



INNOVATIONS IN PUBLIC POLICY

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Place-based policy

Can place-based prevention deliver on the Government's health mission?

- To realise its potential, the Government's mission-driven approach will need place-based solutions.
- The health mission offers a clear example, as it will depend on preventative approaches that integrate multiple local services and processes.
- Place-based policymaking will need to be significantly strengthened through reforms to the institutional context, covering geography, capacity, funding, and accountability.

Delivering on Labour's missions through place-based policy

When Labour came to power in the summer of 2024, its guiding mantra of 'mission-driven government' was notable for its promise of a new way of governing rather than just a set of deliverables (though they are there too). Less prominent – though potentially more transformational – is the accompanying promise of place-based policymaking, communicated as 'powering up' and 'taking back control'. Devolution reflects a commitment to allowing others to develop policy. In combining national missions with decentralised policymaking, the government could well have a winning formula. Alternatively, there may

be contradictions between the two approaches. Ultimately, it will depend on delivery.

Scholars of UK politics and public administration have long identified structural weaknesses in the British political system, especially policy short-termism, fragmentation of delivery agencies, and overcentralisation of decision-making (Diamond et al., 2024). A mission-oriented approach is an attempt to overcome these problems by corralling public agencies and private partners towards a set of clearly defined national objectives (Mazzucato, 2020). However, at a national level, the structural barriers in the UK's policy system and a history of unfulfilled ambitions indicate that new delivery mechanisms will be needed.

There are broader concerns that mission-oriented approaches can lack clarity about who is going to deliver policy, and how (Coyle, 2024). If local and regional institutions are seen as merely delivering national policy, it is likely that many of the UK's structural weaknesses will be maintained and even reinforced. In addition, unproductive tensions may emerge between different tiers of government. If, however, national missions provide a framework of outcomes and a broad strategy within which each place can make its own decisions on delivery, then mission-driven government in collaboration with place-based decision-making could change the direction of UK policymaking for the better.

Embedding health policy in place

Nowhere are these tensions and opportunities clearer than with health policy, where the government has a mission "to build an NHS fit for the future". Like many previous governments, Starmer's Labour has framed health policy primarily in terms of the NHS. In many ways this reflects the pressing priorities of an NHS in crisis, reeling from austerity, Covid, labour shortages, and industrial unrest (Darzi, 2024), with waiting lists at 7.6 million and another winter crisis on the horizon (BBC, 2024).

However, if the government focus only on shoring up the NHS, it will find it is fighting a losing battle, as the supply of healthcare will struggle to keep pace with rising demand. This is recognised in Labour's 2024 Manifesto, which promised "a greater focus on prevention throughout the entire healthcare system" (Labour Party, 2024). However, it is important that preventative health is a cross-government agenda rather than a set of health system reforms. Indeed, the whole point of mission-driven government is that policymakers respond not to problems or crises in any one public service but instead work to resolve long-term societal challenges by aligning multiple public services in partnership with a diverse range of non-state actors.

To deliver a 'public health mission', this alignment and partnership-working must target the 'social determinants of health' - those wider societal and environmental factors that drive public health, such as a warm, dry home, or access to green space. The recent Darzi Report on the state of the NHS (commissioned by the Labour government) finds that "many of the social determinants of health - such as poor-quality housing, low income, insecure employment - have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand" (Darzi, 2024: 2).

Because the levers and budgets in these policy areas sit across a fragmented array of policy actors, a significant part of the solution lies in place-based

public policy. Place leaders have the potential to knit together different services in pursuit of wider outcomes, responding to the local context and convening local actors (Sotarauta and Beer, 2017). Research from [the TRUUD project](#) has shown a willingness among a diverse range of decision-makers to have a positive impact on public health, but also the presence of countervailing incentives and structures. Reorienting these incentives and structures depends on a range of measures to strengthen the capacity of subnational government, especially at a strategic city-region and county authority level (Ayres et al., 2023).

Fixing the institutional frameworks for place-based policy

To realise the potential of place-based policymaking in delivering national missions, there will therefore need to be significant improvements to governance structures. Four areas require particular attention:

1. Geography. A key starting point is to have clear, consistent, and coterminous geographies at the right scale. For most parts of the country, health, transport, social care, planning policy etc. all sit [at different geographical levels](#). Improvements to public health depend on institutions being joined-up and partnerships that are only possible within the boundaries of specified geographical area. At the heart of this is the alignment between governance institutions, like Mayoral Combined Authorities, and NHS institutions, such as Integrated Care Boards.

2. Capacity. A second key ingredient is data and policy capacity. Part of this is about providing ringfenced investment and nationally directed support to build up subnational capacity (Hoole et al., 2023), but it is also about furnishing local policymakers with the right data tools. For example, [the HAUS model \(Health Appraisal in Urban Systems\)](#) allows users to estimate the health costs of different urban development decisions, and therefore ensure greater alignment between economic and health objectives.

3. Funding. Third, it is widely acknowledged that current funding is insufficient, inefficiently distributed and ineffectively spent. Place-based public health policy can be enabled by pursuing innovative approaches to funding. At the national level, there is growing support behind 'Preventative Departmental Expenditure Limits', which seek to delineate preventative spending from capital and resource spending (O'Brien et al., 2023). At the local level, the proposal of 'place-based public Service Budgets' seeks to draw together all the funding that goes into a local area under the same place-based

strategy (Denham and Studdert, 2023). Finally, an 'Environmental Economics Approach' can ensure that public spending leads to a range of public values and not just narrowly defined economic growth (Eaton et al., 2023).

4. Accountability. Finally, there is the question of accountability. There needs to be a rethink of accountability that moves away from Treasury-dominated oversight of spending (Newman et al., 2024). Instead, we need a broader notion of accountability. This involves identifying the actors responsible for impacting public health in places and implementing systems to restructure their incentives. This will depend on public engagement and local scrutiny as well as top-down regulation.

These are just starting points to realising a place-based public health agenda, but the core principle is clear: improving public health depends on actively mobilising a diverse range of actors in places. In delivering national missions, central government will therefore need to focus on creating the conditions for effective place-based policymaking. Effective local leaders can be good convenors, but to deliver lasting change, it is necessary to focus on the capacity of decisionmakers, the mechanisms through which they are held to account, and the institutional architecture in which they operate.

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