

NW Health and Sustainability Study Visit (June 2005)
Key Learning Points*

The need to have a broad concept of regeneration - going beyond physical redevelopment to building communities with strong social capital.

Regeneration based purely on urban design and landscape architecture is woefully inadequate – the housing schemes in East Manchester that are now being demolished are low-rise 1970s terraces, with front & back gardens, space for a car, well proportioned public spaces, trees – yet they are clearly urban wastelands. The designers of the time had clearly moved away from the mistakes of the 50s and 60s, but still got it wrong. The latest wave of redevelopment is clearly attempting a grander project, incorporating social and social infrastructure elements, but practitioners were all too ready to acknowledge how much harder it is to change entrenched attitudes/mindsets/cultures than to build a new healthy living centre...

A lot more thought needs to be given to the relationship between economic development and community health. This is not news of course, but sustainability for me means reducing inequalities in wealth and increasing access to opportunity through education and health. So economic development choices impact on community health. Of course in economically lagging areas, the luxury of choice is not always there. Nevertheless, although the City of Manchester stadium demonstrated excellent community sport initiatives, they rather spoilt it for me by wanting to build a casino on their land, which is socially irresponsible in low income areas with high levels of debt.

The strong links between economic regeneration and building healthy communities - particularly the contribution the health sector as a whole can make to this.

The Salford hospitals approach to PFI needs to be commended. The main lesson was not just using sustainability/regeneration

criteria as part of the assessment of PFI schemes (and by implication PPP schemes like LIFT) but creating a partnership/funding space for additional public investment in maximising regeneration outcomes from capital investment. If this could be linked into a coherent s106 planning process we would make more progress in this area.

In 2003 NWRDA sponsored research into the skill base of refugees in their region. Based on the findings, the two SHAs in the region have set up a purpose built unit at Hope Hospital in Salford that aims to meet the needs of refugee doctors wanting to work in the NHS. The unit provides support through the initial stages of IELTS and PLAB (1&2) as well arranging clinical placements and offering a job brokerage service. How's that for a strategic, integrated and action-based approach? Be interesting to know whether they are diverting workforce training commissions funding or pump priming it - trying to find out and keeping a watching brief on this one.

Maximising Community Benefits from LIFT / PFI Initiatives: These initiatives are subjected to health impact assessments providing an opportunity to review organisational policies against the principles outlined in "Claiming the Health Dividend". Similarly to the PFI initiative at BLT, every effort is being made to exploit the opportunities presented by both NHS and private sector investment to maximise community benefits. The trick, as we know, is to build requirements into the procurement process, explicitly stating our added value expectations by grounding them in local aspirations for healthier communities and linking it all to the Good Corporate Citizenship agenda.

The project to 'join up' health, regeneration and sustainable development is even bigger than we thought: alcohol-related deaths will reach number 1 in the league table of ways to die in Manchester sometime next year, according to NICE; while the city's commitment to having a 24-hour urban culture has seen the number of 'vertical bars' explode in recent years, such that there is now capacity for 250,000 people to be drinking simultaneously in Manchester's city centre... Does the sustainability agenda tackle binge drinking? Does the health agenda take on the chain pubs?

What people say in consultations isn't always what they mean (and/or people cannot always know in advance what they want):- the architecturally innovative housing under development - which had proven less popular during the consultation phase, so much so that the proportion of 'bog standard' housing had been increased - was in fact proving more popular once built and available...

Regeneration and community building through sport - more relevant now London has 2012.

Manchester City Football Club has a strong and long established history of engaging with its local communities. Their "City in the Community" (CITC) programme discharges the Club's corporate social responsibility by using the communities' interest in the Club to promote the association between sport and health / well-being of local residents. The CITC programme maintains the Club's high standing and profile in the city and beyond. Residents benefit from the wide range of social inclusion / health improvement initiatives offered.

Manchester City FC has attracted the interest and financial support of NWRDA (step 1). NWRDA has taken a lead role in developing a Memorandum of Understanding with the Football Association to roll out the model developed by Manchester City FC across the region (step 2). With a precedent already set with the Football Association, one final step might be for the LDA, as lead RDA for Health, to negotiate a nationwide Memorandum of Understanding on behalf of all the RDAs (step 3).

Local v strategic level frameworks

General principle is to target intervention where decisions are made and investment accessed - hence target health governance interventions at neighbourhood and sub-regional level, providing strong support for using Local Area Agreements as a vehicle / framework for delivering change programmes.

However, there is sometimes a need for a framework programme where local intervention needs to be preceded by a more strategic piece of work. The example given for this is the twin track approach being undertaken by NWRDA to help local SMEs to secure NHS business by providing them with support and training in understanding how the NHS operates and to help the NHS simplify its tendering processes.

All sounds very straight forward. Despite various efforts at this across the capital over the past decade , we seem to have made little impact in London over and above what local procurement has always existed. Maybe a more strategic and consistent framework programme is required here too.

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