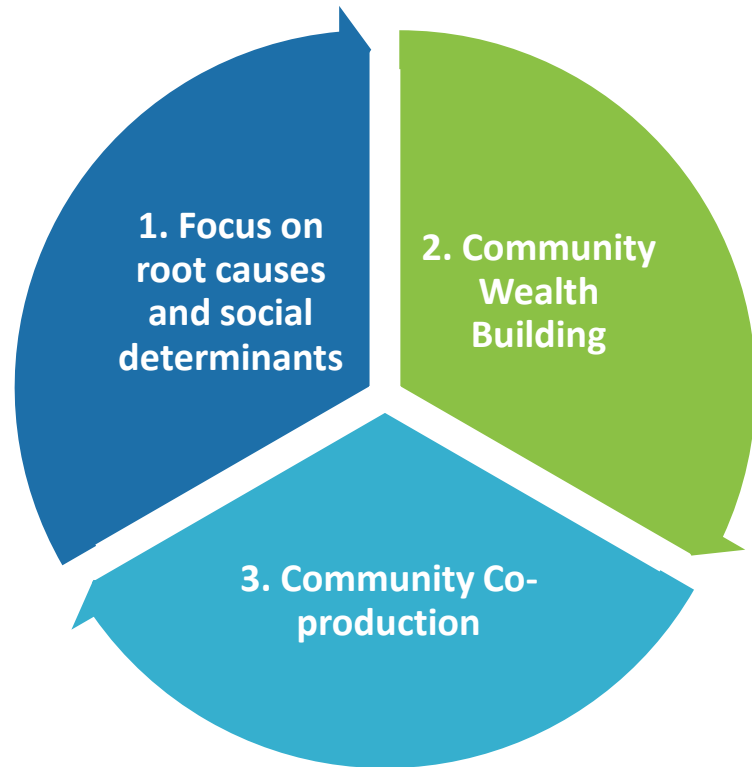
## Community “Health & Wealth Building Strategy”

In Progress

Take learning from the intervening years and use all leavers to maximise our contribution

Linking communities, health and community wealth building principles

# Why a Health and Wealth Building Strategy?



## At its heart it responds to three things:

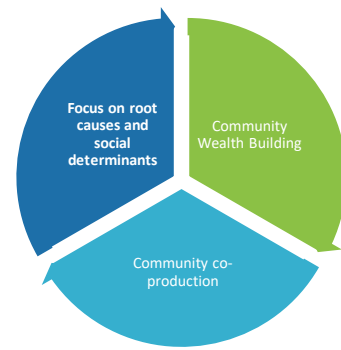
1. Common factors affect both the Health and Wealth of local people. This is focussing on common root causes.
2. The way our council works (alone and with partners) can maximise positive outcomes for local people. This is Community Wealth Building
3. Our residents are experts on the topic of their own lives. They must be at the heart of designing support that works in practice. This is Community Co-Production.

# 1. Focus on root causes and social determinants



Figure 1, Conceptual Framework: Social Determinants of Health - Artificially Intelligent Social Risk Adjustment: Development and Pilot Testing in Ohio - NCBI Bookshelf ([nih.gov](https://pubmed.ncbi.nlm.nih.gov/))

# Three areas account for over 2/3 of the root causes of health issues



## Employment and skills



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status



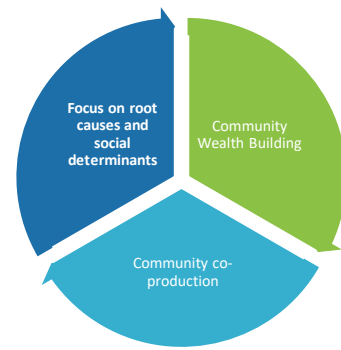
# The financial case

## Costs due to working age ill-health (Black Review)

*Working for a Healthier Tomorrow* provides estimates the costs of all working age health in the UK, which are reproduced on the right.

- The cost of lost production is £63bn. We have not included sickness absences since, unlike long-term disability, we have no data which would indicate the proportion of this cost that is due to health inequalities.
- The cost to the government from both increased benefits and lost taxes is between £57bn and £65bn. The costs to the NHS of health inequality are not included in our calculations.





# Three areas of alignment

## 1. Employment and skills

- Evidence shows the more you earn the longer you live and the happier you are. It also impacts on success of children in the household.
- Employment is also key driver of housing affordability
- Local employment links to our **economic development** function and critically **NDR** receipts

## 2. Physical activity

- Physical activity is a key prevention tool in terms of health, mental health, social connection and keeping people fit for work.
- Ties to our **leisure** and **open space** services and offers a mutually beneficial link back into **usage and income** for these services

## 3. Social connection

- Well-connected areas tend to be happier and more successful and people in them thrive
- How we deliver this work will either support and nurture social connection through enabling **communities** or not. We believe this is a key outcome that we can support and deliver activity.





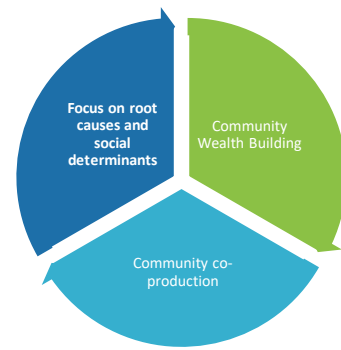
# Three areas of alignment

1. Employment and skills
2. Physical activity
3. Social connection

**All three link our core offer, Place Strategy objectives and Corporate Plan priorities.**

**Improvements in all three benefit local people and HDC.**

## 2. Community Wealth Building



Public sector organisations have a major impact on the wealth of local people. We influence by how we:

- Employ people
- Buy things (and who we buy things from)
- Use our land and assets
- We make decisions and deliver things

Our council and our peers have the potential to significantly contribute to outcomes that we want for residents. Positive outcomes will also reduce demand and/or increase the success of our district.

Community Wealth Building offers an approach to maximise the local impact of how we as public sector organisations operate to “enable” community outcomes.

# Pillars of community wealth building

- Progressive procurement of goods and services
- Socially productive use of land and property
- Fair employment and just labour markets
- Making financial power work for local places
- Plural ownership of the economy



# Preston – developing an anchor approach



- Increased total spend by anchors
- £70m more for city economy
- £200m more for regional economy
- Created 1,600 more jobs
- 4,000 more people being paid the real living wage
- Food co-op and tech co-ops supported by anchors
- Using local pension funds to invest in local area
- Local at municipal energy
- Preston has moved up deprivation index
- Most improved place to live in UK

# Many local opportunities to take action

<b>CWB Pillar</b>	<b>What we already have planned</b>	<b>Challenges in the public sector system</b>	<b>Opportunities for us and our residents</b>	<b>Why would a Hunts resident care?</b>	<b>What would we need to do?</b>
<b>Progressive procurement of goods and services</b>	1. Social value policy review	How to deliver community outcomes with limited capacity	7% of HDC spend is within Hunts. Could generate £XXm of local contribution.	Jobs for local residents.	4. Invest in progressive procurement and work with partners.
<b>Socially productive use of land and estate</b>	OPE Development of housing	Housing availability	3. Rebuild of H'brook Hospital A428, EWR.	Housing supply More pleasant place	6. Enhanced land holding review and approach.
<b>Fair employment and just labour markets</b>	Apprentices 1. Continue toward employer of choice	NHS workforce strategy. Extensive use of locums. Social care workforce Food waste work	Linking of local jobs to residents who will benefit A428, EWR build. Leisure build.	More local jobs. Delivered by local people.	5. Develop employment pathways with partners for our residents.
<b>Making financial power work for local places</b>	1. CIS review & CIL refresh	Inequality and housing affordability	CIS reserve and partner investment approaches & local pension fund		6. Influence investment of local Pension & inv funds
<b>Plural ownership of the economy</b>		CCC are pursuing in social care	Support of CIC's and Co-ops		

# Our proposed areas of focus

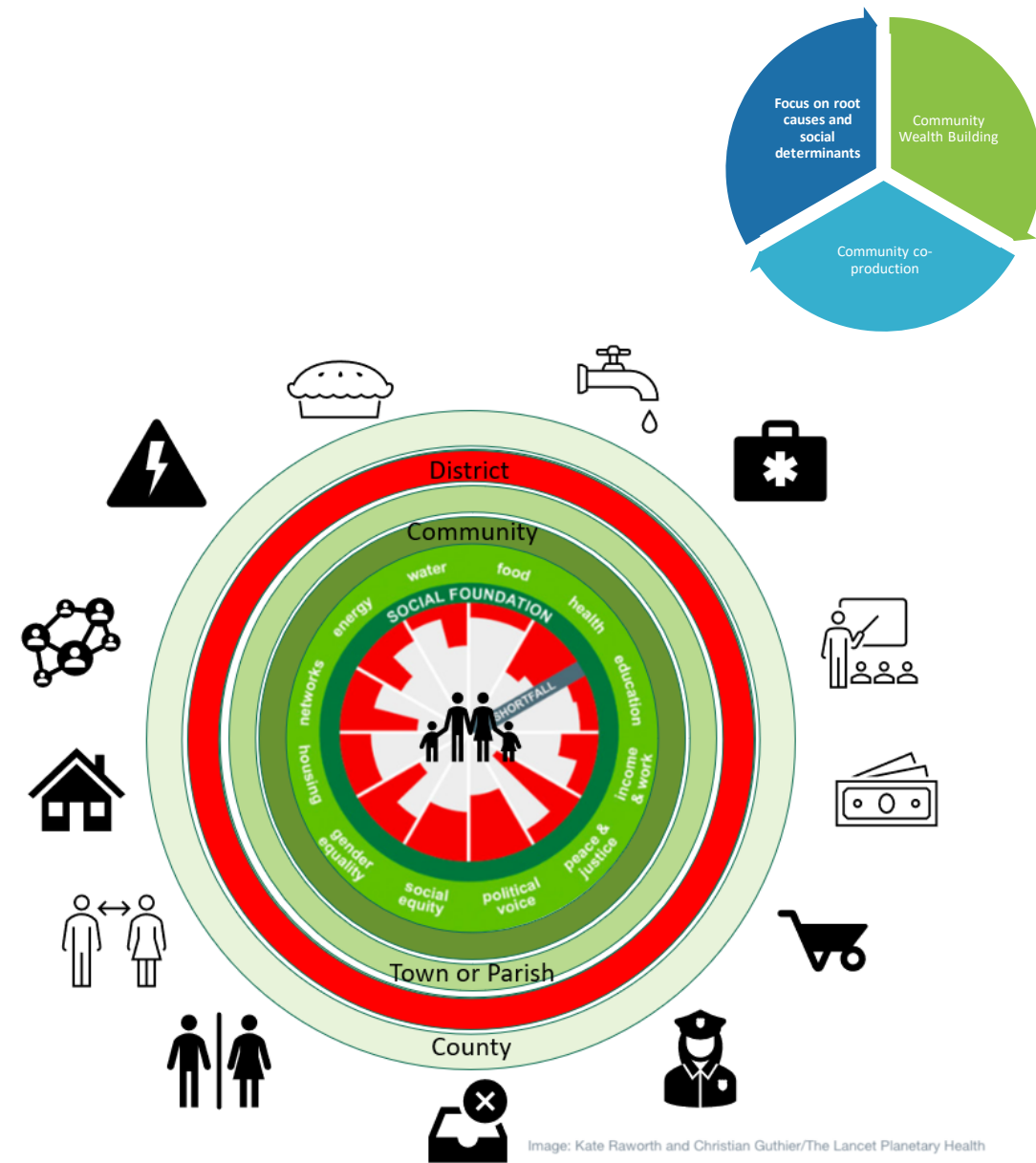
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### 3. Community Co-production

Place residents at the heart of decision making and shaping local solutions.

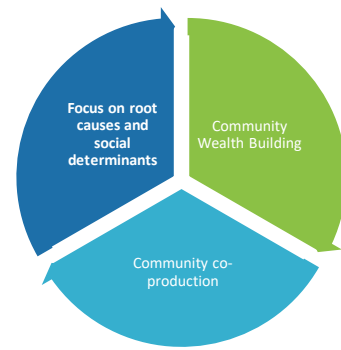
We will work with local people to:

- understand what is needed to improve local health and wealth
- provide practical support that helps in real world situations

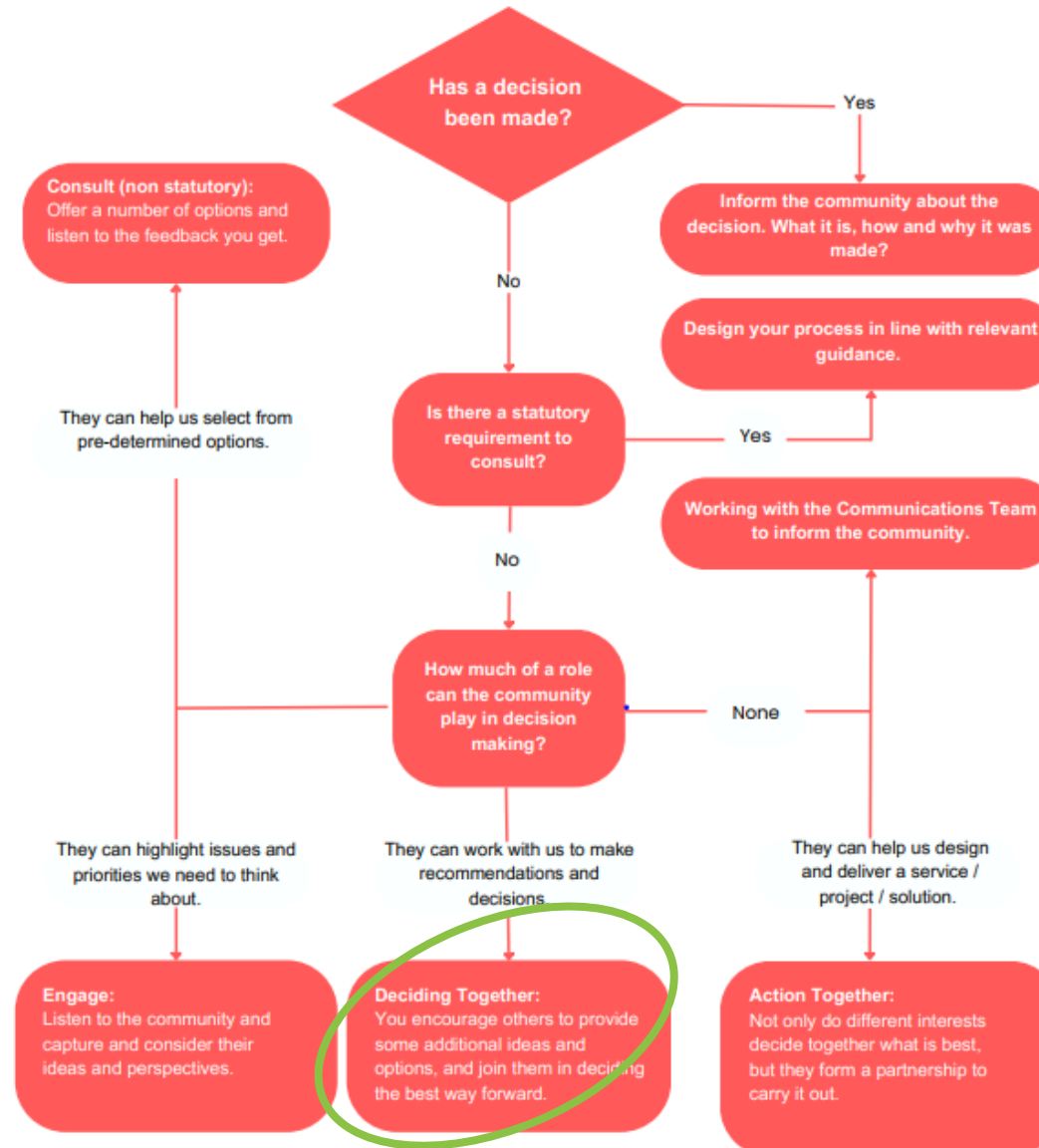




# Our HDC Engagement Principles



## FINDING THE RIGHT OPTION



# Deciding Together



We will ask local focus groups to help us develop the Community Health and Wealth Building Strategy. We commit to:

- Placing our residents' voice at the heart of strategy development
- Giving members confidence that community opinion informs decision-making
- Providing space and time for focus groups to hear evidence about the underlying issues
- Listening to feedback from focus groups on the most effective and practical support our council can provide

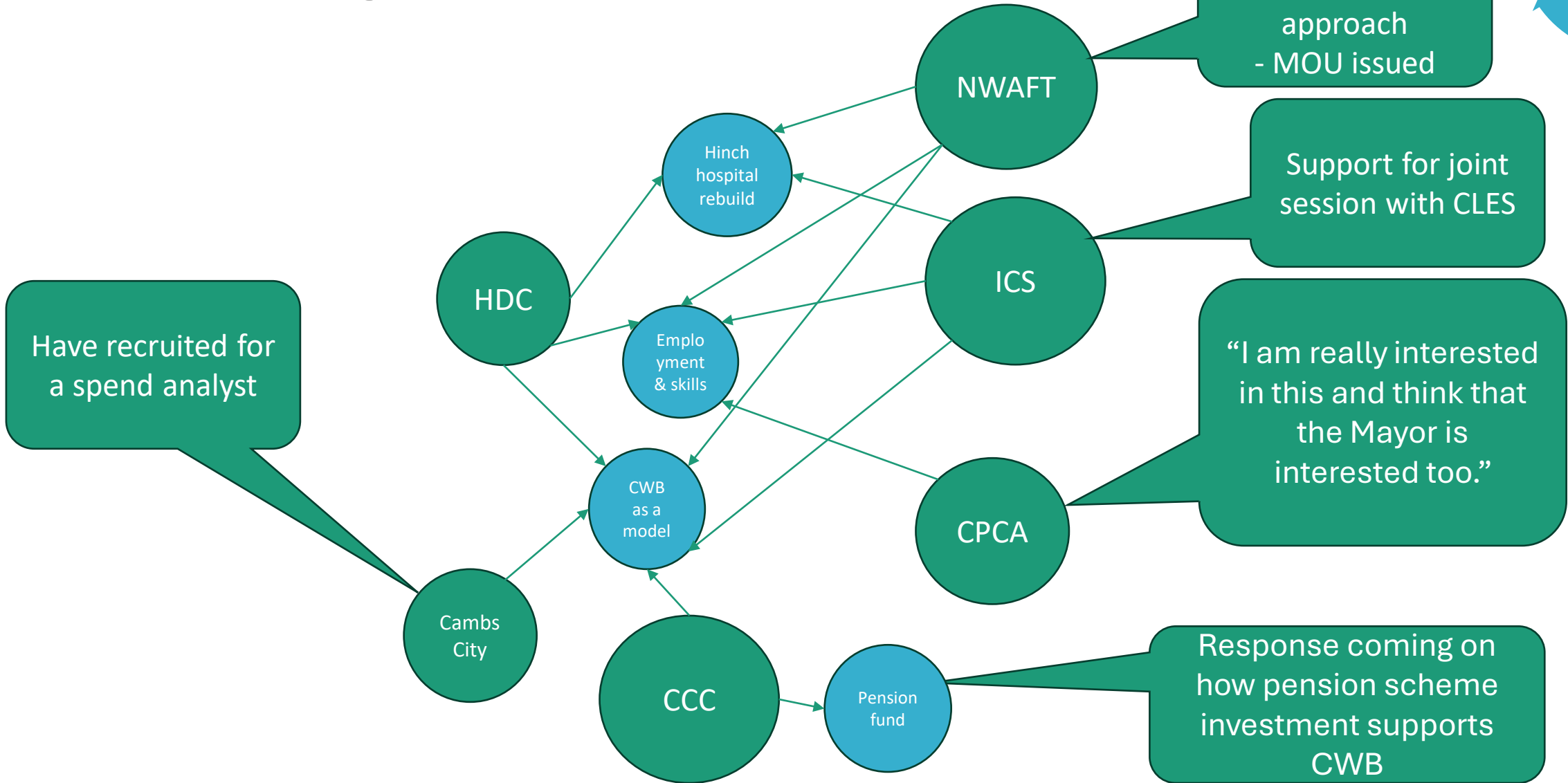
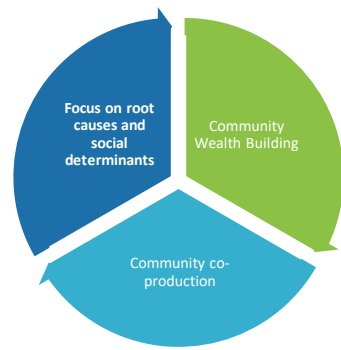
# Community co-production



We will hold a series of community co-production workshops with a representative group of our residents to ask **“what can be done in Huntingdonshire to improve quality of life for local people?”**

- Targeted workshops on how to support and address barriers in terms of
  - Employment and skills
  - Physical activity
  - Social connection
- Focussed activity for certain communities
  - Older people
  - Rural communities
  - Urban communities
  - Disabled residents
- We will also use digital platforms to enable general input and feedback.

# Working with Partners



How will we  
measure  
success?

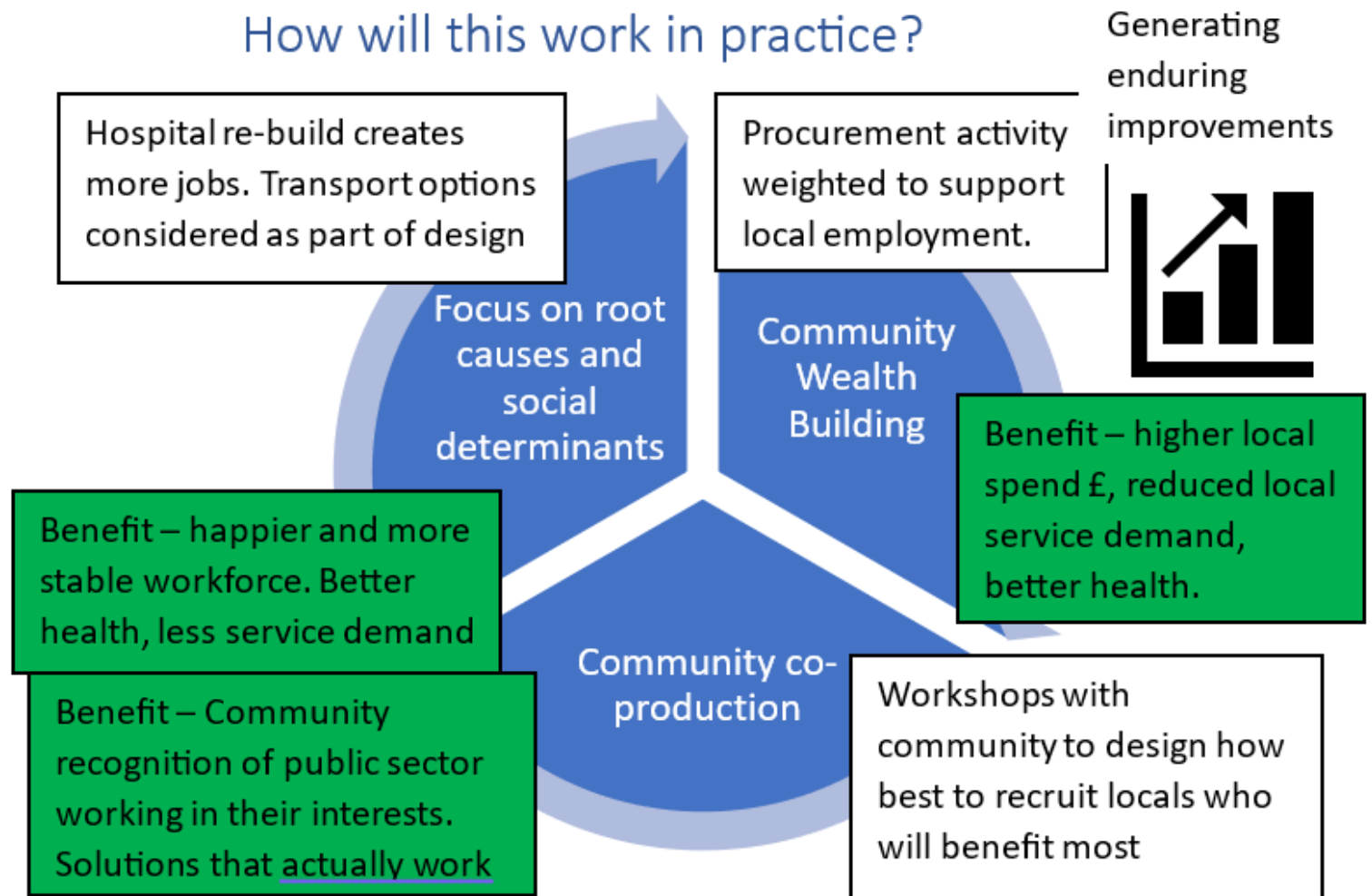
# What could success look like for residents?

- **They will see our council focussing on factors that improve quality of life including:**
  - employment
    - average household income
  - physical activity
  - social connection
- **They will see more services delivered in a way that makes sense to residents**
  - Common sense service delivery - More integrated services, with a single front door.
- **They will see more local people gaining local public sector jobs**
- **They will see an increase in the council's spending with local businesses and supporting more local jobs**
- **They will see improved quality of life**
- **They will see our council's openness and transparency**

How will local people benefit?

# Hinchingbrooke Hospital Rebuild

How will this work in practice?



# Scenario – Young People



**Context** - As a District Council we have limited visibility and contact with young people. However, there are over 30,000 under 15's in the area, and as the future workforce and residents understanding their needs and better supporting these will be critical.

- 1. Employment and skills** – Ensuring young people are prepared for the needs of the future economy and supported to transition to meaningful employment does not happen by accident.
- 2. Physical activity** – Poor mental health is a growing issue for young people. Physical activity both improves mental health, but also supports good outcomes, and supports social connections within communities
- 3. Social connection** – Retaining young people in the area is key to our future success, vibrant communities support this and play a key role moving forward.



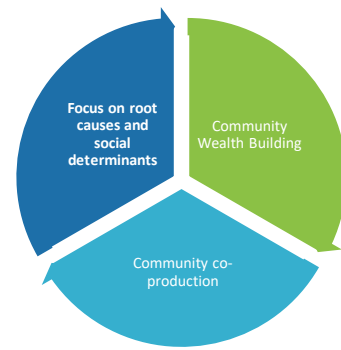
# Scenario – Older People



**Context** - As a District the census shows we have seen our over 65 population grow by a third, and our over 75 population is forecast to double over the next 20 years. The specific needs of this group, and the likely changing financial position of this demographic group over time will be critical to understand and support.

- 1. Employment and skills** – As an area with a high proportion of older people with significant professional skills, opportunities exist to ensure the area benefits from their skills through volunteering, mentoring and skills transfer, that would likely create a sense of worthwhile contribution for volunteers.
- 2. Physical activity** – Frailty is a growing challenge for local residents. Lifelong exercise supports both social connection, but also reduces the risk of expensive and personally damaging crises, by supporting independence.
- 3. Social connection** – The social networks and physical connectivity of residents will dictate how connected they are, reducing the significant risks of isolation.

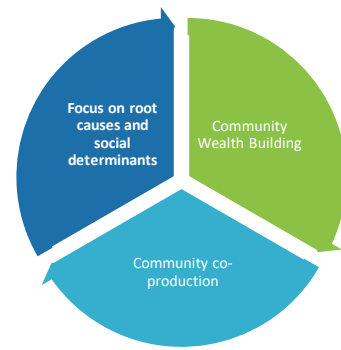
# Scenario – Unemployed person



**Context** – As an area, our unemployment levels remain low at 2.3%, however this level remains 50% over the pre-Covid level, and high in historic terms for the area. Increasing the amount of, and quality of employment, will support the development of career pathways, and can reduce the recruitment costs of local institutions.

- 1. Employment and skills** – Work impacts health significantly. The most significant health intervention is likely to be a purposeful role. It is well stated that the needs of the job market are changing. How future employees are identified, attracted, and linked to skills and roles will grow in importance. Public sector skills pathways can benefit everyone.
- 2. Physical activity** – Can help address the barriers and confidence challenges to finding work, but leisure and sport are also significant employment clusters in their own right.
- 3. Social connection** – Volunteering both gives back, but also builds skills, and creates employment histories to support recruitment and employment.

# Scenario – Local Business



**Context** – Across health, council, blue light and education providers we spend millions of pounds on goods and services every year. Local businesses are far more likely to employ local people, pay local tax, and social value activity is likely to be more impactful. We need to cost the benefits of any additional financial costs, against the economic and social benefits of the programme.

- 1. Employment and skills** – Small increases in % of local spend will deliver significant investments in the local economy. Over ten years Preston generated £70m more spend in the Council area with such an approach. We can support this via local procurement meetings etc.
- 2. Physical activity** – Being a good employer is about looking after the wellbeing of your staff, not just pay. The CPCA’s workforce charter, and potential for areas like corporate leisure memberships can support this.
- 3. Social connection** – The role of businesses to engage with schools, support community groups and engage with businesses, will provide community pay back but can also play a part in ensuring local residents buy local and support local businesses.



# Scenario – Local public sector partner

**Context** – All local public sector agencies have commitments to outcomes for residents and the area, whether they be about health, quality of life, educational attainment or economic success. These same organisations own the risk in terms of demand if these issues are unresolved, influencing these outcomes in terms of how they run their businesses therefore makes sense.

- 1. Employment and skills** – There are examples locally of large spend through agencies, or indeed even importing skills from overseas to fill workforce gaps locally. Taking local residents who already live in the area and supporting them to employment, is also likely to help with retention as people are more rooted and committed to areas.
- 2. Physical activity** – The significant community benefits of our large leisure and open spaces offer is recognised by partners and we are keen to quantify this financially.
- 3. Social connection** – Public sector workers who are based in the local area will also benefit from increased local knowledge understanding of the local context and service landscape and be able to deliver better services to residents.

## Timeline

# Towards a Community Health and Wealth Building Strategy

1. Scrutiny – Principles paper 11<sup>th</sup> July – Early engagement and input
2. Strategy development over Summer
  - Public engagement – “Community co-production”
  - Partner workshops
  - Development of proposals on HDC specific activity – progressive procurement etc.
  - Development of strategy for review
3. 5<sup>th</sup> September Scrutiny
  - Community Health and Wealth Building Strategy presented for debate
4. 10<sup>th</sup> September Cabinet