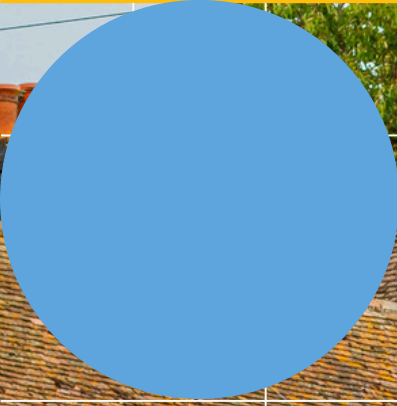


Tom Lloyd Goodwin
Sharlene McGee
Emmet Kiberd
David Buck
Luca Tiratelli



Local growth plans and the building blocks of health

About CLES

Founded in 1986, the Centre for Local Economic Strategies is an independent economics think tank and charity. We work collaboratively across the UK and Ireland to develop solutions that ensure economies are rooted in the places people call home.

At CLES, we partner as equals with all levels of government, local institutions and communities – challenging outdated methods and tackling local issues with practical, long-term solutions.

About The King's Fund

The King's Fund is an independent charity working to improve people's health. Our vision is a world where everyone can live a healthy life. Our mission is to inspire hope and build confidence for positive change. We achieve this through expert insights and original research, developing leaders and their organisations, convening, and strategic, collaborative partnerships.

About The Health Foundation

The Health Foundation are an independent charitable organisation working to build a healthier UK. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We support local and regional government to take action on the building blocks of health. Through our research we build understanding of what is effective, what policy change may be needed, and what practical actions local areas can take. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

About this essay

This is the fifth in a series of essays that will answer key questions about the effectiveness of devolution in addressing health inequalities. It draws on insights from interviews with mayor and Strategic Authority officers. It is part of our joint programme of work supported by The Health Foundation.

May, 2026

info@cles.org.uk | +44 (0) 161 832 7871
www.cles.org.uk | @CLEStinkdo
Registered charity no. 1089503

Supported by



1. Summary and introduction

Recent UK governments have framed economic growth and devolution as mutually reinforcing priorities. The current government has intensified this focus, setting an ambition to deliver the highest sustained growth in the G7 and requiring all Strategic Authorities (SAs) to produce local growth plans aligned with the modern industrial strategy.¹ These plans are expected to mobilise investment in eight designated high-growth sectors (the IS-8),² boost innovation, grow domestic businesses and create new jobs.

But while local growth plans are often framed as economic strategy documents, in practice they are also **health interventions**.

A large body of evidence shows that health and health inequalities are shaped by the building blocks of health – factors including income, employment security, housing and access to essential services.³ These factors are influenced not only by overall economic performance, but by how economic activity is organised and experienced. This means the relationship between growth and health is **not automatic**. Economic expansion can create new opportunities, but improvements in population health and health inequalities depend on whether the benefits of growth are widely shared – for example through secure and better-quality work, rising incomes, stronger public services and investment in the conditions that support good health.⁴

Local growth plans therefore need to go beyond the assumption that growth will automatically improve health. They should explicitly consider how economic change will affect both overall health and the distribution of outcomes, particularly whether it improves conditions for those currently experiencing the greatest disadvantage.

The key question for SAs is therefore whether strategies designed to accelerate growth will translate into better health and reduced health inequalities.

This essay explores these implications by drawing on national and (sub) regional policy analysis, insights from interviews with mayors and senior SA officers, as well as our wider programmes of work.

Section two examines the current national framework for growth planning and considers how guidance focused primarily on economic growth, sectoral priorities and investment attraction could better support SAs to ensure that growth also improves health and reduces inequalities. Drawing on analysis of emerging local growth plans, it shows how SAs are responding differently and sets out the implications for national policy.

¹ UK Government. The UK's Modern Industrial Strategy. [Read](#).

² These are: Advanced Manufacturing, Clean Energy Industries, Creative Industries, Defence, Digital and Technologies, Financial Services, Life Sciences, and Professional and Business Services.

³ L Marshall. (2024). What builds good health? An introduction to the building blocks of health. Health Foundation. [Read](#).

⁴ See our first evidence review, which showed that improvements in economic inequality do not necessarily translate into improvement in health inequality at regional level: TL Goodwin et al (2024). Tackling health inequalities through English devolution: towards a new framework. CLES and the Kings Fund. [Read](#).

Section three turns to the practical question of delivery. It **outlines a set of interventions that SAs can use to ensure growth plans meet local needs by strengthening local economies and the building blocks of health**, drawing in particular on approaches associated with community wealth building – an approach to economic development that uses procurement, employment, land, financial flows and greater economic democracy to retain and circulate wealth within local economies.⁵

The final section concludes by reflecting on what local growth plans should ultimately be for: not simply generating growth, but ensuring that economic decisions reflect local need and that the benefits of growth are created, shared and used to strengthen local communities.

2. Shaping growth: beyond a narrow sector-led model

Economic growth and health reinforce one another in a variety of ways. Healthy populations sustain higher labour market participation, support productivity and can reduce pressure on overstretched public services. Equally, growth that delivers good jobs can improve health outcomes and narrow inequalities if directed appropriately. These factors are widely recognised as part of the building blocks of health – the economic and social conditions that shape people’s ability to live healthy lives. When growth is not inclusive, however, it can exacerbate existing divides. As one mayor reflected, strategies that *“focus on attracting an already healthy, educated workforce from elsewhere rather than improving conditions for existing populations”* risk entrenching inequalities rather than reducing them.⁶

Government guidance and the need for a broader approach

Despite the clear evidence linking economic and health outcomes, government guidance for local growth plans gives limited attention to population health or health inequalities. The guidance asks SAs to align their plans with the national industrial strategy, while also reflecting local economic strengths and opportunities. As things stand, because the industrial strategy is explicitly organised around IS-8 sectors and states that local growth plans should “dovetail” with the government’s sector plans, this creates a strong pull towards a sector-led model of growth. Yet neither the guidance nor the industrial strategy gives equivalent attention to how growth should be shaped so that it improves the wider economic conditions that underpin health – such as job quality, insecure work, low pay, access to essential services and the distribution of the gains from growth. The key distinction is therefore not between IS-8 sectors and the everyday economy, but between growth plans that assume benefits will trickle down and those that actively seek to spread them.

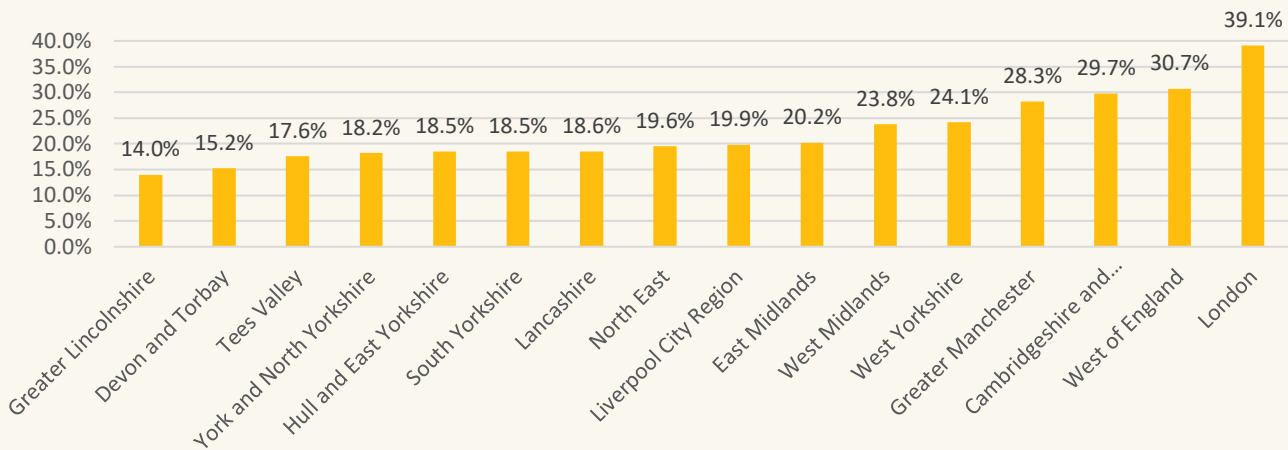
Furthermore, recent CLES analysis (see figure one) shows that, while expanding IS-8 sectors could create valuable new opportunities, these sectors currently account for a minority of employment in most places – around 39 per cent even in London and as low

⁵ TL Goodwin and H Power. Community wealth building: A history. CLES. [Read](#).

⁶ TL Goodwin et al (2025). Essay: addressing health inequalities through employment. CLES. [Read](#).

as 14 per cent in Greater Lincolnshire. In contrast, most residents work in the everyday economy, including retail, logistics, hospitality, education and health and social care. These sectors therefore have a much greater influence over the determinants of health – particularly incomes, job security and progression. If growth plans neglect them, inequalities are likely to persist, and the benefits of growth may bypass those facing the greatest health and economic barriers.

Figure one: Share of all jobs that are in IS-8 sectors (2024)



Source: CLES analysis of ONS data, 2025⁷

This does not mean local growth plans should abandon efforts to attract higher-value sectors. Over time, if IS-8 sectors grow successfully, they could create important new opportunities in places currently experiencing poor health and low productivity. However, these opportunities will only reduce inequalities if those sectors are deliberately located in places of disadvantage, if existing residents are supported to access the jobs they create through targeted skills, recruitment and progression pathways, and if the gains from growth are not captured only by already prosperous places or groups. The extent to which this is possible will vary between places depending on their existing economic base, skills profile and ability to attract or grow these sectors.

At the same time, there are limits to how far higher-growth sectors alone can reshape local economies. Even under optimistic scenarios, most people in most places are likely to continue working in sectors such as care, retail, logistics, hospitality, education and public services. In the short term, therefore, the largest and quickest gains in living standards and health are likely to come from improving the quality of work in these sectors. In the longer term, growth plans need to do both: support the development of new high-value sectors while also improving the sectors that will continue to employ most residents.

⁷ ONS. (2025). Business Register and Employment Survey: open access - Employment, 2024 (Provisional). Accessed via [Nomis](https://nomis.ons.gov.uk/).

What strategic authorities are doing: a broader, more people-centred approach

In practice, many SAs are already moving beyond the narrower model implied by national guidance. Rather than treating growth as an end in itself, they are using local growth plans to pursue wider goals around inclusion, participation, wellbeing and reduced inequalities. In these places, growth is understood not simply in terms of output or investment, but in terms of whether it improves the conditions that shape health – including income, employment quality, housing and access to opportunity. Several SAs are also beginning to judge success through broader measures than Gross Value Added (GVA) or productivity alone, incorporating outcomes such as healthy life expectancy, good jobs and reduced inequality. This broader approach also resonates with Michael Marmot’s post-pandemic “build back fairer” thinking,⁸ and more recent programmes such as the [Health and Growth Accelerators](#), although many SAs are seeking to go further by shaping the economic conditions that influence health rather than simply responding once poor health has already affected work.

Many SAs are also showing how this broader approach can be put into practice. They are using tools associated with community wealth building – including procurement, employment standards, local supply chains, anchor institutions and support for social enterprise – to shape how the benefits of growth are distributed (see figure two).⁹ These approaches seek to retain more wealth locally, improve the quality of work and strengthen the sectors that matter most to local people. While often still at an early stage, they show that SAs are not simply waiting for a different national framework but are already beginning to put a broader model of growth into practice.

This change in approach was captured powerfully by one mayor, who described growth planning as an opportunity to say: *“[h]ere’s the next decade of growth as ‘we’ see it across our boroughs. And here’s how all of our residents get supported into it.”*

This perspective emphasises a more proactive approach to growth. Rather than assuming that investment in higher-growth sectors will automatically benefit all residents, it asks how growth can be shaped to support wider objectives from the outset. In practice, this may mean using IS-8 investment to create apprenticeships and good local jobs, while also improving the sectors that already employ most residents.

In the **North East**¹⁰, **York and North Yorkshire**¹¹, and the **West Midlands**¹², this has translated into growth plans that combine support for higher-growth sectors with a stronger emphasis on the everyday economy and the wider determinants of health. Alongside efforts to attract investment and develop sectors with high growth potential, these strategies commit to improving job quality, supporting progression pathways and

⁸ M Marmot et al. (2020). Build back fairer: The Covid-19 Marmot Review. The Health Foundation. [Read.](#)

⁹ York and North Yorkshire Combined Authority (2025). York and North Yorkshire local growth plan: Driving transformative growth for the UK in the north. [Read.](#)

¹⁰ North East Combined Authority (2025). Creating real opportunity: The interim North East local growth plan. [Read.](#)

¹¹ York and North Yorkshire Combined Authority (2025). York and North Yorkshire local growth plan: Driving transformative growth for the UK in the north. [Read.](#)

¹² West Midlands Combined Authority (2025). West Midlands growth plan: Growth for everybody. [Read.](#)

strengthening the social economy. They also seek to shape the benefits of growth more deliberately, linking economic development to outcomes such as reducing physical inactivity, tackling child poverty and improving healthy life expectancy.

In the West Midlands Combined Authority, for example, health is explicitly linked to prosperity, with the ambition for the region to become a Marmot Region as part of a wider strategy to tackle structural inequalities. Marmot Regions recognise that health and health inequalities are mostly shaped by the social determinants of health and take action to improve health and reduce health inequalities. Interventions such as good work charters, social economy investment and digital health innovation are framed not as alternatives to growth, but as ways of ensuring that growth leads to better health and wider opportunity.

Similarly, in York and North Yorkshire, economic development is framed as a means of tackling health inequalities, reducing inactivity and improving wellbeing, alongside support for sectors with higher growth potential. This also includes a commitment to **community wealth building**. The plan links this to practical measures such as strengthening local supply chains, supporting social enterprise and high-performing local SMEs, promoting living wage commitments and inclusive recruitment, and using tools such as the Good Business Charter and workforce development to improve job quality. It also proposes developing measures of success that go beyond GVA and productivity to include wider outcomes such as healthier workplaces, higher-quality jobs and stronger local communities.

In **Greater Manchester**¹³, **Liverpool City Region**¹⁴ and **West Yorkshire**¹⁵, similar principles are taking hold, albeit with distinct priorities. Greater Manchester links long-term sickness and inactivity directly to productivity gaps, positioning health improvement as both a social and economic mission. Liverpool City Region brings employment, skills and health together as a single foundational pillar, embedding improved health equity among the core outcomes of its plan. West Yorkshire focuses strongly on access to good jobs, removing structural barriers to participation and supporting communities most affected by inequality – embedding health and wellbeing as cross-cutting principles even where the language of the everyday economy is less explicit.

Other SAs recognise these dynamics but embed them more selectively. In the **East Midlands**¹⁶, inclusive growth features strongly, but there is no explicit reference to the everyday economy. **Devon and Torbay**¹⁷ highlight “bedrock” sectors such as care, agriculture and the visitor economy, though health remains primarily a concern of workforce capacity. In **Tees Valley**¹⁸, a strong industrial and net zero focus is beginning to sit alongside a growing appreciation of everyday economy sectors. **Hull and East Yorkshire**¹⁹ signal that health is one of their strategic “Big Plays”, but the extent of integration is still developing. **Greater London**²⁰ remains focused on productivity,

¹³ Greater Manchester Combined Authority (2025). Draft Greater Manchester Local Growth Plan. [Read.](#)

¹⁴ Liverpool City Region Combined Authority (2025). LCR Growth Plan. [Read.](#)

¹⁵ West Yorkshire Combined Authority (2025). West Yorkshire Local Growth Plan. [Read.](#)

¹⁶ East Midlands Combined Authority (2025). The East Midlands Growth Plan. [Read.](#)

¹⁷ Devon and Torbay Combined County Authority (2025). Local Growth Plan 2025 to 2035. [Read.](#)

¹⁸ Tees Valley Combined Authority (2024). Report To The Tees Valley Combined Authority Cabinet. [Read.](#)

¹⁹ Hull and East Yorkshire Combined Authority (2025). Local Growth Plan Development: Stage 1 Consultation – report to the board. [Read.](#)

²⁰ Mayor of London (2025). London's growth plan. [Read.](#)

innovation and high-growth sectors but health and inclusion do feature in the wider narrative.²¹

Across these plans, a clear pattern is emerging: **some SAs are placing greater emphasis on how growth is shaped and distributed, combining support for higher-growth sectors with action to improve the everyday economy and reduce health inequalities.** Others remain more focused on investment attraction and sector growth alone (see figure two).

Figure two: Scope of local growth plans

Strategic Authority	Health as explicit economic outcome	Everyday economy emphasis	Community wealth building / anchor tools	Broader success measures beyond GVA
North East	✓	✓	Partial	✓
York and North Yorkshire	✓	✓	✓	✓
West Midlands	✓	✓	Partial	✓
Greater Manchester	✓	✓	Partial	✓
Liverpool City Region	✓	✓	Partial	✓
West Yorkshire	✓	✓	Partial	✓
East Midlands	✓	Partial	Partial	✓
Devon and Torbay	Partial	✓	X	✓
Tees Valley	X	✓	X	Partial
Hull and East Yorkshire	Partial	X	X	X
Greater London	✓	Partial	Partial	✓

Our view: we need broader targets from government

This divergence has implications for both economic performance and health inequalities. Encouragingly, however, several SAs are already showing what a more complete approach looks like. The strongest plans combine support for higher-growth sectors with action to improve the everyday economy, and go beyond treating health simply as an enabler of participation. Instead, they ask how the economy itself can be shaped to improve health outcomes. In these places, better health is understood as a condition of sustainable and inclusive growth, not simply a by-product. Their experience means other SAs do not need to start from scratch.

The unevenness across SAs also highlights a deeper systemic issue: **progress currently depends too heavily on local leadership, institutional maturity and capacity, rather than shared national expectations.** And while more established SAs are aligning economic and

²¹ Mayor of London (2025). Inclusive talent strategy. [Read](#).

health objectives more coherently, newer or more resource constrained authorities may struggle to do so, even where the ambition exists.

This is where national government has a crucial role. Devolution provides the structural opportunity; however, the current model does not yet provide sufficiently clear mechanisms to ensure health is consistently factored into economic decision-making. Without clearer expectations and delivery frameworks, growth plans risk remaining high-level strategic documents rather than tools that actively shape economic outcomes. To prevent a two-speed system and strengthen the effectiveness of growth plans, government should:

- **set clear expectations** that improving health and reducing inequalities are core outcomes of local growth planning;
- **require each SA to prepare a health inequalities strategy** as part of the proposed health duty,²² embedding health systematically across economic development, housing, skills and transport functions and ensuring that local growth plans are explicitly designed to contribute to reducing health inequalities;
- **require local growth plans and associated local authority strategies within each SA area to be aligned with the objectives and performance measures of the health duty**, so that economic success is judged not only through productivity and output, but also through outcomes such as employment quality, healthy life expectancy and reduced inequalities;
- **establish a coherent framework of metrics, reporting and evaluation**, drawing together existing measures where possible rather than creating an entirely new set.²³ Supported by national guidance and capacity-building, this should help places assess whether growth plans are improving health and reducing inequalities. The aim should be a fit-for-purpose set of shared measures across government, SAs and health partners that supports learning and comparison across places, while enabling local areas to build their own evidence base and evaluation capability.

These measures would formalise what many SAs are already doing, create a more coherent national framework and ensure every SA has the tools and mandate to integrate health into economic strategy.

Without such a systematic approach, England risks entrenching an uneven landscape in which only some places use their growth plans to strengthen health, inclusion and long-term resilience. If growth plans are to contribute meaningfully to improved living standards and national productivity, **health needs to become a more consistent and explicit part of local growth planning**. The next question, therefore, is how growth plans can be delivered in practice – and which interventions SAs can use to ensure that growth plans translate into improved economic conditions and better health outcomes.

²² D Buck, Tiratelli and TL Goodwin (2025). A new health duty for mayors and strategic authorities: getting it right. CLES and The Kings Fund. [Read](#).

²³ Ibid.

3. What should delivery look like?

As the analysis above highlights, many growth plans articulate ambitious goals for inclusive growth – such as tackling child poverty, improving health and generating quality employment – but are often less clear about how these ambitions will be delivered in practice. While it is natural for strategic documents to focus on broad aims, the lack of clear mechanisms risks ambitions failing to influence economic decisions, resulting in plans that are inclusive in rhetoric but not in practice.

If local growth plans are to contribute meaningfully to reducing health inequalities, they need clearer delivery mechanisms that shape the economic conditions underpinning the determinants of health, such as income, employment security, housing, transport and access to opportunity. Many of the most practical tools for doing this are found within community wealth building. Community wealth building provides a framework for translating the broad ambition of healthier, more inclusive growth into concrete interventions that influence who benefits from growth, where wealth is retained, and whether economic activity improves the conditions in which people live and work. Through strategies such as local procurement, fair employment standards, support for social enterprise and stronger local supply chains, it offers SAs a practical means of embedding the building blocks of health within local growth plans. The approach is growing in prominence and is supported by an emerging evidence base on its effects on health outcomes.²⁴

When it comes to selecting the interventions needed for effective growth plan delivery, key lessons can be drawn from several sources: our current programme of work,²⁵ the West Midlands’ Health in All Policies Toolkit,²⁶ and the Growth and Reform Network’s recent evidence review.²⁷ In addition, insights from interviews with mayors and SA officers, as well as our broader programmes of work identify practical actions that can address health inequalities and the wider determinants of health.

Taken together, these insights point towards several practical interventions that could be scaled, amplified and embedded within local growth plans.

- a) **Connecting disadvantaged communities to good jobs.** SAs can use devolved powers and better data to connect residents in disadvantaged areas directly to real job opportunities. For example, **West Yorkshire Combined Authority** used its devolved **Adult Education Budget** to fund bus driver training programmes when the region faced driver shortages. Recruitment and training were **deliberately targeted at residents in areas of high unemployment**, helping increase bus driver

²⁴ See for example: TC Rose et al. (2023). The mental health and wellbeing impact of a Community Wealth Building programme in England: a difference-in-differences study. *The Lancet Public Health* 8 (6). [Read](#); TC Rose et al. (2025). Understanding the differential effects on employment of a community wealth building programme in England. *Journal of Epidemiology and Community Health* 79 (9). [Read](#); TC Rose et al. (2025). Relationships between local public spending, employment and wages within local authorities in England – a longitudinal ecological analysis. NIHR Open Research. [Read](#).

²⁵ See TL Goodwin, D Buck and L Tiratelli (2025). Addressing health inequalities through employment: challenges and opportunities for strategic authorities. CLES. [Read](#); and TL Goodwin et al (2025). Affordable infrastructure: how strategic authorities can use housing and public transport to tackle health inequalities. [Read](#).

²⁶ West Midlands Combined Authority (2025). Health in All Policies: A toolkit for mayoral regional authorities. [Read](#).

²⁷ Growth and Reform Network (2025). Improving Health Through Economic Development: A Structured Evidence Review. [Read](#).

recruitment from priority neighbourhoods. Similarly, **Liverpool City Region** has used **micro-level neighbourhood data and data-sharing agreements with the NHS** to better target employment and health interventions. [JobsPlus](#) demonstrates how community-based employment support can be delivered through housing associations with current pilots being undertaken in 10 local authorities. The Health Foundation's Commission for Healthier Working Lives outlines how local job-pooling and job-matching can enable employers, local authorities and recruitment networks to connect workers unable to return to their previous roles due to ill health with businesses struggling to recruit.²⁸ Together these approaches show how **skills policy, employment support and local data** can be aligned to connect people in disadvantaged communities to jobs – strengthening labour market participation and improving the economic conditions that underpin health.

- b) **Using public spending to strengthen local economies.** Working with local anchor institutions to redirect more of their procurement spend towards local businesses can strengthen supply chains, support job creation and build more resilient local economies. Evidence from CLES's work in Preston²⁹ shows that when combined with other community wealth building measures, this can yield improvements in wages, mental health and life satisfaction.³⁰ The **Fairer, Greener Healthier project in Salford, supported by the Health Foundation**, has also pursued a community wealth building approach focused on establishing new social and cooperative businesses and working with local anchor institutions to shift spending towards local goods and services and engaging local residents not in education or employment. As part of the delivery of their local growth plans, **SAs could therefore use their convening power to bring together key local anchor institutions with a view to developing (sub) regional approaches to collective public expenditure.** This could target economic support for local business and job creation with a view to addressing the building blocks of health and narrowing health inequalities.
- c) **Ensuring infrastructure investment supports health and inclusion.** [Glasgow City Region's CHIA Toolkit](#) (Capital Investment Health Impact Assessment) is designed to integrate health-centric and inclusive economic considerations into capital infrastructure investment decisions. The CHIA assesses how infrastructure contributes to local socioeconomic determinants of health, including employment, access to services and equitable economic participation, and provides regional-level support for its use across local authorities. Embedding similar tools within local growth plan delivery could help ensure that major infrastructure and investment decisions actively contribute to improving health and reducing inequalities, rather than simply supporting economic expansion. **SAs could therefore incorporate these kinds of considerations into all investment and infrastructure decisions.**
- d) **Using development to create local jobs and skills.** In moving away from a growth-only model into a place-based wealth and wellbeing approach, some councils are making explicit requirements around developer contributions to

²⁸ The Health Foundation (2025). Action for healthier working lives: Final report of the Commission for Healthier Working Lives. [Read.](#)

²⁹ CLES and Preston City Council. How we built community wealth in Preston: achievements and lessons. [Read.](#)

³⁰ TC Rose et al. (2023). The mental health and wellbeing impact of a Community Wealth Building programme in England: a difference-in-differences study. *The Lancet Public Health.* [Read.](#)

skills and employment plans.³¹ Westminster City Council has, for example, tied **development to employment and skills obligations**. Its planning framework requires major developments to contribute to improved employment prospects for local residents through financial contributions and, for larger schemes, employment and skills plans.³² Similarly, Preston City Council's planning framework, through the [Central Lancashire Local Plan](#), includes policies that require major developments to support local employment and training opportunities. The plan also encourages developers to provide apprenticeships, skills training and local labour agreements as part of development proposals. In addition, construction projects are expected to maximise employment opportunities for local residents wherever possible. **SAs could use their convening powers through local growth plans to amplify and coordinate this kind of practice across local authority partners**, ensuring that major investment projects contribute more systematically to local skills development, employment and inclusive economic growth.

4. Conclusion

Local growth plans are becoming one of the most important new instruments of devolved economic policy in England. Through them, SAs are expected to shape investment, support business growth and strengthen local labour markets. But they should not be understood simply as economic strategies. The choices made through local growth plans will influence the wider conditions in which people live. In practice, they are becoming powerful tools for strengthening the building blocks of health.

This paper has argued that if these plans are to improve people's lives, including their health, they must go beyond a narrow focus on headline growth measures or sectoral priorities alone.

Encouragingly, many SAs are beginning to take a broader approach. In several places, growth plans seek not only to attract investment and support high-growth sectors, but also to shape how the benefits of growth are distributed. They link economic development to health outcomes, labour market participation and the everyday economy, often drawing on approaches associated with community wealth building.

However, progress remains uneven. While some SAs are integrating health into economic strategy in sophisticated ways, others remain more closely aligned with the narrower sector-led model reflected in national guidance. This creates the risk of a fragmented system where the wider social benefits of growth depend heavily on local capacity and leadership.

National government therefore has an important role in strengthening the framework within which local growth plans operate. Clearer expectations, stronger

³¹ S Benstead (2024) Powering up planning: How the planning system builds community wealth. CLES. [Read](#).

³² City of Westminster Council (2026). Inclusive local economy and employment guidance note. [Read](#).

alignment between the proposed health duty and local growth plans, consistent metrics, and better support for evaluation and collaboration between economic and health partners would help ensure that every SA is equipped to connect growth with improved outcomes.

From a growth perspective, local growth plans may ultimately be judged by the investment, productivity and economic activity they generate. But from the perspective of people and places, their success will also depend on whether they create secure work, reduce inequalities and improve the conditions in which people live.

If local growth plans are to support long-term prosperity, they must not only generate growth, but shape how its benefits are created, shared and used.

