Healthy lives strategy
Resources guide

The
Health
Foundation

Contents

About this resource guide

During 2017, the Health Foundation will begin to implement a long-term strategy that aims to bring about better health for people in the UK (see *Healthy lives for people in the UK* for more detail).

The aims of the Health Foundation's strategy are to:

- change the conversation so the focus is on health as an asset, rather than ill health as a burden

- promote national policies that support everyone's opportunities for a healthy life

- support local action to address variations in people's opportunities for a healthy life.

The strategy has been developed through extensive formal and informal engagement with multiple stakeholders. This engagement has highlighted that the impact of our strategy will not rely on simply 'what' the Foundation chooses to focus on as much as 'how' we approach the challenge.

Drawing on the insights gathered so far, we have identified eight themes to guide our strategy to improve people's health in the UK. Throughout 2017 we will be:

- adopting a social determinants of health approach

- taking a systems approach

- seeing health as an asset

- working across sectors

- using the principles of co-creation

- shifting habits and norms

- building the evidence base

- mobilising wider resources.

In the course of developing the themes that guide our strategy we have come across a number of useful resources and case studies. This document brings them together as background to our thinking, which was also informed by a series of briefing papers prepared by C3 Collaborating for Health. These papers are available at: **www.c3health.org/c3activities/documents**.

This guide was compiled by Natalie Lovell and Sarah Lawson.

Join us on our journey

If you would like to share further resources or have any queries, please email our health team at: healthteaminbox@health.org.uk

The following icons are in use throughout this guide

Journal/text/report

Resource guide

Resource tool

Case study

Other online resource

Defining health and its determinants

Health

Finding a definition of the term 'health' that captures the current breadth of interpretations and understanding is surprisingly challenging. A common reference point is the 1948 World Health Organization (WHO) definition of health: 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'.[1] This definition introduces the psychological and social dimensions of health, moving beyond the medical model. It is attractive in its ability to simplify the concept of health into a concise definition and is therefore a useful point to build from.

Alternative definitions have since been developed, each progressing the understanding and interpretation of the factors that shape health. Although the Health Foundation acknowledges there are a number of lenses through which health can be viewed, our strategy to bring about better health for people in the UK is influenced by the social determinants model, as illustrated by the work of the WHO[2] and the Institute of Health Equity[3] on the social determinants of health. Through this model, it is apparent that in order to improve health, it is essential to act on the socially patterned 'causes of the causes'.[4]

Differences in the underlying determinants of health contribute to health inequalities. The 2010 Marmot Review recommended six policy objectives to reduce health inequalities in England:

- Give every child the best start in life.

- Enable all children, young people and adults to maximise their capabilities and have control over their lives.

- Create fair employment and good work for all.

- Ensure a healthy standard of living for all.

- Create and develop healthy and sustainable places and communities.

- Strengthen the role and impact of ill health prevention.[5]

These policy recommendations represent action on the wider determinants of health: the political, social, economic, environmental and cultural factors that shape our health and its distribution.

---

1   Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946, signed 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, No 2, p100) and entered into force on 7 April 1948.

2   World Health Organization (WHO). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Geneva: WHO; 2008. Available from: www.who.int/social_determinants/thecommission/finalreport/en/

3   Institute of Health Equity. Available from: www.instituteofhealthequity.org

4   The term 'causes of the causes' refers to the underlying causes of health problems and originates from British epidemiologist Geoffrey Rose's 1985 paper Sick individuals and sick populations. Available from doi: 10.1093/ije/14.1.32

5   Marmot M. *Fair Society, Healthy lives*. The Marmot Review; 2010. Available from: www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Wellbeing

Related to health, the concept of 'wellbeing' is also an evolving one with a variety of definitions. The What Works Centre for Wellbeing believes 'wellbeing, put simply, is about "how we are doing" as individuals, communities and as a nation and how sustainable this is for the future… [the centre] define[s] wellbeing as having 10 broad dimensions which have been shown to matter most to people in the UK… The dimensions are: the natural environment, personal well-being, our relationships, health, what we do, where we live, personal finance, the economy, education and skills, and governance.'[6] This definition is based on a national debate run by the Office for National Statistics (ONS).[7]

How the determinants of health and wellbeing are defined and translated into action continues to develop. Through the Health Foundation's emerging work programme we aim to make a valued contribution to the health and wellbeing of the UK.

The Foundation is well positioned to provide a holistic voice on health: one that is neither disease-specific nor confined to one social determinant. This is particularly important given the common clustering of these social determinants and associated manifestations of ill health.

6   What Works Centre for Wellbeing. *Wellbeing*. Available from: https://whatworkswellbeing.org/wellbeing-2
7   Office for National Statistics (ONS). *Measuring What Matters: National Statistician's reflections on the National Debate on Measuring National Well-being*. ONS; 2011.

Useful resources

Michael Marmot's *The Health Gap: The Challenge of an Unequal World*

Norman Sartorius' paper The Meanings of Health and its Promotion in the *Croatian Medical Journal*:

www.ncbi.nlm.nih.gov/pmc/articles/PMC2080455

The Lancet editorial What is health? The ability to adapt:

www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60456-6

The What Works Centre for Wellbeing:

https://whatworkswellbeing.org

Geoffrey Rose's 1985 paper Sick Individuals and Sick Populations in the *International Journal of Epidemiology*:

http://ije.oxfordjournals.org/content/14/1/32.full.pdf+html

Health Affairs' *Health Policy Brief: The Relative Contribution of Multiple Determinants of Health Outcomes*:

http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicy brief_123.pdf

University College London's Institute of Health Equity:

www.instituteofhealthequity.org

The WHO's 2008 F*inal Report of the WHO Commission on the Social Determinants of Health*:

www.euro.who.int/en/publications/abstracts/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report

Michael Marmot's 2010 *Fair Society Healthy Lives: The Marmot Review*:

www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

The Department of Health and Social Security's 1980 Black Report – *Inequalities in Health: Report of a Research Working Group:*

www.sochealth.co.uk/national-health-service/public-health-and-wellbeing/poverty-and-inequality/the-black-report-1980

Making improvements in complex systems

Overview

The challenge of making improvements in complex systems and translating successful action to different settings is attracting increasing attention in the field of public health. For example, the *Foresight obesity system map* (see Figure 1 on page 9) illustrates the complex interactions of factors that influence obesity.[8] No single action would be sufficient to reduce the prevalence of obesity, and action in one area may trigger either beneficial or deleterious changes in another part of the system – a systems approach is therefore required.

The variable success of initiatives in different settings – as shown by the cycle hire scheme example below – highlights the limitations of focusing on the intervention at the expense of understanding the complex system within which it operates.

Case study: Cycle hire in London

The importance of taking a systems approach is well illustrated in the provision of bicycles for hire in London. Despite the scheme having been shown to have a positive impact on overall health,[9] it has not yet been replicated as successfully elsewhere in the UK.

This can be understood by recognising that the scheme's success in London is not simply because of the widespread access to affordable cycle hire (the structural aspects of the scheme). Rather, the environment in which the cycle hire scheme operates creates a set of conditions that positively reinforce cycling. These conditions include the provision of cycle routes, the large number of people wishing to make short journeys, the relatively dry weather and flat roads. Eventually, as more people use bikes in the city environment, other traffic users moderate their behaviour, making cycling safer.
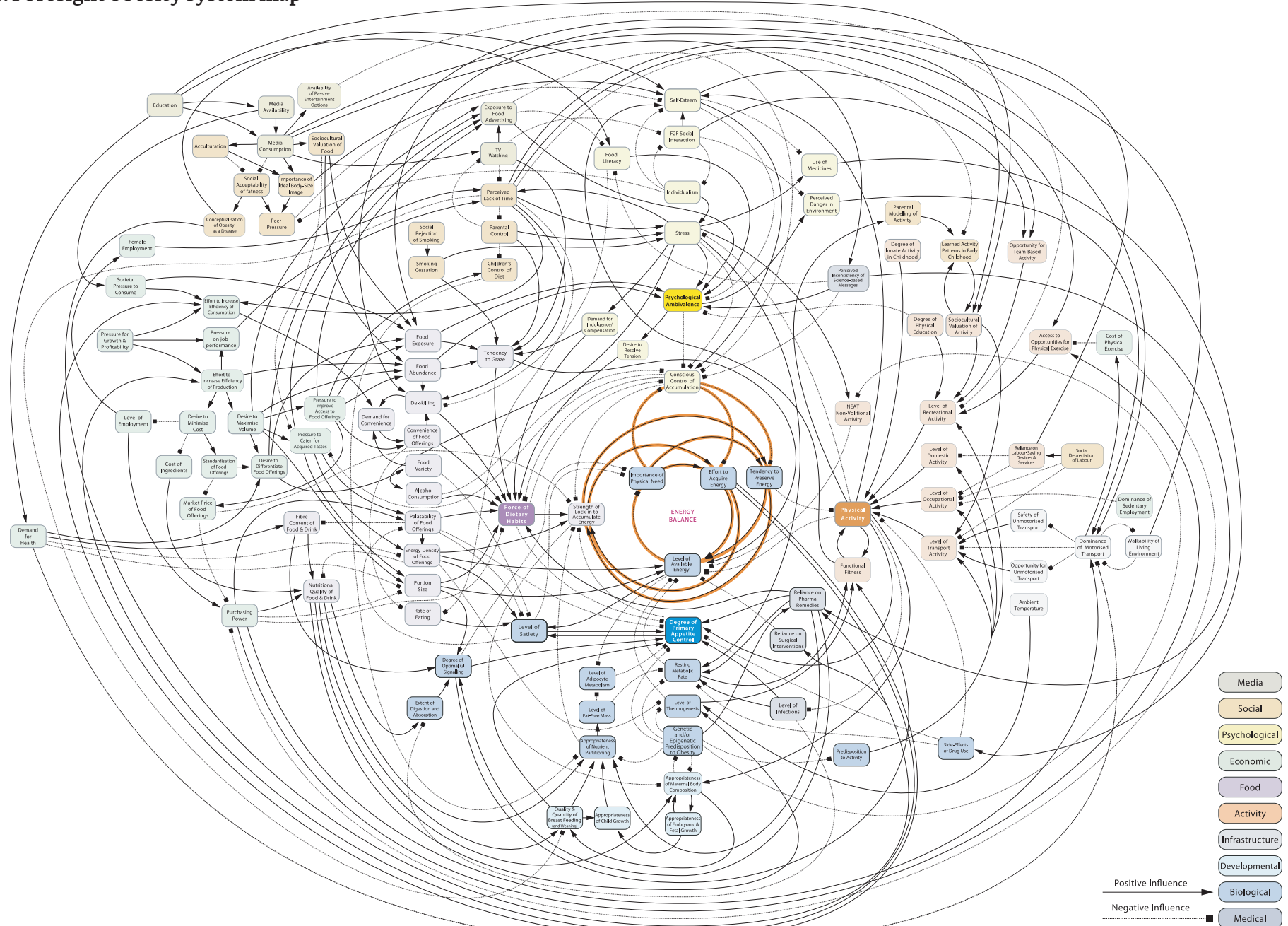
The limited success of cycle hire in towns and cities outside of London, including Dumfries' 'Bike2Go' scheme, may be a result of differences in these conditions.[10] Thus, replicating the scheme (or any intervention that operates within a complex system) without adapting to the different context and system factors in play is unlikely to lead to comparable results. However, modifications and adaptations – such as the introduction of electric cycles in areas with hillier terrain – may increase their success.

---

8   Government Office for Science. *Foresight obesity system map*. London: Government Office for Science; 2007. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/296290/obesity-map-full-hi-res.pdf

9   Woodcock J, Tainio M, Cheshire J, et al. Health effects of the London bicycle sharing system: health impact modelling study. *BMJ*. 2014; 348: g425. Available from doi: www.bmj.com/content/348/bmj.g425.long

10   BBC News. *Dumfires Bike2Go scheme mothballed by council*. 19 April 2016. Available from: www.bbc.co.uk/news/uk-scotland-south-scotland-36071874

Figure 1: Foresight obesity system map

Legend:
- Media
- Social
- Psychological
- Economic
- Food
- Activity
- Infrastructure
- Developmental
- Biological
- Medical

Positive Influence →
Negative Influence ⊣

Useful resources

The Robert Wood Johnson Foundation (RWJF) applies complex systems thinking to its work, and supports projects and publications in this area. For example:

- Causal thinking and complex system approaches to epidemiology in the *International Journal of Epidemiology*:

  http://ije.oxfordjournals.org/content/39/1/97.full

- Complex systems thinking and current impasses in health disparities research in the *American Journal of Public Health*:

  http://ajph.aphapublications.org/doi/10.2105/AJPH.2011.300149

Lankelly Chase's *Theory of Change* – a theory of change that identifies changes at the systemic, structural and cultural level to help improve the quality of life of people most exposed to social harm:

http://lankellychase.org.uk/wp-content/uploads/2015/12/LCF-Theory -of-Change.pdf

New Philanthropy Capital's *Systems change: a guide to what it is and how to do it* – an exploration of the literature on systems thinking:

www.thinknpc.org/publications/systems-change

Grantmakers for Effective Organizations (GEO) and Management Assistance Group's *Systems Grantmaking: Resource Guide* – a web-based resource guide to help grant making organisations influence change at the systems level:

http://systems.geofunders.org

Better policymaking to create health

Overview

The scope for improving and maintaining health through action beyond health and care systems is considerable and there are many examples where governments – national and local – are maximising these opportunities. The following section is split into two subsections: in the first, it examines examples of a health in all policies approach to public health; in the second, it highlights the benefits of health impact assessments.

Health in all policies

The greatest health challenges – for example, non-communicable diseases, health inequities and inequalities, climate change and spiralling health care costs – are highly complex and often linked to the social determinants of health. Just one government sector will not have all the tools, knowledge or capacity, let alone the budget, to address this complexity.

The Local Goverment Association (LGA) has developed a manual to support a health in all policies (HiAP) approach. This sets out a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas.

The LGA's *Health in All Policies: a manual for local government*:

www.local.gov.uk/documents/10180/7632544/1.4+Health+in+ALL+ policies_WEB.PDF/b21cf56f-403e-45c4-8a29-2c96df48acdb

Case study: Luton Borough Council

In Luton, where the gap in life expectancy between those living in the most and least deprived areas has been widening for both men and women, the council has embraced a HiAP approach to combat health inequalities, having recently published the *Luton Health Inequalities Strategic Plan*. The plan aims to focus on prevention and early intervention through social determinants such as education. For example, utilising the pupil premium effectively (additional funding for disadvantaged students) and an apprenticeship scheme to encourage employers to offer apprenticeships. Luton Borough will strengthen its impact assessment process to ensure health impacts of policies are considered. An investment framework has also been developed, which aims to improve economic prosperity and build skills and employment opportunities.

The *Luton Health Inequalities Strategic Plan 2015–2020*:

www.luton.gov.uk/Health_and_social_care/Lists/LutonDocuments/PDF/Health %20inequalities%20strategic%20plan.pdf

Case study: Coventry Local Authority – A Marmot City

Coventry is one of several 'Marmot Cities', a group of English local authorities with a priority to collaborate with multiple partners and services – and embed the principles of the Marmot Review into their policies – in order to reduce health inequalities and improve everyone's health outcomes.

Coventry has used an assets-based approach[11] and successfully managed to ensure health is a priority not just for those working in the NHS and public health, but for everyone who works to improve people's lives, including but not limited to those in the police service, the fire service and the voluntary sector.

As a result, the police service in Coventry understands the connection between health and social issues in deprived communities and is taking a coordinated approach to tackle risk factors such as drugs and alcohol. The fire service recognises that issues such as poor housing, low education and poor health can lead to increased fire risk, and is targeting support towards high risk groups, as well as raising awareness and knowledge among its employees of dementia and domestic violence.

In terms of infrastructure, cycle routes have been built in areas where they will have greatest public health benefit, rather than where they might be used the most. To encourage job creation, Coventry is working increasingly with the private sector and businesses.

Despite a context of spending cuts and welfare reforms, the city has experienced success: there has been an increase in people from deprived communities accessing stop smoking services and health checks, improvement in school readiness at age five, improvement in life satisfaction and job creation, as well as a decline in crime in priority areas.[12]

For more information see Coventry's *Making a difference in tough times* report:

www.coventry.gov.uk/downloads/file/16043/coventry_a_marmot_cut_-_making_ a_difference_in_tough_times

---

11   The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health, and foster communities and networks that sustain health. For more information see Rippon S, Hopkins T. *Head, hands and heart: Asset-based approaches in health care*. London: the Health Foundation; 2015. Available from: www.health.org.uk/sites/health/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf

12   Coventry City Council. *Key changes in Public Health Outcomes for Coventry.* Available from: www.parliament.uk/ documents/commons-committees/Health/Written%20evidence/Coventry-City-Council-(PHP0137).pdf

Case study: Miami-Dade County, US

Miami-Dade County in Florida, US, has a population of 2.7 million encompassing 79 different cultures. It is focusing on prevention and the social determinants of health. A unique consortium was created in 2003, alongside programmes targeting areas including early years development, healthy menu options in restaurants, physical exercise and the development of green spaces. The Consortium for a Healthier Miami-Dade County supports programmes addressing the social determinants of health and has achieved considerable scale and breadth in its cross-sector collaboration. The success of the consortium is partly due to its 900 members and 300 partners from different sectors – from government agencies to city planners, non-profit organisations to insurers – that enable it to effectively take action on the wider determinants of health.

More information is available at:

www.rwjf.org/en/library/collections/coh-prize-winners/2016-winner-miami-dade-fl.html

Case study: Sweden

Sweden is often cited as an example of a country with strong social protection policies. The country is taking action to implement the recommendations of the WHO Commission on the Social Determinants of Health and, in 2015, set up the Swedish Commission on Equity in Health. This was tasked with applying a cross-sectoral social determinants perspective to help reduce health inequalities and to raise awareness of health inequalities in society and among stakeholders.

The Swedish Association of Local Authorities and Regions is encouraging its members to take action on the social determinants of health. For example, Götenborg has set up a city commission with a focus on inclusion, health equity and sustainable development. The scale of Götenborg's community engagement stands out – one of the city commission's conferences was attended by 1,100 people. Michael Marmot has pointed out that this would be the equivalent of 11,000 attendees for a population the size of London.[13]

More information on Sweden's social determinants approach to health:

www.who.int/social_determinants/thecommission/countrywork/within/sweden/en/

---

13   Marmot M. *The Health Gap: The Challenge of an Unequal World*. London: Bloomsbury Publishing; 2015.

Health impact assessments

What is a health impact assessment?

The WHO defines a health impact assessment (HIA) as 'a combination of procedures, methods and tools used to evaluate the potential health effects of a policy, programme or project.'[14]

For more information about health impact assessments:

www.who.int/hia/examples/en

Case study: Liverpool Public Health Team

The Liverpool Public Health Team's HIA of its 2014–26 Cycling Strategy used the social determinants model of health in its analysis. The assessment looked at the evidence underlying the potential impacts of the Cycling Strategy, focusing on the wider determinants of health and breaking the evidence down by theme: personal impact (eg social inclusion), environmental impact (eg air quality) and societal impact (eg community cohesion).

It highlighted some of the barriers, both personal and environmental, that prevent people from beginning to cycle (eg confidence, perception of the social norm and safety), as well as possible ways of overcoming these issues. For example, concerns over safety might be addressed through increasing cycle lanes, signage and lighting.

The assessment concluded that the Cycling Strategy was likely to have a positive impact on the population of Liverpool and made various recommendations including:

- the need for further evaluation

- local level research into barriers to cycling in different population groups

- the development of a multi-departmental working group to ensure policies are focused on cycling (for example in urban design).

For more information about the Liverpool Public Health Team's HIA:

www.liverpool.ac.uk/media/livacuk/instituteofpsychology/researchgroups/impact/Cycling,Strategy,Health,Impact,Assessment,,2013.pdf

---

14   World Health Organization (WHO). *Health impact assessment*. Available from: www.who.int/topics/health_impact_assessment/en/

Case study: Oregon Health Authority, US

In the US, at the Oregon Health Authority in Curry County, a HIA was used to understand the potential health impacts of a pilot programme. The programme aimed to provide financial assistance to help residents living in poor quality, pre-fabricated housing to repair or replace their homes. The assessment demonstrated that the programme had the potential to have a positive impact on health determinants and outcomes for people living in these homes.

The HIA was useful because it showed that improvements in indoor air quality, temperature and quality of housing structure could have a positive impact on health outcomes such as mental health, respiratory illness and injuries in the home. The programme received funding in 2013 and has led to upstream changes; for example, many manufacturers of prefabricated homes have been asked to re-design homes to make them sturdier.[15]

Useful resources on HIAs

Liverpool Public Health Observatory's HIA reports:

www.liverpool.ac.uk/psychology-health-and-society/research/public-health-observatory/publications/hia

Design for Health's examples of completed HIAs:

http://designforhealth.net/hia/additional-hia-resources/hiaexamples

The Robert Wood Johnson Foundation's (RWJF's) Health Impact Project – a national initiative designed to promote the use of HIA as a decision making tool for policymakers:

www.pewtrusts.org/en/projects/health-impact-project

15   Russo P, Morley R. *How Can Partnering with the Housing Sector Improve Health?* 8 June 2016. Available from: www.rwjf.org/en/culture-of-health/2016/06/how_can_partneringw.html

Creating the right incentives

Overview

Building understanding of the potential role, and the will, to take action to improve health among sectors outside the formal health and care system is a necessary first step in addressing the social determinants of health. However, translating this into action on the ground is often impeded by funding systems failing to provide the right incentives. When funding is finite, actions in one sector that deliver no immediate value to them – despite resulting in a reduction in demand or increased benefit for another sector – are unlikely to be prioritised. A number of governments are trying to tackle these barriers.

Case study: New Zealand

In New Zealand, the government has challenged conventional ways of framing social problems, which has often involved cycles of short-term decision making and the compartmentalisation of issues. The government recognises the role of systems and public services in meeting the needs of the most vulnerable and therefore incentivises investment in areas such as health, education and justice. This approach aims to address the underlying causes and improve outcomes in the long term.

Investment is prioritised through an understanding of the long-term cost of social issues to the state and the segments of the population among which these issues are most prevalent. For example, the likelihood that a child growing up in a troubled family will become unemployed, or involved in criminal activity. It then becomes the responsibility of the relevant public services manager to reduce this public liability by investing in services that deliver long-term benefits. This may also lead to a reduction in costs to the taxpayer.

Before planning and implementing interventions, a social investment approach requires the use of data to identify a target population at risk of poor outcomes and whose needs aren't currently met.

The following report is an example of how data analysis has been used in this way:

www.treasury.govt.nz/publications/research-policy/ap/2016/16-01/ap16-01.pdf

Once a target group has been identified, ways of achieving better outcomes for the group are investigated by identifying where services need to be improved and where innovation is needed. Cost-benefit assessment tools are used during the policy development process.

A guide to social cost benefits analysis:

www.treasury.govt.nz/publications/guidance/planning/costbenefitanalysis/guide

Cost benefit analysis toolbox:

www.treasury.govt.nz/publications/guidance/planning/costbenefitanalysis/cbax

The process is supported by cross-sector collaboration between government, not-for-profits and the public and private sector. The open data platform is an important part of the process because it allows segments of the population at risk of poor health outcomes to be identified. The platform also allows anyone to work out risk prevalence in their locality or region.

Data can be mapped here:

https://shinyapps.stats.govt.nz/sii/

The government's social investment approach has initially focused on reducing welfare costs and addressing failings in the education system.

For case studies of social investment:

www.treasury.govt.nz/statesector/socialinvestment/casestudies

Further general information:

www.treasury.govt.nz/statesector/socialinvestment

Case study: England

The *Public Services (Social Value) Act 2012* provides an opportunity for the public sector to take wider returns on investment into consideration in procurement. It requires commissioners in the public sector (including local authorities and health sector bodies) to look beyond efficiencies and the headline cost and take 'social value' (economic, social and environmental wellbeing) into account.

This can improve service delivery, increase economic growth and improve community relations – for example, by employing local people, prioritising local supply chains, acknowledging and harnessing the expertise of local voluntary and community groups, limiting local environmental impacts, and requiring contractors to pay a living wage.[16] It could also begin to redress the cuts in funding that in half of all local authorities in 2012 had been falling disproportionately on the voluntary sector, by acknowledging, valuing and harnessing the expertise of local community groups.[17]

The *Public Services (Social Value) Act 2012*:

www.legislation.gov.uk/ukpga/2012/3/enacted

---

[16] Allen A, Allen J. *Local action on health inequalities: Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health*. Public Health Englan; 2015. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/460713/1a_Social_Value_Act-Full.pdf

[17] Compact Voice. *Report highlights worrying levels of disproportionate cuts to grant funding to the voluntary sector.* 5 December 2012. Available from: www.compactvoice.org.uk/news/2012/12/05/report-highlights-worrying-levels-disproportionate-cuts-grant-funding-voluntary-sect

Case study: Wales

The *Well-being of Future Generations (Wales) Act 2015* aims to improve the social, economic, environmental and cultural wellbeing of people in Wales by placing a duty on public bodies to incorporate seven wellbeing goals into their work. It has also created the role of Future Generations Commissioner, and ministers will provide a range of indicators that go beyond GDP, allowing consideration of potential future trends in the wider determinants of wellbeing.

The *Well-being of Future Generations Act*:

http://thewaleswewant.co.uk/sites/default/files/150623-guide-to-the-fg-act-en.pdf

Useful resources

Sport England has developed a MOVEs tool that helps demonstrate the economic benefits of improved health from physical activity programmes. This return on investment approach presents cost saving through disease aversion, and costs per quality-adjusted life years (QALYs).

(A QALY is a measure of disease burden, incorporating both quantity and quality of life; one QALY is equal to one year lived in perfect health.)

More information on the MOVEs tool is available at:

www.sportengland.org/our-work/health-and-inactivity/what-is-moves

The World Health Organization's (WHO) Health Economic Assessment Tool (HEAT) can be used to conduct an economic assessment of the health benefits of walking and cycling infrastructures and transport interventions. The tool highlights the importance of developing ways of assessing the wider impact of policies and projects.

The HEAT user guide is available at:

www.euro.who.int/__data/assets/pdf_file/0010/256168/ECONOMIC-ASSESSMENT-OF-TRANSPORT-INFRASTRUCTURE-AND-POLICIES.pdf?ua=1

Rankings and indices

Case study: County health rankings and roadmaps

The Robert Wood Johnson Foundation (RWJF) County Health Rankings are published annually and allow different counties in the US to compare their progress on a summary of health factors, including health behaviours, clinical care, social and economic factors, and the physical environment. Figure 2 illustrates how each factor is weighted according to its contribution to health.

Figure 2: County Health Rankings model[18]
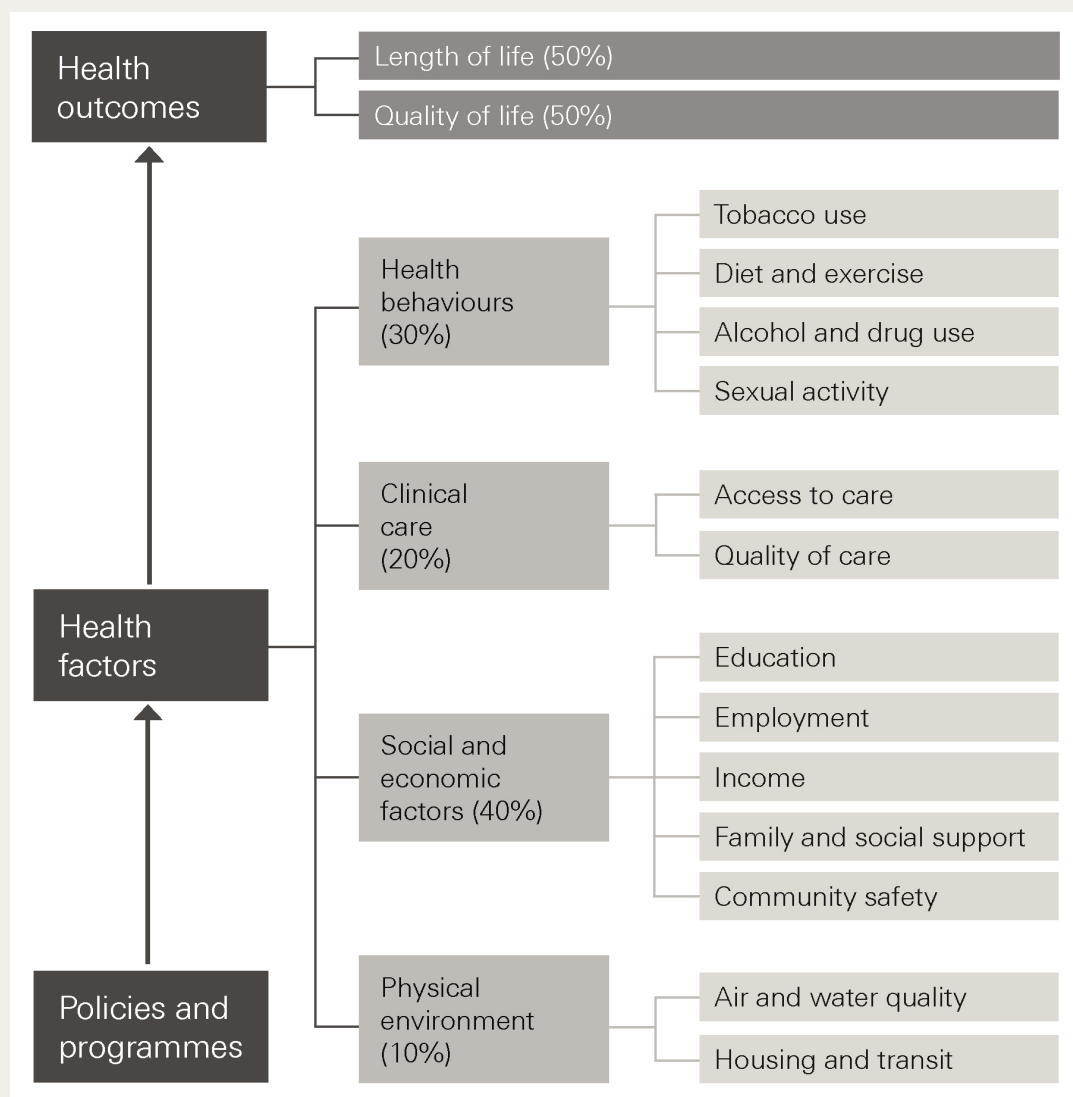
Supporting resources available alongside the rankings provide comprehensive information about what works to address the issues raised in the rankings. RWJF has partnered with other organisations to provide support – including through its *Roadmaps to Health* coaching – to those communities that want to take action based on the rankings.

More information is available at:

www.countyhealthrankings.org

UK assessment and indicator tools

Public Health England's 'Fingertips' indicators:

https://fingertips.phe.org.uk

The Happy City Index:

www.happycity.org.uk

Office for National Statistic's (ONS's) Well-being data:

www.ons.gov.uk/peoplepopulationandcommunity/wellbeing

The *Marmot Indicators 2015*:

www.instituteofhealthequity.org/projects/marmot-indicators-2015

The *Social Mobility Index*:

www.gov.uk/government/publications/social-mobility-index

The Local Government Association's LG Inform:

http://lginform.local.gov.uk

The Joseph Rowntree Foundation's *Inclusive growth indicators for cities*:

www.mui.manchester.ac.uk/igau/research/inclusive-growth-indicators/

Scottish Index of Multiple Deprivation:

www.gov.scot/Topics/Statistics/SIMD

Promoting place-based approaches

Overview

The importance of co-creating action with local communities is a theme shared by many organisations active in improving health and wellbeing. Further information and resources on these approaches include those in the below section.

Useful resources

Public Health England's *A guide to community-centred approaches for health and wellbeing*:

www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

New Local Government Network:

www.nlgn.org.uk/public/2016/get-well-soon-reimagining-place-based-health

People's Health Trust:

www.peopleshealthtrust.org.uk

Altogether Better:

www.altogetherbetter.org.uk

The Creating Health Collaborative – *Eleven Principles for Creating Health*:

www.healthandcommunity.org/the-field

Nesta and the Health Foundation's Realising the Value programme:

www.health.org.uk/collection/realising-value