



Glasgow City Region Cabinet

Item 9

19th August 2025

Report by: Director for Regional Economic Growth

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Health and inclusive economy: partnership approaches

Purpose of report

This report updates Glasgow City Region Cabinet on evolving joint working arrangements between the Glasgow City Region PMO and the health sector in the Region, which is focused on working towards shared economic and health outcomes.

Recommendations:

The Cabinet is asked to:

- a) note the content of this report; and
- b) approve the next steps to develop and strengthen the partnership between the health sector and Member Authorities.

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1. Introduction

- 1.1. This report presents the Cabinet with an update on evolving joint working arrangements between the Glasgow City Region PMO and the health sector in the Region, which is focused on working towards shared economic and health outcomes.

2. Background and context

- 2.1. Analysis by our regional Intelligence Hub highlights both intractable and emergent issues affecting the people and places in our Region.
- 2.2. We, as Regional Partners, continue to respond, including towards creating a more inclusive economy, and enhancing productivity, as agreed goals set out in our Regional Economic Strategy.
- 2.3. The reciprocal relationship between health and the economy is well understood and evidenced: a strong and inclusive economy, and a population in better and more equal health, are mutually reinforcing. The work of the Hub supports the need for integrating action across these domains.
- 2.4. While much good work is underway within the organisations that make up our Regional Partnership, it is clear from the data that we need a major shift to bring about the scale and depth of change required to achieve the bold ambitions set out in our Regional Economic Strategy.
- 2.5. Evidence and recognised good practice in the face of such 'wicked problems' demonstrates that systems change is required; working in collaboration across services and sectors, with enough flexibility to meet the magnitude and nature of the challenges with new collective ambition and agreed outcomes/targets.
- 2.6. Learning is available from work such as the Health Foundation's [Economies for Healthier Lives](#) Programme, which has advocated for strengthening relationships between economic development and health and supported partnerships to test ways of doing so.

3. Setting ambition in partnership

- 3.1. The work of Regional Partners which has a direct impact on people and place falls into two categories:
 - **Business-as-usual activity** including employment of staff, procurement of goods/services, and ownership/use of land and/or property – which may be labelled as 'anchor' organisation/institution activity.
 - **Service delivery activity** driven by the aims of the organisation and facing a client group or population, including residents within a local authority or NHS Board area.

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- 3.2. Thinking of the anchor activity of our organisations, there is a strong link to ‘community wealth building’ approaches which have gained traction in recent years. An ‘anchor organisation’ (or ‘anchor institution’) is a geographically rooted employer whose long-term sustainability is closely linked to the wellbeing of the place in which it operates. Anchors are public, private or third sector and tend to have significant assets and resources which influence the social, economic and environmental conditions of their local area. Increasingly, anchor organisations are giving careful consideration to how their activities (e.g. workforce, spending, and asset ownership) impact on people and place – with steps being taken to ensure positive and supportive outcomes.
- 3.3. In terms of collaborative, a regional Anchor Network was established in 2023. Both NHS Boards in the Region (Greater Glasgow and Clyde, and Lanarkshire) are members of the Network, alongside a range of other partners. NHS Boards each have their own Anchor Strategy in place, as required of them, utilising existing frameworks to assess their baseline position and work towards strategic goals.
- 3.4. However, it is perhaps less clear how we are working collaboratively towards both health and economic outcomes via our service delivery models, in response to both intractable and emerging issues in the Region. To do so requires both remedial, downstream activity to tackle existing issues, as well as investment in prevention.

4. Examples of existing activity

- 4.1. Three examples of collaboration between economic development and public health are set out below, namely the CHIA toolkit, employability and retention in ‘good’ work, and the developing Community Wealth Building Partnership.
- 4.2. Firstly, the [**CHIA**](#), or **capital investment health inequalities, toolkit** is one example of collaboration with health and economic outcomes being pursued in tandem. Since launching the CHIA resources in December 2024, the GCR PMO and Glasgow Centre for Population Health delivered training to member local authorities to support the use of the toolkit and embed consideration of health outcomes in capital investment decision making processes consistently.
- 4.3. To support implementation and embedding of the CHIA, the PMO, in collaboration with member authorities, piloted the approach to test both the CHIA processes and materials in regional and local authority-led capital projects (North and South Lanarkshire, East Renfrewshire, and Glasgow City). The projects are of differing scale and within sectors including transport, housing, commercial space development, and town centre regeneration, and have been supported by Public Health Scotland, NHS Greater Glasgow and Clyde, and NHS Lanarkshire.
- 4.4. Early reflections suggest that the process is useful, helping to bring together a wide range of stakeholders to discuss health impacts of a project/proposal and suggest potential solutions. It is also clear that to ensure the sustainability of the CHIA approach, member authorities require continued support and input from the NHS Boards – and both have agreed in principle to provide this to all member authorities. The GCR PMO will continue to work with GCPH and others to offer training and support the consistent use of the CHIA resources to inform business case development.

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- 4.5. Secondly, activity has been underway to design activity to ***tackle economic inactivity and promote employee retention in work that supports positive health outcomes***. This began with a small group including NHS Boards, PHS, and the PMO to look at the strategic case for intervention, and has developed into involvement with PHS and Scottish Government on the new national Health and Work Action Plan, and specific work being planned in Inverclyde to tackle long-standing issues of economic inactivity.
- 4.6. Lastly, building on the regional Anchor Network, Chief Executives supported a proposal to initiate development of the existing Anchor Network into a ***Community Wealth Building Partnership*** at regional level, in response to the Community Wealth Building (Scotland) Bill. The Bill is intended to create a strategic foundation for community wealth building in Scotland and provides an opportunity for a regional partnership to take responsibility for the development and ownership of a CWB strategy and the actions therein. Partnerships may be local or regional, but each LA must be a member of a partnership. Broad collaboration with public, private, and third sector partners is strongly encouraged – which we have a strong basis on which to build.

5. Proposed next steps

- 5.1. A discussion at Chief Executives' Group (7 August 2025) regarding how to progress partnership working for improved health and inclusive economy outcomes in the Glasgow City Region was productive.
- 5.2. There was general support for, and agreement to, taking a regional approach to tackling shared health and economic challenges, building collectivism and making best use of available resources and opportunities.
- 5.3. It was noted that current policy developments, including the Population Health Framework, Community Wealth Building Bill, and Marmot Places, provide such opportunities for joint working.
- 5.4. Arising from the discussion, suggested next steps are:
 - While the Chief Executive of NHS Lanarkshire participated in the discussion, the Chief Executive of NHS Greater Glasgow and Clyde was unable to. Therefore, a follow up conversation will be sought with Jann Gardner, CE, NHSGGC.
 - Spending some time, outside of the Chief Executives' Group meeting, to explore the issues, desired outcomes, and shared actions to be taken forward by economic development and health colleagues, alongside other invited participants with experience and insights to share.

6. Recommendations

- 6.1. The Cabinet is invited to:
 - a. note the content of this report; and
 - b. approve the next steps to develop and strengthen the partnership between the health sector and Member Authorities.

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