Public Document Pack

Wellbeing Board

Date: Friday 28 July 2017

Time: 2.30 pm **Public meeting** Yes

Venue: Room 103, 16 Summer Lane, Birmingham B19 3SD

Membership

Councillor Bob Sleigh (Chair)	Solihull Metropolitan Borough Council
Councillor Ken Meeson (Vice-Chair)	Solihull Metropolitan Borough Council
Councillor Kamran Caan	Coventry City Council
Councillor Les Caborn	Warwickshire County Council
Councillor Paulette Hamilton	Birmingham City Council
Councillor Barry Longden	Nuneaton and Bedworth Borough Council
Councillor Peter Miller	Dudley Metropolitan Borough Council
Councillor Ian Robertson	Walsall Metropolitan Borough Council
Councillor Ann Shackleton	Sandwell Metropolitan Borough Council
Councillor Paul Sweet	City of Wolverhampton Council
Sarah Norman	WMCA Chief Executive Lead
Alison Tonge	NHSE
Andy Hardy	STP Systems Leader NHS
Julie Moore	STP Systems Leader NHS
Andy Williams	STP Systems Leader NHS
Richard Beeken	NHS Improvement
Sue Ibbotson	Public Health England
Guy Daly	Universities (Coventry)
Sean Russell	Mental Health Implementation Director
Gary Taylor	West Midlands Fire Service
Sarah Marwick	West Midlands Police

Quorum for this meeting shall be seven members.

If you have any queries about this meeting, please contact:

Contact Wendy Slater
Telephone 0121 214 7016
Email wendy.slater@wmca.org.uk

AGENDA

No.	Item	Presenting	Pages
1.	Meeting Business Item		None
2.	Apologies for Absence	Chair	None
3.	To note the schedule of meetings for 2017/18 6 October 2017 – 1.30pm -3.30pm 19 January 2018 -1.30 -3.30pm 20 April 2018 -1.30pm -3.30pm		None
4.	Minutes of the last meeting	Chair	1 - 8
5.	Matters Arising	Chair	None
6.	Wellbeing Priorities Report	Jane Moore/Sarah Norman	9 - 28
7.	Health Devolution Proposals Report	Sarah Norman /Jane Moore	29 - 46
8.	Outline Population Health Plan	Jane Moore	47 - 62
9.	Mental Health Commission Update	Sean Russell	63 - 68
10.	'West Midlands On The Move' - From Strategic Framework to Implementation	Simon Hall	69 - 90
11.	Any Other Business		None
12.	Date of Next Meeting - 6 October 2017 at 1.30pm		None

WEST MIDLANDS COMBINED AUTHORITY

Meeting: Wellbeing Board

Subject: Minutes

Date: Friday 19 May 2017 at 1.30pm

Present:

Councillor Paulette Hamilton	(Birmingham City Council)
Councillor Ken Meeson	(Solihull Metropolitan Borough Council)
Councillor Peter Miller	(Dudley Metropolitan Borough Council)
Councillor Ian Robertson	(Walsall Metropolitan Council Council)
Councillor Ann Shackleton	(Sandwell Metropolitan Borough Council)
Guy Daly	(Coventry University)
Sue Ibbotson	(Public Health England)
Sarah Marwick	(West Midlands Police)
Sarah Norman	(Health Chief Executive Lead for WMCA)
Sean Russell	(Mental Health Implementation Director)
Gary Taylor	(West Midlands Fire Service)
Alison Tonge	(NHS England)

In Attendance:

Mark Barrow	(OPE Programme Director, Arcadis)
Andrea Gabbitas	(West Midlands Police)
Simon Hall	(Black Country Consortium)
Andrew Harkness	(STP, NHS for Andy Williams)
Jane Moore	(WMCA)
Anne Shaw	(Birmingham City Council)
Duncan Vernon	(Transport for the West Midlands)

Observers:

Salma Ali	(NHS England)
Naomi Brook	(CCC)

Apologies for absence were received from Councillors Caan and Caborn, Andy Hardy, Julie Moore and Andy Williams.

13/16 Chair of the Wellbeing Board

Sarah Norman informed the board that Councillor Pete Lowe had not been appointed Leader at Dudley Council's AGM held yesterday and consequently, he would no longer hold a position on the WMCA Board and chair this board. It was noted that the appointment of Chair for the Wellbeing Board would be confirmed at the WMCA Board's AGM on 23 June 2017.

14/16 Appointment of Vice-Chair

In relation to the position of Vice-Chair, Sarah Norman reported that following the last meeting, Councillor Ken Meeson had kindly volunteered for the role.

Councillor Hamilton nominated Councillor Meeson for the position of Vice-Chair and this was seconded by Councillor Robinson.

Resolved that Councillor Meeson be appointed Vice-Chair of the Wellbeing Board.

Councillor Meeson in the Chair

15/16 Minutes

The Minutes of the meeting held on 24 February 2017 were agreed and signed by the Chair, as a correct record.

16/16 West Midlands On the Move – Physical Activity Strategy

Simon Hall presented a report on West Midlands on the Move- Physical Activity Strategy.

It was noted that the latest version of the strategy, the WMCA Physical Activity Strategic Framework, had been developed following consultation with WMCA thematic leads, constituent and non-constituent members and stakeholders.

In relation to Councillor Robertson's comments regarding the need to introduce small changes in order to change behaviour, Simon Hall concurred and considered that small change should focus on how we live and work including taking responsibility for community centres and halls.

Sue Ibbotson added that inactivity had increased since the 1960s and there is a need to look at how people can move more in everyday life that will make a difference.

Councillor Meeson reported of the need to obtain co-operation from land owners, schools and local authorities to make the best use of sports fields/grounds and community facilities. He considered that land around HS2 stations that would be unsuitable for housing could be utilised for physical activities such as walking and cycling and suggested a 'West Midlands Way' could be set up to encourage people to move around.

Simon Hall reported that he was working with different communities and sharing best practice and agreed that civil spaces need to be transformational and that he liked the suggestion of a West Midlands Way.

Resolved

(1) That progress made in producing the Strategic Framework and its stronger alignment to the WMCA's Strategic Economic Plan and Thrive West Midlands Action Plan be endorsed;

(2) That the next steps in producing the final Strategic Framework including consulting with constituent and non-constituent members, observers and stakeholders be approved ;

(3) That the timescales for the production of the Final Strategic Framework, the initial 6 month Implementation Plan and Framework ,seeking WMCA adoption within 3 months of this Wellbeing Board meeting be agreed;

(4) That the establishment of the West Midlands on the Move Working Group as a sub-committee reporting to the Wellbeing Board, working to the terms of reference outlined in the report be approved;

(5) That the WMCA Board be asked to consider the provision of a resource to drive work forward from 16 June 2017 to 31 March 2018, at a cost in the region of £42,000 be endorsed;

(6) That the Strategic Framework's implementation is not dependent on external funding and that in developing the Implementation Plan and Resourcing Framework, that the WMCA enter into discussions with Sport England on funding, recognising there is no other Combined Authority adopting an integrated approach to using increases in physical activity to achieve the WMCA SEP and Thrive West Midlands priorities, be endorsed and

(7) That in entering into discussions with Sport England, the WMCA note that any Sport England funding should not impact on existing Sport England funding in local areas or the potential for constituent members and non-constituent members to lever additional funding be endorsed.

17/16 Transport and Air Quality Update

Anne Shaw presented a report that updated the board on the issues regarding air quality within the region, the actions proposed, the development of a West Midlands response and the potential impact at a wider regional level of the government revised national air quality action plan.

Councillor Hamilton thanked Anne Shaw for a really good report, noting that of the 2,000-2,400 estimated deaths related to poor air quality, 900 alone occurred in Birmingham and enquired as to the work being undertaken with the NHS. Councillor Hamilton further enquired as to the preventive work being undertaken.

Anne Shaw considered that more joint working with Public Health England was required and an economic analysis was being undertaken with regards to productivity as to how this could translate into preventative measures.

Sue Ibbotson reported that Public Health England endorsed the report and NHS public health indicators would help support raising awareness of the burdens of ill health.

In relation to consultation on the Government's new draft Air Quality Plan which closes on 15 June 2017, Anne Shaw reported that whilst constituents and non-constituent members of the WMCA could submit individual responses, it was hoped that one clear, coherent response would by submitted by the WMCA that would have the strong support of the Mayor.

It was agreed that a further report should be submitted to this board when the strategy was more developed.

Resolved

(1) That the concurrent duties of the WMCA to monitor, review and manage air quality as per the draft WMCA Amendments and Functions Order 2017 (having come into effect on 8 May 2017) and the need to develop a Memorandum of Understanding to outline roles and responsibilities of relevant stakeholders in the improvement of air quality across the WMCA area be noted;

(2) That the need to change transport emissions and behaviours in order to improve air quality be noted;

(3) That the updated draft air quality plan to reduce NO_2 was published on 5 May and the plan be finalised by 31 July 2017 after consultation be noted ;

(4) That the updated draft air quality plan has identified further local authorities in the West Midlands where there is a persistent exceedance of the annual limit for NO_2 and proposals to address this must be considered be noted;

(5) That addressing air quality across the West Midlands would benefit from a level of regional cross-party coordination and the intention of TfWM to collaborate and develop a coordinated and standardised approach to respond to the transport implications that result from the publication of the new national air quality plan be noted ;

(6) That the wider opportunities to develop regional strengths in the low carbon economy in order to benefit the West Midlands economy and to help meet the demand for innovations and products that help improve air quality be noted;

(7) That the Mayor and Chief Executive Officers and Leaders of the WMCA constituent authorities have been briefed on this matter be noted and

(8) That a further report on air quality be submitted to a future meeting of this board when the strategy is more developed.

18/16 West Midlands Health and Transport Strategy

Duncan Vernon presented a report that provided an update on how Transport for the West Midlands would be taking forward the development of a health and transport strategy and its overlap with the aims and roles of the Wellbeing Board.

Councillor Meeson noted the importance of public transport provision and in particular the need for frequent bus services to avoid people having to use their cars.

Jane Moore reported that the issue of equalities was significant as people living in deprived communities needed support to benefit from health and transport initiatives, for example; cycling training was required in addition to cycle infrastructure measures.

Anne Shaw concurred with Jane Moore and reported that Birmingham City Council had given away 4,000 bikes (with GPS) to deprived communities and there was evidence that the initiative had improved health, access to employment and had encouraged people to travel further than their local area. Anne Shaw added that she could provide other examples of work with communities that was having a big impact.

In relation to Councillor Hamilton's comment that she supported the concept of Boris Bikes in London, Anne Shaw reported that Birmingham City Council was undertaking a procurement exercise to look at bike sharing across the West Midlands.

Duncan Vernon advised the board that one of the benefits of integrating health and transport in a single strategy was that it would identify areas of deprivation and would look at how communities could be connected.

Resolved

(1) That Transport for the West Midlands is developing a Health and Transport Strategy be noted;

(2) That the key elements of the World Health Organisation (WHO) approach from 'Health as the Pulse of the New Urban Agenda and their role in improving health in the West Midlands be noted and

(3) That further reports on the development of the West Midlands Health and Transport Strategy be submitted to future meetings of this board.

19/16 Mental Health Commission Update

Sean Russell presented a report that provided an update on the current position of the West Midlands Mental Commission Action Plan.

The report outlined progress on key areas that included wellbeing at work, Fiscal Incentive work, Midlands Engine funding, Housing First, Criminal Justice, Primary Mental Health Care, community engagement and mental health awareness training.

In relation to community engagement and in particular the 'Walking Out of Darkness' event that was held on 6 May 2017 in Birmingham, Sean Russell reported that around 450 people attended and conveyed a big thank you to all who had supported this event. He added that for the future, the event would have a focus on remembering people who had taken their own life.

In relation to providing mental health awareness training , Sean Russell advised that there were many different organisations offering a range of options and consideration would need to be given to delivering training at the right time, right place and for the right people.

In relation to an enquiry from Simon Hall as to whether Year 6 Primary Funding could be utilised, Sean Russell reported that there was a significant transition from Year 6 into Year 7 and undertook to discuss the matter with Simon Hall outside of the meeting.

Sue Ibbotson considered the work being undertaken on mental health was fantastic, noting this was the only regional public mental health strategy in the country and urged colleagues to keep supporting Sean Russell.

Resolved that the update on the current position of the West Midlands Mental Health Commission Action Plan be noted.

20/16 One Public Estate

Mark Barrow presented a report that provided an update on the position of the West Midlands One Public Estate Programme since the previous meeting and highlighted the pipeline of projects and activity going forward.

In relation to the report recommendation to retain the proceeds of disposed NHS assets locally, as contained within the 'Naylor Review', Alison Tonge reported that everyone wants to retain assets and that the Strategic Transformation Partnerships (STPs) are engaged in this programme although Coventry and Warwickshire was proposing a different vehicle.

Mark Barrow advised that he was aware of the Coventry and Warwickshire position and was working with them.

Resolved

(1) That the board endorses the recommendation within the 'Naylor Review' to retain the proceeds of disposed NHS assets locally;

(2) That the board supports the development of a West Midlands devolution deal ask to implement the retention of NHS disposed assets locally and asks the WMCA Board to support the devolution deal subject to the support of NHS partners;

(3) That the board seeks support from NHS partners to extend the principle of retaining the value of locally disposed NHS assets in future STP propositions;

(4) That the board notes and supports progress made within the One Public Estate Programme and its pipeline projects and

(5) That the board continues to receive update reports on the One Public Estate Programme.

21/16 Strategic Transformation Partnerships (STPs): An Opportunity for Greater Place Based Accountability

Alison Tonge presented a report that outlined the development and future role of the Strategic Transformation Partnerships (STPs) and how they could help deliver the priorities in the 'NHS, Five Year Forward View' and in particular the 4 key 2017/18 priorities.

Councillor Meeson noted that the STPs were still work in progress and enquired how the STPs would be communicated to members of the public so that they would understand their role and remit.

Councillor Hamilton reported that she had been involved with STPs from the beginning and supported the development of the STPs as it would provide the opportunity to offer a joined up approach for health and social care.

Alison Tong advised that she would continue to provide further STPs updates to the board.

Resolved

(1) That the update on the Strategic Transformation Partnerships (STPs) following the publication of the 'Next Steps on the NHS Five Year Forward Plan' in October 2016 be noted ;

(2) That the direction of travel regarding the increased importance of 'Place' based accountability in the evolving NHS architecture be noted and

(3) That the implications of recent developments within the context of partnerships in the wider public service reform agenda in the West Midlands be noted.

22/16 Population Intelligence Offer

Jane Moore presented a report on the draft Population Intelligence Offer that put forward a proposal for the way in which intelligence could support the goals and priorities of the Wellbeing Board.

Jane Moore reported that work was being undertaken with key partner organisations to produce an integrated approach to intelligence and referred to the development of a Population Health Plan.

Jane Moore advised that the draft Population Health Plan would be submitted to the next meeting of this board.

Resolved that the approach to developing population intelligence be supported.

23/16 Any Other Business

None notified.

24/16 Date of Next Meeting

Friday, 28 July 2017 at 1.00pm (to be confirmed following the WMCA Board AGM).

CHAIRMAN

WEST MIDLANDS COMBINED AUTHORITY

Wellbeing Board Meeting

Date	28 July 2017
Report title	Wellbeing Priorities Report
Portfolio Lead	Councillor Bob Sleigh - Wellbeing and HS2
Accountable Chief Executive	Sarah Norman Email sarah.norman@dudley.gov.uk Tel (01384) 815201
Accountable Employee	Dr Jane Moore -Director of Public Health Email Jane.Moore@wmca.org.uk Tel 0121 214 7039
Report to be/has been considered by	Priorities have not been previously considered, this report will be considered my WMCA Programme Board

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Agree the following actions for each of the six priorities identified:

a. That prevention/ lifestyle risks should be considered as part of a pathway approach to reducing long term conditions
b. Support further work to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme
c. That the West Midlands Cancer Alliance Programme should be the programme driving improvements in Cancer outcomes. However, we should be seeking greater join up between the WMCA and this programme.

d. Support more detailed scoping work on Children and Young People (CYP) with stakeholders to develop a set of options for work on this priority for the Wellbeing Board to consider.
e. Current work on transport and health; physical activity and air quality should be used as the basis for developing the transport priority
f. The work of the Homelessness Taskforce and Thrive is used to identify opportunities to strengthen the consideration of health in housing initiatives
g. Support the development of the West Midlands Behaviour Change Network to provide expertise and support across WMCA strategic priorities
h. Agree that behaviour change to improve wellbeing will be developed as part of the other wellbeing priorities.

2. The next Wellbeing Board should review progress on the actions above.

1.0 Purpose

1.1 The workshop held by the Wellbeing Board on the 19 May 2017 identified six potential wellbeing priorities for the West Midlands Combined Authority. This report outlines the work that has been undertaken since this meeting to understand the potential impact of a wellbeing programme on these areas.

1.2 The Wellbeing Board asked that before any commitment was made to a substantive programme of work we should be able to demonstrate that such a WMCA level programme would add value to local priorities/actions, provide opportunities to build on or scale up local initiatives, and potentially support the WMCA devolution agenda. The paper sets out the opportunities presented by each of the six priorities to deliver added value. We have also tried to consider the potential for driving system change involving organisations across the public, private and voluntary sector. The board is asked to consider our review of how each of the six priorities could deliver these objectives.

2.0 Background

2.1 The workshop held by the Wellbeing Board on the 19 May identified six potential wellbeing priorities for the West Midlands Combined Authority. These were:

- Long term conditions – suggested conditions are cardiovascular disease, cancer and diabetes
- Prevention at a WMCA level – options are a broad prevention programme linked to a long term condition or work focussed on a specific lifestyle issue such as obesity, smoking, alcohol, physical activity
- Children and Young People – mental wellbeing, resilience and good child development that supports effective transition into adulthood (i.e. getting into work)
- Transport – Active and other health impacts of
- Housing and the built environment
- The potential for delivering population and individual behaviour change across the WMCA

2.2 Since the Board we have worked with Intelligence colleagues to produce short briefs on each area (Appendix 1). These set out the position across the WMCA including the level of need, the potential for improved outcomes and the impact on inequalities. The briefs also identify opportunities for added value across the WMCA. In addition all the briefs contain electronic links to more detailed evidence for the information contained within the briefs.

2.3 We have reviewed the links to other programmes such as STPs that cover wider geographical areas than a single local authority. We have also undertaken discussions with key stakeholders who would be involved in any substantive programme and we have started to engage academic colleagues on support to develop both the evidence base and the evaluation for any programme that the Wellbeing Board agrees. Finally the recent work on potential devolution discussions has allowed us to consider the potential of these priorities to contribute to the WMCA objectives of reducing demand on services, improving productivity and reducing vulnerability.

3.0 Wider WMCA Implications

3.1 The implications for other WMCA work streams has been considered in the options identified below. The development and implementation of these priorities will involve non-constituent areas (e.g. within STP geographical areas).

4.0 Options for taking the Six Wellbeing Priorities forward

4.1 For each of the six priorities a number of factors (impact, prevention, and links to other programmes, stakeholder's views and devolution potential) have been considered alongside the independent briefs provided by the Population Health Intelligence Group. These are summarised below.

4.2 Long Term Conditions and Prevention

4.2.1 The evidence contained within the briefs and discussions with stakeholders suggests that any effective programme to prevent long term conditions (LTCs) or reduce the severity and complexity of care for individuals with these conditions needs to take a whole pathway approach that includes prevention as a key component. Therefore we have considered the two priorities of LTCs and prevention together. In addition, as the majority of health problems that arise from diabetes are forms of cardiovascular disease (CVD) we have also brought CVD and diabetes together as LTCs.

4.3 *Cardiovascular Disease (CVD) and Diabetes*

4.3.1 Summarising all the evidence and stakeholder views the conclusions are:

- *Evidence for impact* – Outcomes for CVD and diabetes are worse than the English average (especially preventable mortality) giving a real opportunity to improve outcomes across the WMCA. CVD and diabetes are significant contributors to all age disability and not in work disability figures therefore there is real potential to reduce demand on services and improve productivity. Delivering these improved outcomes would require actions to reduce lifestyle risks, improve cross-sector action (especially around early intervention) and environmental changes (e.g. improving the safety and coverage of cycling routes) giving real opportunities to add value at the WMCA level.
- *Potential for Prevention* – All of the lifestyle risks identified by the Wellbeing Board contribute to CVD and cancer and evidence suggests that the majority of CVD and diabetes is preventable. However, the impact of obesity on CVD and especially diabetes means a prevention programme with a strong focus on enabling people to be physically active and maintain a healthy weight could have significant impact.

There is opportunity for work on reducing current obesogenic environmental factors by: working with businesses on healthy food; using planning policies to influence location and food provided in fast food outlets; improving the role of the built and green environment to promote physical activity and active transport.

- *Synergy with other programmes* – STPs are currently reviewing or developing their prevention/health and wellbeing gap programmes. All of the STPs have identified CVD and diabetes as an important area for further work. The WMCA physical activity strategy – *West Midlands on the Move* would support this priority. LTCs are a significant contributor to poor mental health in addition being physically active is known to improve mental health so colleagues working on the WMCA Thrive implementation are supportive of this priority. The West Midlands Stoke Clinical Network are developing proposals on best practice for stroke services giving an opportunity to add value to this work by a WMCA focus on prevention and early intervention.
- *Stakeholders*- PHE's discussions with the 3 STPs have identified CVD as a potentially strong area for cross sector action between the NHS and other partners. In addition a number of stakeholders have identified this as an area where a focus on reducing lifestyle risks and environmental risks for families and children could have a major impact. Colleagues from a number of our Universities are interested in working with us on areas such as childhood obesity, supporting behaviour change in people with significant lifestyle risks and improving early intervention.
- *Devolution potential* – work on devolution proposals has identified this as an area where the opportunities to use current government policy (improving physical activity in primary school children), government and other national bodies transformation funds and devolution of policy frameworks (planning policy to allow local authorities to take health into account in decisions) to deliver a WMCA programme.

4.3.2 On the evidence above we suggest there is a strong case for further work to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme.

4.4 Cancer

4.4.1 Summarising all the evidence and stakeholder views the conclusions are:

- *Evidence for impact* – Outcomes for cancer (mortality) are worse than the English average giving a real opportunity to improve outcomes for people in the WMCA. However, survival for cancer is improving and therefore increasingly there is a need for pathway approaches that also recognise the importance of supporting people to live with cancer. This would require cross-sectional action around work and the work place, supporting good mental health and managing long term health problems.
- *Potential for Prevention* – Around 40% of cancers are preventable and all of the lifestyle risk identified by the Wellbeing Board contribute to cancers. However, smoking remains the most important risk factor for developing cancer. A broad prevention programme with a strong focus on smoking could have a strong impact on outcomes in the West Midlands and a focus on tobacco control at the WMCA level would add value to work in individual councils.
- *Synergy with other programmes* – STPs are currently reviewing or developing their prevention/health and wellbeing gap programmes. The STPs have identified smoking as an important area for further prevention work. Cancer has also been identified by NHSE as an important area for developing a co-ordinated pathway

approach. This is being taken forward though the national and regional (West Midlands) Cancer Alliances.

- *Stakeholders*- Discussion with stakeholders suggests that there is strong support for a cancer pathway approach from prevention to living with cancer long term. However, it was also felt that we already have a vehicle for doing this through the West Midlands Cancer Alliance especially now the Alliance will have a greater focus on prevention. This also creates the potential to link the WMCA Wellbeing agenda to the work of the Alliance. At the same time stakeholders were asked about the proposal from Macmillan to work with the WMCA that came to last Wellbeing Board but did not see this as a current priority as the preference would be to work with a wider range of voluntary/charitable sector stakeholders.
- *Devolution potential* – work on devolution proposals has not identified this as an area for initial devolution discussions.

4.4.2 The proposal is that the West Midlands Cancer Alliance programme should be the programme driving improvements in Cancer outcomes. However, we should be seeking greater join up between the WMCA and this programme.

4.5 Children and Young People

4.5.1 The biggest opportunities to improve the wellbeing of the people of the WMCA comes from improving outcomes for children and young people (CYP). Furthermore if we consider how we improve outcomes for CYP in the context of their families and communities we have the opportunity to reduce some of the intergenerational cycle of inequalities that so affect individuals and communities' opportunities.

4.5.2 Summarising all the evidence and stakeholder views the conclusions are:

- *Evidence for impact* – Outcomes for children across physical health, mental health, and child development indicators are all below the English average and poorer outcomes within the WMCA are strongly linked to deprivation. Therefore there are major opportunities to improve outcomes. For example: currently 36% of children do not achieve good levels of development at end of reception. If we improved to the top performing area in England 2,050 more children would be ready for school each year. Addressing these poor outcomes requires approaches that address the wider determinants of health, recognising the complex interaction of factors that contribute to poor outcomes, and enables cross-sector early intervention to build good protective capability for CYP.
- *Potential for Prevention* – Evidence from reports such as the Marmot Report on Inequalities show that focussing on CYP is crucial if we are to allow every child to fulfil their potential across the rest of their life course. The Early Intervention Foundation has shown that prevention and early intervention are effective in changing outcomes for CYP and result in major savings in children's services and public sector costs across the rest of the life course.
- *Synergy with other programmes* – This programme will have maximum added value at a WMCA level if it is complementary and joined up with the strategic agenda of the WM Association of Directors of Children's Services, the WMCA Education Network, Youth Criminal Justice and the Skills and Productivity Commission. Preliminary review and discussion on these agendas suggests a cross-sector CYP wellbeing programme would add value to these other programmes.

- *Stakeholders*- A workshop involving colleagues from children's services, the NHS, criminal justice and the voluntary sector suggested a focus around CYP's resilience would add value across the WMCA but also highlighted the range of options and approaches that could be taken to achieve this. Consultation on the West Midlands on the Move Strategy also supported a WMCA approach to the role of physical activity in improving CYP resilience. Further discussion with WMADCS, WMADPH, PHE, and NHSE have resulted in agreement to co-sponsor some further scoping work over the summer that will focus on: the current position in the West Midlands (available data and evidence), current initiatives and evidence of best practice (survey work) and stakeholder involvement (an iterative exercise to create consensus on the areas where a WMCA CYP would add most value). This will deliver a proposal on the potential for a programme of work to the Wellbeing Board in the autumn. We are also taking part in a workshop with academics from a number of WM Universities on the potential to develop a research programme funded by national research funding that would support the WMCA CYP Wellbeing Programme.
- *Devolution potential* – There are a large number of areas where devolution could create opportunities to improve the outcomes for CYP and their families and communities. In the current devolution discussions the potential of central government working with the WMCA on this agenda has been highlighted. In addition we have used the current government policy focus on CYP mental wellbeing and mental health to make an initial proposal to access transformation funds to develop innovative approaches to delivering this policy.

4.5.3 The work to date on the CYP priority has highlighted the potential impact and added value a CYP Wellbeing Programme could have. In addition this is an area where the WMCA has the opportunity to be seen as leading on and the potential for devolution to improve the life chances of our CYP. However, it is clear that the range of options for a programme mean that further scoping work is needed to refine a proposal. Therefore, we would like to bring back more detailed scoping work that has been agreed with stakeholders to allow the Wellbeing Board to have a set of options for work on this priority.

4.6 Transport

4.6.1 The importance of health and reducing health inequalities in making transport decisions has already been recognised in the Strategic Transport Plan. In identifying this priority the Wellbeing Board recognised the potential for transport to be both health promoting (active travel and accessibility to transport) and detrimental to health (air quality and noise pollution).

4.6.2 Summarising all the evidence and stakeholder views the conclusions are:

- *Evidence for impact* – There is considerable opportunities in the WMCA to improve the health promoting role of transport by developing the active transport agenda to increase the number of people who are physically active. There are equal opportunities to reduce the impact of poor air quality and other factors on health. A report on transport and health is being developed to enable health to be taken into account in transport policy, planning, decisions and implementation.
- *Potential for Prevention* – Preventive action around transport could make a significant contribution to reducing both morbidity and mortality from CVD, respiratory disease, and cancer. A prevention programme with a strong focus on active transport and physical activity would have significant health benefits.

- *Synergy with other programmes* – Ensuring that health is a key consideration in the development of transport and major transport infrastructure development such as HS2 could have major benefits on health outcomes in the WMCA. The Mayor's renewal plan has set out an ambition to increase expenditure on cycling.
- *Stakeholders*- Discussions with transport, environmental health and other regulatory service stakeholders have demonstrated a desire to ensure health is a key consideration in developing transport and transport infrastructure. Current work on transport and health; physical activity & air quality that have been discussed by the Wellbeing Board were seen by stakeholders as the best way to develop this priority.
- *Devolution potential* – Discussions with colleagues working on the devolution agenda recognised that is important that health is an important part of the narrative on transport and infrastructure proposals.

4.6.3 The proposal is that current work on transport and health, physical health and air quality should be used as the basis for developing this priority

4.7 Housing and the built environment.

4.7.1 The poor quality and insecure housing have been shown to have an impact on health and wellbeing. Work on the design of cities and the built environment have also shown there are a range of opportunities to create built environments that are health promoting and improve the wellbeing of individuals and communities.

4.7.2 Summarising all the evidence and stakeholder views the conclusions are:

- *Evidence for impact* – Homelessness has serious health consequences reducing the life expectancy of an individual by up to ten years and significantly worsening outcomes for people with mental health issues (Thrive). Over the last few years both rough sleeping and more hidden forms of homelessness (e.g. sofa surfing) have been rising. People living in poor quality housing have poorer physical and mental health and wellbeing with children being particularly affected. In addition poor quality housing can have wider impacts. Cold homes mean that families end up paying more of their income on fuel (fuel poverty) affecting their ability to spend money on other essentials (e.g. food). In addition poor quality housing can have safety issues with higher levels of both childhood and older people injuries. Improving health outcomes by improving the quality of housing and the built environment requires cross-sector partnerships across industry, the public sector and communities to deliver the right new homes, improve the existing housing stock and use environment interventions to improve the built environment.
- *Potential for Prevention* – Improving the quality of housing and the built environment could make significant contributions to improving both physical and mental health outcomes and reducing some of the inequalities in outcomes. In addition access to supported housing for vulnerable people such as those with mental health problems has been shown to improve outcomes, reduce demand on services and increase the chances of people living normal lives (e.g. working). A focus on the built environment as health encouraging environments provides opportunities to design and build in recreational activity, safety features so people are more likely to use community spaces and accessible transport. This would improve physical activity, reduce social isolation and improve community wellbeing.

- *Synergy with other programmes* – The Mayor has recently set up a Homelessness Taskforce and it is important that the health and wellbeing issues associated with homelessness are effectively considered by this group. A representative from PHE and the Thrive Implementation Director are on this taskforce and have recently met with local authority public health colleagues to consider how we ensure that current evidence and best practice is fed into the taskforce. Housing is also a major element of the Thrive report and current work on Housing First schemes for vulnerable people is being undertaken through this programme. Work on the WMCA Land Commission is still underway but potentially this could be an important vehicle for delivering health promoting housing and environments.
- *Stakeholders*- Preliminary discussions suggest that there is a lot of work on housing and homelessness at both the WMCA and local authority level. However, a lot of this activity especially in the WMCA is still in development and the most value at the moment would come from focusing on the work of the Homelessness Taskforce and Thrive.
- *Devolution potential* – Discussions with colleagues working on the devolution agenda recognised that is important that health is an important part of the narrative on housing proposals.

4.7.3 The proposal is that we build on the work of the Homelessness Taskforce and Thrive to identify opportunities to strengthen the consideration of health in housing initiatives.

4.8 Individual and population behaviour change

4.8.1 Enabling people to change their behaviours is an important part of reducing lifestyle risks, managing health conditions and changing use of services. This means that it has a potentially important role in delivering change in all the priority areas identified above.

4.8.2 Summarising all the evidence and stakeholder views the conclusions are:

- *Evidence for impact* – Behavioural factors influence not only health outcomes but also a range of outcomes such as work activity and antisocial behaviour. The potential for effective behaviour change initiatives to improve the lives and wellbeing of the people of the WMCA is therefore considerable. However, it is important in delivering effective behaviour change to understand the behaviours we are trying to change, the values and context that underpin behaviours and potential role of different behaviour change approaches. This means that work on behaviour change will be best linked to specific priorities where the behaviour change actions can be incorporated into an integrated programme to maximise their effectiveness.
- *Potential for Prevention* – Behaviour change is an important tool in preventing risky behaviours, reducing all the major lifestyle risks the Board identified as important and enabling changes at a population level (e.g. attitudes to active transport and physical activity) as well as in individuals.
- *Synergy with other programmes* – Behaviour change has already been identified as an important element by the Mental Health Commission, Skills and Productivity Commission, Transport Strategy West Midlands on the Move and Public Sector Reform work. There is also work within the STPs to develop effective behaviour change approaches to support prevention, service use and public engagement with health services. There is current discussion with PHE of the potential for WMCA to

pilot population behaviour change and social marketing approaches as part of the WMCA commitment to improving mental health literacy.

- *Stakeholders*- A workshop was organised that brought together academics, behaviour change practitioners, national experts and people interested in using behaviour change. This identified there was a real opportunity to bring together skills and expertise across the WMCA and be at the forefront of using behaviour change within the public sector. National colleagues were keen to support this ambition. The outcome of this workshop was agreement to form a WM network to provide expertise and skills in behaviour change to support defined work that the WMCA and others wanted to undertake.
- *Devolution potential* – There is cross government interest in the role of behaviour change in changing the use of services, people's response to civic requirements and the law (e.g., tax collection and use of phones in cars) and societal behaviours. Therefore although there is no immediate devolution proposal the skills we are developing in this area could allow the WMCA to be leaders at demonstrating the potential of this approach with central government.

4.8.3 The proposal is that we develop the WM Behaviour Change network to provide expertise and support to all the WMCA strategic priorities and that the Wellbeing Board agree that behaviour change to improve wellbeing will be developed as part of the other wellbeing priorities.

5.0 Financial implications

5.1 There are no current financial implications. However, depending on the outcome of the further development work on priorities there will be future financial implications.

6.0 Legal implications

6.1 There are no legal implications

7.0 Equalities implications

7.1 The impact on health inequalities has been considered for each of the priorities. However, depending on the further work on these priorities equality assessments may be needed for specific programme actions.

8.0 Other implications

8.1 None

9.0 Schedule of background papers

9.1 N/A

10.0 Appendices

Appendix 1: Intelligence Option Appraisals of the six priority areas

This page is intentionally left blank

Appendix 1

WEST MIDLANDS COMBINED AUTHORITY

Long Term Conditions

Diabetes, cancer, cardiovascular disease

Level of need

Diabetes in the WMCA:

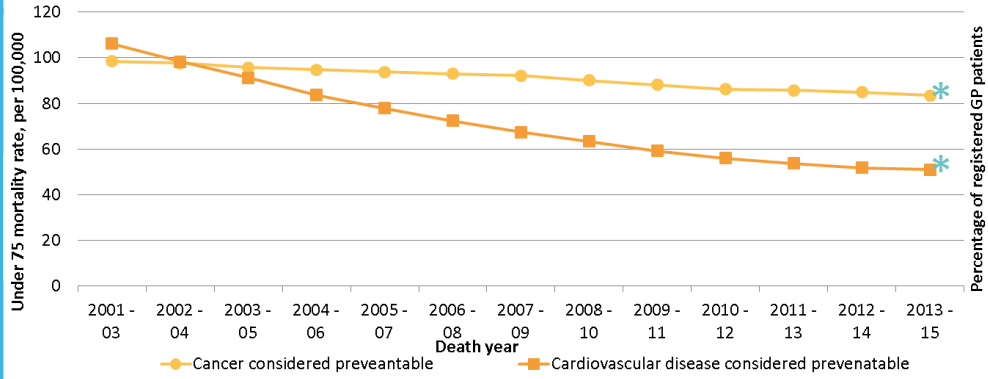
- An estimated 225,000 people (10%) aged 16 and over have diabetes
- Around 49% of people with type 2 diabetes received all 8 care processes
- Around 42% of people with type 2 diabetes achieved treatment targets for glucose control, blood pressure and serum cholesterol

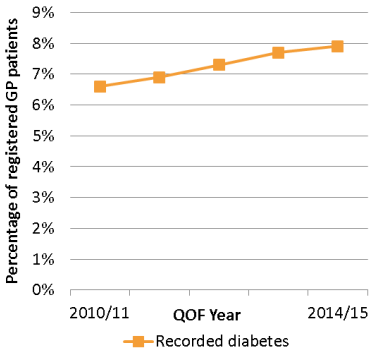
Cancer in the WMCA:

- Incidence: 53% of cancers are diagnosed at an early stage
- Mortality: 1,900 people die prematurely each year due to cancers considered preventable
- 69% of eligible women are screened adequately for cervical cancer, and 72% for breast cancer
- 53% of eligible people were screened for bowel cancer
- 14,000 cancers were diagnosed in 2014: breast, colon, lung and prostate were most common

Cardiovascular (CVD) disease in the WMCA

- There were around 13,000 admissions to hospital for coronary heart disease, and 4,000 for stroke
- 1,900 people die prematurely each year due to cardiovascular disease, approximately 66% are considered preventable





- 49% of eligible people aged 40-74 offered an NHS Health Check received an NHS Health Check
- Therefore, 51% of those offered and NHS health check did not have an NHS Health Check

Inequalities

* West Midlands regional data

- People from deprived areas are 2.5 times more likely to develop Type 2 diabetes
- People from deprived areas are also over three times more likely to develop the serious complications of diabetes including heart disease, stroke and kidney damage, than people from higher socio-economic groups.
- Deaths from CVD have fallen, but the decline has been smaller in the poorest communities.
- The burden of CVD morbidity and mortality is disproportionately shouldered by groups with the lowest socio-economic status
- Individuals lower down the socioeconomic scale have less knowledge of cancer risk factors
- There are differing levels of awareness between BME communities and the general population.
- There is evidence of inequalities at each stage of the cancer patient pathway, from information provision through to palliative care.

WEST MIDLANDS COMBINED AUTHORITY

Long Term Conditions

Diabetes, cancer, cardiovascular disease

Opportunities the WMCA has to make a difference

Diabetes:

- A major risk factor for developing Type 2 diabetes is being overweight or obese
- Approximately 3 in 5 cases of Type 2 diabetes can be prevented or delayed by losing weight through regular physical activity and a diet low in calories
- Lifestyle changes have been shown to work particularly well for participants aged 60 and older
- Action is required to encourage healthy choices in the retail environment, restrict marketing to children, incentivise healthy choices, increasing physical activity levels, promoting healthy living, and improving health in the public sector by increasing the provision of better food options, and workplace physical activity schemes
- Diabetes costs the NHS around £10 billion a year – or around **£500 million** across the WMCA

Cancer:

- 4 in 10 cancers can be prevented, largely through lifestyle changes such as:
  - not smoking, keeping a healthy bodyweight, eating a healthy, balanced diet, cutting back on alcohol, enjoying the sun safely, keeping active, minimise risk of contracting certain infections (such as HPV or hepatitis), being safe at work
- Diagnosing cancer at an early stage improves the outcomes. Population should be made aware of cancer symptoms and continue to encourage participation in screening where applicable
- Early stage cancer treatment is significantly less expensive than treatment for advanced disease
- The population aren't necessarily aware that all of these things are linked to cancer. For example, studies have found that 15 in 20 people don't know obesity causes cancer, and 18 in 20 people aren't aware of the link between alcohol and cancer. Awareness could be increased.
- Four in five (83%) people with cancer are, on average, £570 a month worse off as a result of their cancer.
- Ensure people affected by cancer can claim and receive vital benefits when they need them most
- Ensure welfare support is maintained and people affected by cancer are protected from any future cuts to the welfare budget
- Help people living with cancer return to or remain in work by providing return to work support including vocational rehabilitation.

Cardiovascular disease (CVD):

- The main risk factors linked with CVD: poor diet, physical inactivity, smoking and excessive alcohol consumption. Interventions focused on changing an individual's behaviour are important and are supported by a range of existing NICE guidance
- Dealings between local government agencies and the commercial sector should be conducted in a transparent manner that supports public health objectives and is in line with best practice.
- Consider how existing policies relating to food (and food outlets), tobacco control and physical activity, including those developed by the LA, may impact on the prevalence of CVD locally.
- Identify groups of the population who are disproportionately affected by CVD and develop strategies with them to address their needs

WEST MIDLANDS COMBINED AUTHORITY

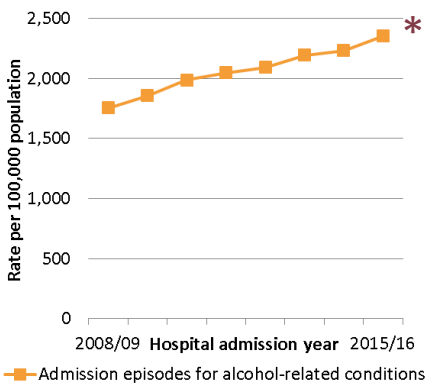
Lifestyle Factors

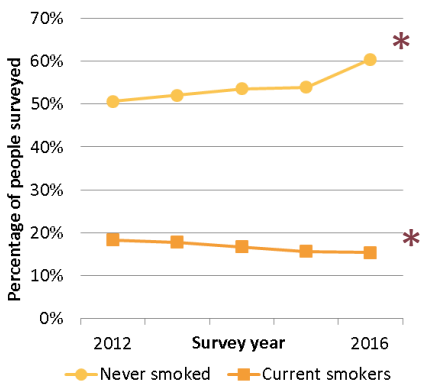
Smoking & Alcohol

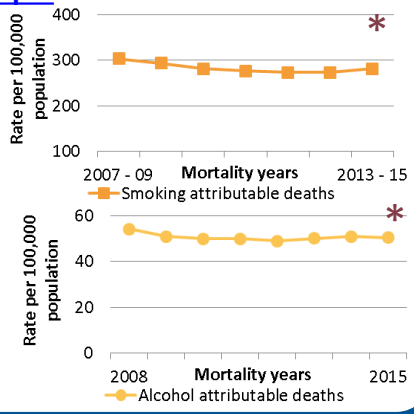
Level of need

In the WMCA:

- There were **64,000** admissions to hospital for **alcohol related conditions** in 2015/16
- **10 million litres** of **pure alcohol** were sold in 2014
- **17,000 years** of life were lost due to **alcohol related conditions**
- **4,000 deaths** per year were **attributable to smoking**
- **26,000 hospital** admissions per year were **attributable to smoking**
- **90%** of 15-year olds **agree** that **smoking causes harm to other people***







*West Midlands Regional data

Opportunities the WMCA has to make a difference

For alcohol:

- Consider ways in which alcohol data can be shared more effectively between different organisations within WMCA.
- Use the licensing legislation within a WMCA partnership approach to create environments that support lower risk drinking, particularly by targeting venues that sell to underage and intoxicated people.
- Promote targeted joined up policing interventions to reduce alcohol related harm linked to the Modern Crime Strategy.
- Promote the wide scale roll out of MECC/IBA in primary care and other services.
- Support the establishment and/or optimisation of alcohol care teams in hospitals.
- Ensure that effective and accessible pathways into treatment services are in place for those who are dependent upon alcohol and in contact with the criminal justice system, including the better and more regular use of alcohol treatment requirements in courts across the WMCA area.
- Nearly half of all violent crime is alcohol-related and 27% of serious case reviews involve alcohol use. Consider a joined up approach to tackling domestic violence across the WMCA area.

For smoking:

- Encouraging all local authorities to employ specific by-laws to establish smoke free areas.
- Strengthening approaches to licencing around the use of shisha.
- Smoking cessation treatments are most effective if used alongside support from a smoking cessation service.
- Potentially, for every £1 spent investing in tobacco-control interventions, £11.38 is saved over the lifetime of a smoker who quits.

Inequalities

- More men than women die from causes attributable to alcohol to alcohol and smoking.
- People in the most deprived areas have higher mortality rates due to alcohol & smoking related causes. Smoking accounts for up to half of the entire mortality differential between social classes.
- Smoking prevalence is highest in those aged less than 55 years.

WEST MIDLANDS COMBINED AUTHORITY

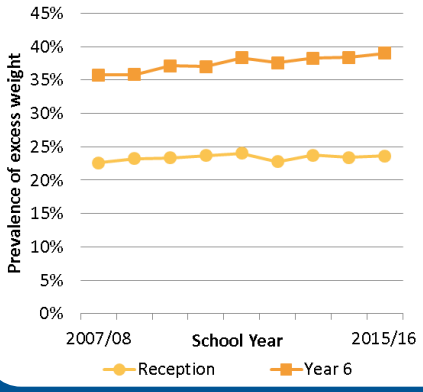
Lifestyle Factors

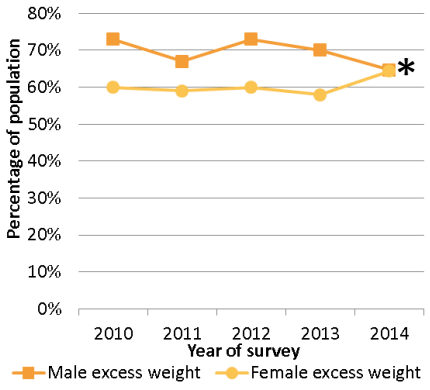
Obesity & Physical Activity

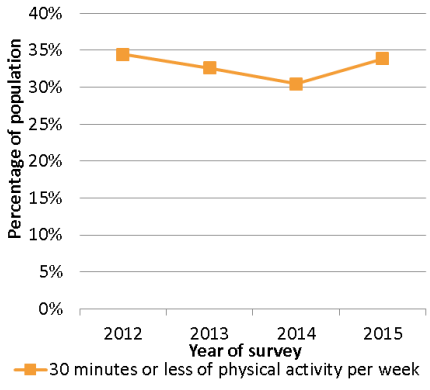
Level of need

In the WMCA:

- **9,000** children aged **4-5 years old** (24%) are **overweight or obese**
- **13,000** children aged **10-11 years old** (39%) are **overweight or obese**
- **1.5 million** adults (67%) are **overweight or obese**
- **760,000** adults (34%) achieve **less than 30 minutes of physical activity** each week
- **1.1 million** adults (51%) complete the **recommended 150 minutes** of physical activity







*West Midlands Regional data

Opportunities the WMCA has to make a difference

Sustained changes to individual behaviours across the whole population will require: multiple actions across all parts of the system, changes to the food, physical activity and social environments.

Working with wellbeing boards, local planning departments, local education departments to:

- Ensure development avoids over-concentration of hot food takeaways in town centres/high streets, and restricts proximity to schools and other facilities for children, young people & families.
- Ensure exercise and active recreation is available to all, in every community across the WMCA.
- Maximise the potential of the many existing assets; common land, woodland, streets, parks, leisure facilities, community halls, and workspaces.
- Consider pricing strategies and point of purchase prompts in grocery stores, vending machines, cafeterias and restaurants to support healthier choices.
- Develop environmental interventions that target the built and obesogenic environment, policies that reduce barriers to physical activity, transport policies and policies to increase space for recreational activity.
- Multi-targeted approaches to encourage walking and cycling to school, healthier commuting and leisure.

Inequalities

Obesity, and lower levels of physical activity are more common among:

- people from more deprived areas,
- older age groups
- some black and minority ethnic groups,
- people with disabilities

Level of need

Good child development and building resilience to cope

School Readiness

- School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life. Children who don't achieve a good level of development aged 5 years struggle with social skills, reading, maths and physical skills. This impacts on outcomes in childhood and later life such as educational outcomes, crime, health and premature mortality.
- 36% of children aged five in WMCA are not achieving a good level of development at the end of reception.

Resilience

- About 1 in 8 (13.2%) 15-year olds in the WM Region reported low life satisfaction in 2014/15 – similar to England. There is some variation in the proportion of 15-year-olds reporting low life satisfaction, ranging from 11% in Walsall to 16.0% in Birmingham.

Infant mortality reduction

- Around 6 in every 1,000 babies born in the WMCA die before their 1st birthday (approx. 250 deaths per year). Stoke-on-Trent, Birmingham and Walsall currently have the 3 highest rates of infant mortality in England. 5 of the top 11 highest rates of infant mortality nationally are in the wider WM.

Smoking in Pregnancy

- About 1 in 10 women in the WMCA are still smoking at the time of delivery. This equates to approximately 4,000 mothers. There would be over 2,000 less women smoking at the time of delivery if the WMCA had the same rate as the top-performing region (London, 5%).

Breastfeeding

- About 4 in 10 infants in the WMCA are totally or partially breastfed at age 6-8 weeks. This equates to approximately 15,500 infants. There would be over 13,000 more infants being breastfed if the WMCA had the same breastfeeding rate as the top-performing LA (Lewisham, 76.5%).

Child Obesity

- Across the WMCA, 24% of 4-5 year olds and 39% of 10-11 year olds were overweight or obese.

NEETs

- Increasing the participation of 16-24 year olds in education, training and work will make a lasting difference to their individual lives. Young people who don't participate in education, employment and training are more likely to experience reduced future earnings, low skills, poor health, depression, unemployment and early parenthood.
- In 2015, 4% (4,420) of 16-18 year olds in WMCA were not in education, employment or training.
- 45% of those with no reported qualifications had spent more than a year NEET.

WEST MIDLANDS COMBINED AUTHORITY

Giving every child the best start in life

Inequalities

- Infant mortality rates are significantly higher in the most deprived areas of the West Midlands (4.7 per 1,000 births) than the least deprived areas (3 per 1,000)
- 45% of West Midlands infant deaths could be avoided if the rates were identical to the least deprived areas
- There is a notable gender gap in the level of good development by end of reception: 57% males and 72% females

Opportunities the WMCA has to make a difference

Resilience

- School and community-based interventions at scale to support children's mental wellbeing & resilience

School readiness

- Promote good maternal mental health - mental health of caregiver is a strong predictor of wellbeing
- Promote the benefits of learning activities (including encouraging parents to read to children)
- Enhancing physical activity – social, coordination and movement skills, and promote healthy weight
- Parenting support programmes – parenting has a bigger impact on a child's early years than wealth
- High quality early education, particularly for disadvantaged children

Infant mortality

- Coordination and leadership – vital for an effective cross agency approach
- Commissioning – integrated commissioning to ensure a whole systems approach
- Communication – understand the preferences and needs of the local population
- Care pathway development – vital to support sustained improvements in service delivery & quality
- Engagement with high risk groups – more research is required around consanguinity

Adverse childhood experiences (ACEs) are strongly predictive of higher GP use, greater use of emergency care and increased hospitalisation. Work together across agencies to better understand where intervention can have most impact.

Child obesity

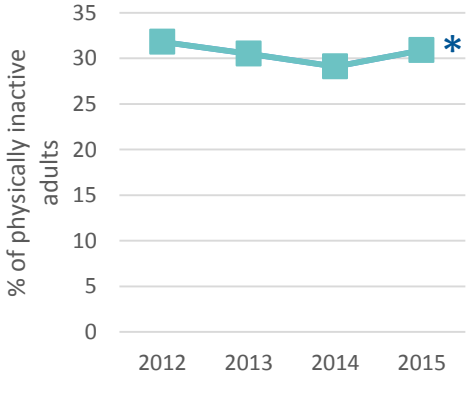
- Promote healthy, active lifestyles – schools have an opportunity to demonstrate physical activity
- Implement comprehensive programmes that promote healthy school environments
- Look to adopt a whole community approach to tackling obesity

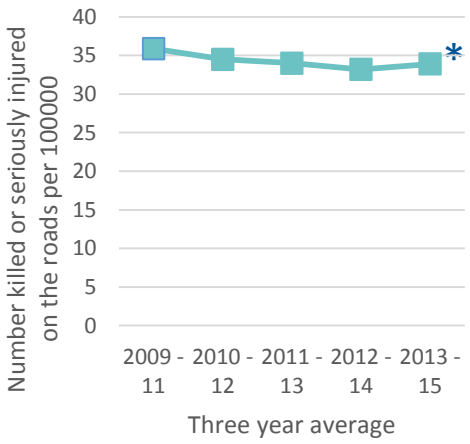
Transport

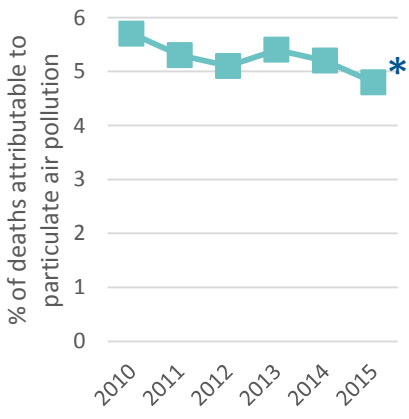
Level of need

In the WMCA:

- 760,000 adults (34%) achieve less than 30 minutes of physical activity each week.
- 3.3% of adults cycle at least three times every week.*
- Every year 900 people are killed or seriously injured casualties on the roads.
- 130,000 people are exposed to road, rail or air transport noise of 65dB or more during the day
- 246,000 people are exposed to road, rail or air transport noise of 55dB or more during the night, the level at which adverse health effects occur frequently.
- 4.8% of all deaths in people over 30 was attributable to particulate air pollution.







* West Midlands Regional data

Opportunities the WMCA has to make a difference

- Develop a strategy to achieve the health objectives in Movement for Growth by
  - Using public health data and evidence to understand the impact of transport.
  - Engaging communities about healthy transport to include their views about proposed schemes.
  - Consider the specific needs of more vulnerable groups in transport schemes.
  - Agreeing a vision for healthy, walkable, streets in the West Midlands.
- Work with WMCA member organisations to develop effective approaches from NICE Guidance to prevent traffic injuries amongst children, improve air quality and increase active travel.

Inequalities

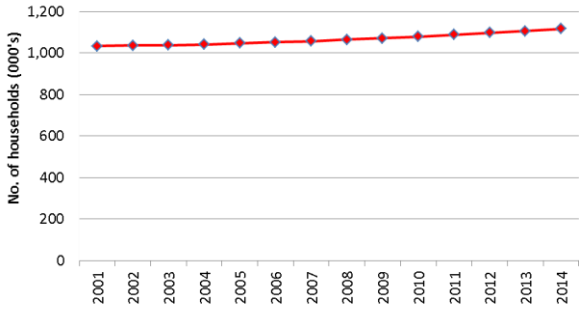
- People who live in deprived areas, with long term conditions, and from some ethnic minorities are less likely to cycle or walk to work. Women are less likely cycle than men.
- Children from deprived areas are more likely to be killed or seriously injured in a traffic collision.
- Children and the elderly are more at risk from poor air quality.
- Deprived areas are more likely to have higher concentrations of air pollutants.

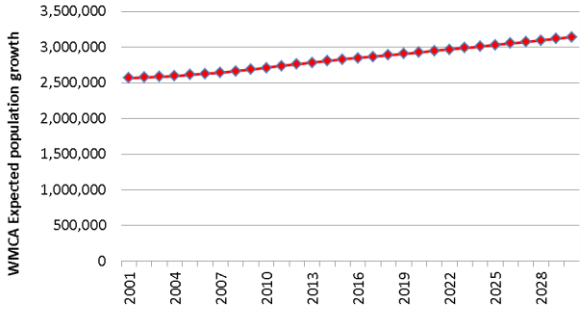
Housing & the built environment

Level of need

Housing Growth

- Across the West Midlands Combined Authority (WMCA), the number of households grew by **8%**, significantly lower than the **12%** seen for the whole of England (DCLG: 2000-2014)
- During the same period, the WMCA population grew by **9%**, compared to **10%** for the whole of England.





- By 2030, the West Midlands population is expected to increase by at least **300,000**.

Housing affordability in the WMCA

Data from the Homes and Communities Agency show that there were **1,698** housing completions between April 2016 and March 2017, of which **854** (**50%**) were affordable homes

- In the 2001 census, **64%** of households were owned outright, or owned with a mortgage
- With increasing demand for households, the proportion of owned households reduced to **60%** in the 2011 census
- **39%** of households were social or private rented, compared to **36%** for England (2011 census)
- This equates to **439,000** households social or privately rented in 2014
- **66,000** of which are potentially unregulated
- Between May 2016 and 2017 house prices across the West Midlands region increased by **5.3%** to an average of £**184,000**

Fuel poverty in the WMCA

- In 2014, **139,139** (**13%**) households experienced fuel poverty, a significant reduction from **14%** seen in 2011.
- If the WMCA was inline with the lowest fuel poverty rates in the country, then there would **be 77,800** fewer households in fuel poverty across the WMCA

Homelessness in the WMCA

- In 2015/16, **1,649** (0.15%) WMCA households were in temporary accommodation, compared with **908** (0.09%) in 2010/11
- If the WMCA was inline with the lowest homelessness rates in the country, then there would be **1,610** fewer households in temporary accommodation

WEST MIDLANDS COMBINED AUTHORITY

Housing & the built environment

Level of need

Adults living in poor housing are at greater risk of:

- Poorer general health (**26%**, compared to **17%** for those living in good housing)
- Low mental wellbeing – **10%** of mothers living in bad housing were clinically depressed
- Respiratory problems including asthma and breathlessness
- Children in overcrowded households are up to **10** times more likely to contract meningitis and three **3** more likely to have respiratory problems.
- Children living in temporary accommodation **3** times as likely to have mental health problems

Inequalities

- During the 2011 Census, **5%** of the England households were overcrowded, with a range of **2.6%** and **7.8%** between the least and most deprived deciles of the country
- This is a similar pattern across the WMCA where **6.6%** (**71,730**) of households were overcrowded
- If the WMCA was inline with the lowest overcrowding rates in the country, then there would be **57,100** fewer overcrowded households in the WMCA

Opportunities the WMCA has to make a difference

- Identify the trends and challenges facing the industry and local communities and to identify the impacts of government policy and investment decisions on housing across the WMCA area
- Ensure sustained changes to individual behaviours, including walking and cycling to school, healthier commuting and leisure and to influence use of green space in and around built areas
- Develop environmental interventions that target the built environment, policies that reduce barriers to physical activity, transport policies and policies to increase space for recreational activity, and ensure these are available in every community across the WMCA
- Maximise the potential of the many existing assets ; common land, woodland, streets, parks, leisure facilities, community halls, and workspaces
- Influence national and local decision makers to support local investment and decisions that help to increase the provision of decent affordable housing across all tenures to meet local needs
- Legislation to limit the number of fast food outlets and off-licences on new build housing estates
- Encouraging all local authorities to employ specific by-laws to establish smoke free areas, specifically in new build housing estates
- The Housing White Paper proposes some interventions to tackle the “broken housing market” through issues such as “planning for the right homes in the right places”, “building homes faster”, “diversifying the market” and “helping people now”
- The National Memorandum of Understanding has numerous agendas including a shared commitment to joint action across government, health, social care and housing sectors.
- The Nation Memorandum of Understanding is a useful vehicle to enable the development of a shared commitment to joint action across government, health, social care and housing sectors
- There are also other PHE tools and resources at Homes for health which provide more detail regarding health and wellbeing, linked to wider determinants of health

WEST MIDLANDS COMBINED AUTHORITY

Behaviour change

In the WMCA:

- The scale of change needed go fulfil the ambitions of the WMCA will need radical changes in the cultures and behaviours of the people who live and work in the area.
- A range of population outcomes are a consequence of behavioural and social factors. An estimated 28% of total disease burden in the UK can be attributable to behavioural factors[1] .
- Behavioural factors influence health service use and self-management of long-term conditions.
- Behavioural and social factors influence outcomes wider than health, including work activity, social interaction and antisocial behaviour such a violence, and travel decisions.
- Developing and implementing policies is influenced by the behaviour of decision makers.
- Behavioural change comprises key components in the following WMCA activities: West Midlands on the Move, Transport Strategy, Mental Health Commission, Skills and Productivity Commission, Public Sector Reform work stream.
- Developing and implementing policies is influenced by the behaviour of decision makers.

1. Newton et al., Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet. 2015 Dec 5;386(10010):

Opportunities the WMCA has to make a difference

- Creating a West Midlands wide environmental architecture to support and influence positive behaviour change.
- The WMCA can support the difficult work of providing solutions to challenging behaviour al and social problems. Progressing this understanding will enhance activities at the local level.
- Applying knowledge behavioural science research has shown to increase the effectiveness of targeted interventions, leading to increased cost-effectiveness.
- Large scale behaviour change may offer a means of reducing demand for health and care services.
- Understanding and changing the social attitudes that affect specific at-risk communities and groups, such as people with multiple complex needs and children and young people.
- Improving how health practitioners and policy makers use evidence to set and implement policies and strategies.
- Support the use of evidence from the behavioural science in the planning of the built environment.

Inequalities

- Tackling the social and behavioural determinants of health and wellbeing helps to level the health inequalities playing field.

Wellbeing Board Meeting

Date	28 July 2017
Report title	Health Devolution Proposals Report
Portfolio Lead	Councillor Bob Sleigh - Wellbeing and HS2
Accountable Chief Executive	Sarah Norman Email sarah.norman@dudley.gov.uk Tel (01384) 815201
Accountable Employee	Dr Jane Moore -Director of Public Health Email Jane.Moore@wmca.org.uk Tel 0121 214 7039
Report to be/has been considered by	This paper has been reviewed by the Health Devolution Group and will be considered by WMCA Programme Board

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. The Wellbeing Board are asked to endorse the report on Health Devolution proposals.

Purpose

1.1 This report presents the work that has been undertaken with stakeholders on developing initial health devolution proposals. The Board is asked to endorse the proposals and consider how these proposals can be used to strengthen the work outlined in the previous report on Wellbeing Priorities.

2.0 Background

2.1 The general election led to a hiatus in the discussions about further potential devolution opportunities with the WMCA. Following the outcome of the election the WMCA was asked to submit proposals for devolution actions for discussion with government before the summer recess. Health was identified as a potential area for such a discussion.

2.2 Given the tight deadline to develop a health devolution proposals the approach taken was to:

- Use the vision for health devolution developed by the Health Devolution Group where the focus is on outcomes based and health promoting whole system actions. This means the devolution proposals do not focus on structural changes to services.
- Ensure the devolution proposals build on the work agreed by the Wellbeing Board on its priorities.
- See these discussions as having two purposes. Firstly, to ensure that central government commits to work with the WMCA from the very start of developing health/wellbeing programmes. Secondly, use this commitment to access government transformation/development funds to pilot innovative approaches to improving outcomes on the basis these pilots will demonstrate the potential for large scale change. This is building on the successful approach used in the development and implementation of the findings of the Mental Health Commission.

2.3 The timing of submitting the proposals did not allow the proposals to come to the Wellbeing Board or the Health Devolution Group before they were submitted. The Chair of the Wellbeing Board reviewed the proposals on behalf of the Board. The Health Devolution Group has since met and endorsed the proposals.

3.0 Wider WMCA Implications

3.1 The development and implementation of these priorities will involve non-constituent areas (e.g. within STP geographical areas).

4.0 Discussion

4.1 The report in appendix one sets out in detail the basis for the development of the health devolution proposals and the initial proposals for health devolution actions. It also provides detail on the analysis used to support these devolution proposals and the opportunities for future devolution discussions. It is clear that an iterative approach where we build up an ongoing dialog with government would allow the WMCA to maximise the opportunities to improve wellbeing outcomes.

4.2 The initial proposals have been submitted in a summarised format as part of a larger set of WMCA devolution proposals.

5.0 Financial implications

5.1 The financial implications will depend on the outcome of the devolution discussions.

6.0 Legal implications

6.1 Any legal implications will depend on the outcome of the devolution discussions.

7.0 Equalities implications

7.1 Any equalities implications will depend on the outcome of the devolution discussions

8.0 Other implications

8.1 None.

9.0 Appendices

Appendix 1 - Delivering better wellbeing outcomes by acting across the whole system: The potential of Health Devolution in the West Midlands Combined Authority

Appendix 1

Delivering better wellbeing outcomes by acting across the whole system:
The potential of Health Devolution in the West Midlands Combined Authority

The vision for health devolution

The West Midlands Combined Authority Health Devolution Group vision for health devolution is based on three key premises.

- Delivering better health and wellbeing for the people of the West Midlands by focusing on outcomes not services:
- Keeping people healthy (prevention) will deliver the greatest improvements in outcomes
- Improving wellbeing outcomes requires concerted action across the whole system (private, public, voluntary, communities and individuals).

Focussing on these three premises we would expect improvements in health and wellbeing outcomes to deliver benefits against three key impacts:

- Reducing the demand for public services and thereby reducing public service expenditure – keeping people healthy so reducing the need for intensive service use
- Improving productivity - healthy people with a good sense of wellbeing are essential to delivering strong economic growth and vibrant communities
- Breaking the cycle of inequalities which both limit the potential of today's working age adults, and, through an intergenerational effect limit "tomorrow's" potential of the children and young people who have a "poor start".

The focus for health devolution

To achieve these impacts the evidence is clear will require devolution asks addressing the wider determinants of health, mental wellbeing and lifestyle factors. In addition the impact will be greatest when we intervene early during the life course. Therefore to maximise the potential gains we would focus on children and young people, the working age population and areas of cross generational gain across these two groups (see appendix 1) as this is where we could deliver the most change across the three key impacts.

Achieving the desired impacts will require shared cross agency ambition supported by coordinated actions and collaborative working. There is a real opportunity to bring together both the shared ambition and the actions at a WMCA level, supported by devolution from a range of central government departments, to implement at scale and amplify local efforts. This would require a combination of devolved funding (both revenue and transitional funds), and devolved powers. The health devo group have identified six types of devolution opportunities (see appendix 2 for details). These are devolution of:

1) Cross government responsibilities
2) Flexibility in local government regulatory powers
3) Shared use of the public estate
4) Regional use of transformation, research and development funds
5) Place based regulation of health and social care
6) Use of centrally managed grants and funds

Determining the specific devolution bids

Focussing on children and young people and the working age we have looked at the areas where the gap in outcomes for the West Midlands compared to the rest of England means there is the capability for the WMCA to generate significant gains for its population using devolution. We recognise that delivering these gains will contribute significantly to the aim of both the NHS and local government to close the gap between income and expenditure. Therefore, the power of the 3 STP geographies in the WMCA and the WMCA developing united approaches is seen as an integral part of delivering the health devolution agenda.

What is clear from an initial review of potential wellbeing devolution opportunities (Appendix 3 Table 1 and 2) is that we will need to develop an iterative approach to devolution to allow a manageable and sustainable wellbeing platform to deliver the 3 key impacts.

Therefore, in the first instance we have identified 3 key areas to begin devolution discussions with central government. They are based on the vision for health devolution and the impacts the West Midlands wants to achieve. These are also all priorities that have been identified by both the WMCA Wellbeing Board and Health Devolution Group. It is proposed that the initial devolution bid concentrates on:

1) **Preventing people in the West Midlands developing Cardiovascular Disease (CVD) and Diabetes**
   Levels of cardiovascular disease (CVD) and diabetes in the WMCA are above the national average and a significant proportion of this is preventable by reducing lifestyle risk factors and intervening early to stop risks developing into serious health problems. Delivering a sizable reduction in CVD and diabetes would have a significant impact on reducing demand and cost in public services (both NHS and LA), improving productivity in adults (reducing sickness absence and loss of people to the workforce) and ability to learn in children and young people. Therefore we want a threefold focus on how we use devolution to reduce CVD and diabetes by:
   - Stopping children and young people developing the lifestyle risks that lead to CVD.
   - Developing integrated prevention programmes across health and local government.
   - Developing health promoting environments.

   Our initial proposals are on:

   a) ***Improving levels of physical activity in adults and children.*** The WMCA has developed a physical activity strategy; - *West Midlands on the Move* - that sets out how improving physical activity will support achieving the key strategic priorities for the WMCA. The delivery of this strategy would be supported by a ask to devolve the WMCA share of the sugar tax (approx. £800,000 per annum) to support targeted interventions for primary school children that improve physical and mental health and reduce inequalities. We propose to support this ask by developing a pilot school based physical activity intervention in our most deprived areas. We would like to work with government colleagues on this proposal.

      In addition we would seek to have the ability for the WMCA to ensure that major infrastructure projects such as HS2 support active travel and for the WMCA to use capital and revenue transport funds to support active transport options e.g. cycling

   b) ***A WMCA/STP prevention programme.*** PHE evidence shows NHS programmes focussed on early identification of health risks combined with cross system approaches to improving levels of physical activity and mental wellbeing could have a major impact on NHS costs. The initial ask is that the WMCA Wellbeing board priority around cardiovascular disease be developed into a shared programme between the three STPs and the WMCA with devolved use of national transformation funds to develop the programme. We would also want central government support to evaluate the

programme to identify the potential to create sustainable joint local authority/NHS prevention programmes based on a gain share model.

c) ***Strengthening local authorities' ability to take health and wellbeing into account in planning and licensing decisions.*** The starting point for this discussion is the role of the WMCA in supporting planning and licensing regulatory framework powers. This is not about drawing local authorities planning and licensing powers up to the WMCA instead we want to look at how the central government policy framework around planning and licensing could be devolved to the WMCA. This would allow us to develop a West Midlands specific framework that supports local authorities in taking into account the impact on health and wellbeing in planning and licensing decisions. We are looking for the opportunity to develop a WMCA policy framework to support local authorities on issues such as air quality, the location and quality of fast food businesses (especially in relation to schools and deprived communities), creating safe outside spaces for physical activity and developing the night time economy.

2) **Improving Children and Young People (CYP) mental and emotional resilience.**

Emotional and mental wellbeing is essential to good child development that allows to children to fulfil their potential and become productive members of society. Therefore building on the work of the WMCA Mental Health Commission on adult mental health we are developing a cross sector programme on improving the mental and emotional resilience of young people. This work is just starting and, as with the Mental Health Commission, we are asking for a commitment from across central government to engage with and support this programme and co-develop evidence based deliverables from this programme.

Initial scoping of the evidence on childhood mental and emotional resilience suggests that there are two areas where there is the opportunity for cross sector wins. The first of these would seek cross government financial support to pilot school based mental wellbeing programmes to give young people the tools to maintain good mental and emotional resilience. The aim would be to build on recent central government policy initiatives to roll out effective programmes.

The second ask for support is to pilot cross system integrated approaches to early intervention to reduce mental health and behavioural challenges. These pilots would include education and criminal justice as well as health and social care. In the longer term if these cross system approaches are effective we would want to develop gain share models to ensure that we can deliver these programmes across the system irrespective of where current funds and costs lie. In addition we would want to discuss the potential for a devolution of regulatory powers around CYP and aligning the metrics in these regulatory frameworks with the WMCA metrics.

3) **Delivering the WMCA Mental Health Commission recommendations**

The mental health commission highlighted the significant impact that mental illness and poor wellbeing has on the life and economy of the West Midlands. From the start we have sought to ensure the central government is engaged with the roll out of the programme that was recommended by the commission. We now have a number of areas where we have well developed devolution proposals in train.

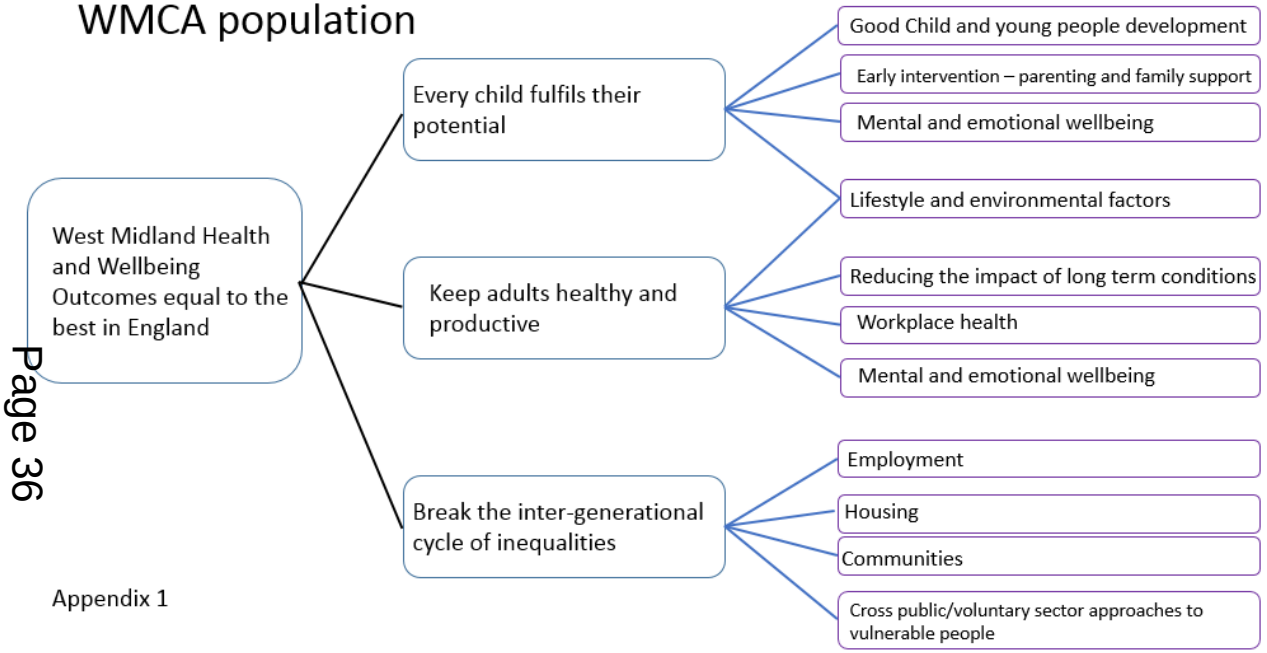
The first of these areas is the pilot for Individual Placement Support (IPS) based in primary care settings in four WMCA geographies. The Work and Health Unit (joint DWP and DH) has agreed £8.4m of funding to support the pilot and its evaluation. The second area that is close to agreement is testing out the potential

use of a financial gain share model to incentivise businesses to be health promoting organisations. The initial ask provisionally agreed with DWP and DH has been for them to fund the costs of the pilot and evaluation to test the importance of financial incentives in getting businesses to sign up to wellbeing actions.

The next area of the mental health commission that we want to develop a devolution discussion is on mental health literacy. We are now working with central government and its agencies and the major mental health charities to develop an innovative tiered approach to mental health literacy. We are co-developing proposals with DH, PHE and the charities for how we could pilot and market this approach. We would like to discuss the opportunities devolution could offer using similar gain share models to that being tested on businesses to enable this programme to be sustained and rolled out.

In addition to these initial three areas we do have a fourth area for a potential devolution discussion. This work is being led by the NHS and is on: - *Realising the benefit of one public estate.* Dependent on ongoing discussions and with the agreement of the NHS we will, before the end of this year, want to start discussions to enable the proceeds from disposed NHS assets to be retained within the West Midlands.

Where can we have the biggest impact on the wellbeing of the WMCA population



Appendix 1

Appendix 2 Opportunities for devolution bids

1. **Areas of cross government responsibility for health**

   The Health Select Committee has highlighted in its reports on Health in All Policies the need for cross government co-ordination of actions to address the wider determinants of health and the failure of central government to do so. Taking the whole system approach means there is a strong case to ask for these cross government roles to be devolved to the West Midlands. Potential areas that we could explore are:

   - Creating health promoting built environments and infrastructure
   - Integrated approaches to CYP health and wellbeing
   - Health, Work and Worklessness
   - Social and Health Impact models to support economic investment decisions.

2. **Devolution or improved flexibility in the use of local government regulatory powers**

   Currently local authorities have limited ability to take health into account when making planning and licencing decisions. As part of devolution we would be looking to improve planning and licensing powers to:

   - Improve the food environment (e.g. siting of fast food outlets, minimum unit pricing of alcohol),
   - Design healthy built environments,
   - Develop a health promoting night time economy.

3. **Shared use of the public estate**

   The current work on the more efficient use of the estate across the public sector is already testing out a number of approaches to rationalising the public estate across the West Midlands. The Health Devo group and the WMCA Wellbeing Board have endorsed proposals that the proceeds from disposed NHS assets should be retained within the West Midlands and that a West Midlands devolution deal should be developed to allow this to be implemented.

4. **Regional use of transformation, research and development funds**

   A focus on improving wellbeing outcomes and on preventing rather than treating ill health means transforming how a range of organisations work together to keep people well. This will require transformation funds to fund these new models and research and development funds to ensure we understand the impact of change. Areas that we could look for health devolution are:

   - Using STP transformation funding and other development funds to support health and care transformation that aligns with the strategic vision of the WMCA.
   - Developing WM specific programmes for central government allocated funding to support sport, culture or communities (e.g. recent Sports England place based bids could have incorporated a WM level of funding).
   - Creating devolved research programmes using research grant funding held with the major research funding bodies and organisations such as NHS Innovation.

5. **Place based regulation of health and care services**

   The development of the concept of Accountable Care Systems (ACS) as part of STPs provides an argument for much greater placed based regulation and is based on a model where the system as a whole works to develop the service and public involvement solutions to achieve better outcomes. Potential devolution asks are for:

- NHS place based systems to align with local government boundaries e.g. any changes in the size and shape of STPs to be agreed with the WMCA.
- Emergence of a WMCA ACS if this becomes a strong option
- Co-ordination of the major health and social care regulatory bodies (CQC, Ofsted) at a regional level. Currently the WMCA is watching to see how this approach develops in these areas.
- Coherent set of standards right across the regulatory system that align with the WMCA metrics.

6. **Devolution of centrally managed government grants and funds.**
   There are a wide range of government managed funds/grants (e.g. fuel poverty payments) that are used to support vulnerable and low income families. Devolving these funds to the WMCA would aim to:
   - target vulnerable groups better,
   - Support the public sector reform agenda by allowing public and voluntary sector collaboration

Potential Devolution Options
Table 1 - Children and Young Peoples Wellbeing

Opportunity	Devolution Ask	Potential Impact = top performing	Government departments involved
Good Development and Early intervention • Children who do not have a good level of development at age 5 will have fewer educational qualifications, more experience of the criminal justice system, poorer health outcomes and fewer social skills. • Prevention and early intervention for pre- and school age children improves life chances, wellbeing outcomes, and reducing demand on services. • Delivering better outcomes will require integrated working between, health, education, children's services and criminal justice.	Alignment of CYP regulation		DfE, DCLG, DH, Ofsted, CQC, NHSE
	Integrated Early intervention services (PH, CS and NHS) • Regulation • Transformation funds	• 2000 more children ready for school • Savings to children's services (£1 invested = £3.50 saved) • 3000 more pupils achieving good GCSEs • 1500 fewer NEETs	DfE, DCLG, DH, NHSE
	Parenting and family support • WMCA parenting support offer • Link of troubled families programmes to early intervention programmes • Early Years placements – funding and access	• Reduction in referrals to Children's services • Improved uptake of Early Years placements • Reduction in parent mental health problems, domestic violence, neglect	DfE, DCLG, DH, NHSE
Mental and Emotional Wellbeing • good mental and emotional	Mental and Emotional Resilience – use of transformation and pooled budgets to support:	• Reduction in CYP diagnosed with MH problems	DfE, DCLG, DH, NHSE

wellbeing is essential for good child development and good outcomes across the life course. • 75% of adults with mental ill health will have developed this by the age of 21. • Mental and emotional resilience is also a strong protective factor in achieving good outcomes for children who are exposed to adverse experiences. Exposure to adverse childhood experiences (ACEs) such as violence and domestic abuse significantly increase the risk in adulthood of being a victim or perpetrator of violence, going to prison, becoming a teenage parent, and misusing drugs and alcohol.	• CYP Mental Health first aid training • Pilot universal school access to tools such as mindfulness • Early access to psychological and behavioural support • Use of regulation to recognise the importance of resilience • Whole school approaches to promoting good mental health	• Reduction in reported low life satisfaction for 15yr olds • Reduction in children excluded from school • Reduction in children in school with behavioural problems • Reduction in bullying • Reduced impact of Adverse Childhood Experiences	
	Integrated Mental Health Services – use of transformation and pooled budgets • Outreach mental health services and support to schools • Specialist behavioural management services • Early access to CMHS • Integrated regulation	• Reduction in children with severe MH problems • Reduction in multiple episodes of mental health problems • Reduction of adults with mental health problems	DfE, DCLG, DH, NHSE
	Adverse childhood experiences (ACES) -use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA • Integrated violence prevention programmes (victims and perpetrators) • Early and integrated support for CYP experiencing ACEs • WMCA wide use of mental health triage services • WMCA use of court diversion - incarceration and drugs and alcohol support	• Reduction in levels of domestic abuse • Reduction in LACs due to drug and alcohol problems, violence and abuse and mental health problems • Reduction in CYP reporting problematic behaviours (drugs, alcohol, unsafe sex)	DfE, DCLG, DH, NHSE, HO, DfJ

	• Early and integrated parent and family support		
Lifestyle and Environmental factors • factors such as obesity, low physical activity, poor air quality, poor quality housing that lead to ill health that both limits productivity and places huge demands on health and care services are all higher than the national average in the West Midlands and deteriorating,	Integrated support to vulnerable mothers before, during and after pregnancy –use of transformation funds and pooled budgets • Integrate maternity support to early intervention support • Parenting and family support • Smoking cessation and tobacco control programmes (e.g New York) • Early identification of risks (FGM etc.)	• Reduction in infant mortality rates • 2000 less mothers smoking at birth •	DfE, DCLG, DH, NHSE
	Systems approaches to reducing obesity and improving physical activity - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA • Devolved responsibility for use of sugar tax to improve physical activity • WMCA wide use of planning and licensing regulations to improve food environment • WMCA use of food labelling and content information • Family based lifestyle programmes • Development of a WMCA obesity alliance	• Reduction in % of overweight and obese • Reduction in fast food outlets within 1 mile of school • Reduction in emotional and behavioural problems • Reduction in school absences • Reduction in the use of health services	DfE, DCLG, DH, NHSE, DfEnv, Treasury

Children, Young People and Adults	System approaches to improving the built environment and air quality - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA • Use of planning regulations to create safe active child spaces, cycle lanes etc. • Use of selective licensing to improve family rented sector housing • WMCA active transport approaches • Use of planning regulations to create health promoting houses • Use of infrastructure funding to improve transport environment around schools and other family areas. • Use of schemes such as housing first to develop housing for vulnerable people • Access to community development funds to engage people in maintenance of their community and surroundings	• Reduction in child asthma rates • Reduced use of cars for school journeys • Reduction in child long term conditions • Improved rates of CYP using active transport (cycling, walking) • Reduction in the rates of long term conditions in adults • Reduction in rates of depression • Improved Mental wellbeing and life satisfaction scores • Increase in % of the adult population who are physically active	DfE, DCLG, DH, NHSE, DfEnv, Treasury

Table 2 - Keeping the working age population healthy

Opportunity	Devolution Ask	Potential Impact = top performing	Government departments involved
Lifestyle and environmental factors The major life style risks in the West Midlands are the consumption of a poor, obesogenic diet, physical inactivity, smoking and alcohol use. Together these account for about 25% of the burden of ill health that limits healthy life expectancy.	Integrated approaches to reducing obesity and improving physical activity - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA • Integrated tier 1-4 obesity services • Workplace wellbeing schemes • Active transport • Design of the built environment	• 7% reduction in obesity of under 65 adult population • 27% improvement in work outputs from physically active workforce • % reduction in use of cars to get to work • 100,000 more physically active adults if WMCA gets to the national average • X% reduction in levels of depression and dementia	DCLG, DH, DWP, DfT, dfEnv,
	Integrated approaches to reducing smoking - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA • Whole system restrictions on smoking and tobacco control • Eliminate smoking in the workplace • Incentivise prevention and cessation initiatives at scale	• Improve smoking level to best internationally (New York?) • Reduce ill health and deaths from cardiovascular disease and cancer • Reduce days lost to ill health • Reduce all age disability costs • Reduce demand and costs on health and social care	DCLG, DH, DWP, DfT, dfEnv,Treasury
	Integrated approaches to reducing unsafe alcohol use- use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA	• Reduce % who drink above safe limits to x% • Reduce sickness absences	DCLG, DH, DWP, DfT, dfEnv,Treasury

	• Cross system approaches to the night time economy • Use of health considerations in licensing • Use of regulations around alcohol pricing	• Reduce ill health and deaths due to cardiovascular disease, cancer and liver disease • Reduce days lost to ill health • Reduce all age disability costs • Reduce demand and costs on health and social care	
Workplace Health	Cross system working to maximise the opportunities for the workplace to be a health promoting environment – use of incentives, regulation and pooled budgets • Employer incentives (e.g. MH Wellbeing Premium, social value) • Employee incentives (cycling, volunteering) • Workplace wellbeing schemes • Use of social value in public sector contracts • Use of planning to improve workplace design and create built environment buildings and spaces that are health promoting • Devolution of work and health schemes • ? skills and productivity commission actions	• 10% more disabled people in work • Increase in GVA of x • Reduction in sickness absence • Increase in productivity of x	DWP, DH, Treasury, DfEnv
Physical Health – Long term conditions (LTCs)	Cross system working to maximise the opportunities to prevent or reduce the impact of long term conditions – use of	• Increase by 4 years the average Healthy Life Expectancy (HLC) to England average and increase by 11 years HLC to best in England	DWP, DH, Treasury, NHSE, DCLG

	incentives, transformation funds, regulation and pooled budgets • Devolve NHS transformation funds to WMCA • % of all age disability / NHS funding to support prevention of LTC – STPs • WMCA work and health programme • Joined up support from primary care, mental health and DWP to support people back into work • Development of WMCA behaviour change actions and campaigns • Develop health promoting environments that encourage physical activity	• 17 year increase in HLC if HLE of most deprived is the same as the HLC of the least deprived in the WMCA • £50 million saving in NHS costs • X million in adult social care costs • X% reduction in days lost to work due to ill health • Reduction in the number of sick days in the WMCA • X% reduction in cardiovascular disease • X% reduction in cancer • X% reduction	
Mental Health	Cross system working to maximise the opportunities to improve mental wellbeing and prevent or reduce the impact of mental health conditions – use of incentives, transformation funds, regulation and pooled budgets • Workplace wellbeing premium • Develop health promoting environments that encourage physical activity • Use of schemes such as Housing First to ensure people with mental health problems in secure housing • Use of data sharing across agencies to identify high risk/high service utilisation individuals	• X% reduction in depression and anxiety • X% reduction in serious mental health problems • Reduction in the days lost to work due to ill health • Improved productivity • Reduction in the number of sick days in the WMCA • Reduction in the number of people with mental health problems not in work •	DWP, DH, Treasury, NHSE, DCLG

	• Access transformation funds to develop tiered mental health literacy • Increased use of mental health triage and criminal justice diversion schemes in WMCA		

WEST MIDLANDS COMBINED AUTHORITY

Wellbeing Board Meeting

Date	28 July 2017
Report title	Outline Population Health Plan
Portfolio Lead	Councillor Bob Sleigh - Wellbeing and HS2
Accountable Chief Executive	Sarah Norman Email sarah.norman@dudley.gov.uk Tel (01384) 815201
Accountable Employee	Dr Jane Moore -Director of Public Health Email Jane.Moore@wmca.org.uk Tel 0121 214 7039
Report to be/has been considered by	N/A

Recommendation(s) for action or decision:

The Combined Authority Board is recommended to:

1. The Wellbeing Board are asked to endorse the proposals for the Population Health Plan.

1.0 Purpose

1.1 This report sets out the proposed focus of the WMCA population health plan. The Board are asked to review the suggested outline of the report.

2.0 Background

2.1 The Wellbeing Board has previously agreed the development of a WMCA Population Health Plan. This paper sets out the proposed focus and areas to be covered by the plan.

2.2 The development of the plan has been guided by:

- Understanding how good health and wellbeing contributes to delivering the WMCA strategic objectives.
- Achieving the maximum health improvements for the people of the West Midlands.
- Ensuring the plan supports the work agreed by the Wellbeing Board on its priorities.

3.0 Wider WMCA Implications

3.1 The development and implementation of these priorities will involve non-constituent areas (e.g. within STP geographical areas).

4.0 Discussion

4.1 The consideration of the three underpinning requirements for the plan has strongly influenced the way the population plan has been conceived as we want the plan to:

- Demonstrate how good health and wellbeing contributes to delivering the WMCA strategic objectives.
- Illustrate the opportunities to maximise health outcomes for the people of the West Midlands.
- Support the work agreed by the Wellbeing Board on its priorities.

4.2 Taking these three key requirements the population plan means that we have started from a premise that the plan needs to focus on what keeps people healthy and how do we prevent people prematurely developing health problems. This means that the biggest opportunities will come from a plan that focuses on children, young people, and the working age population. This is not to say that there are not important opportunities to keep older age people healthy but the overall impact on health outcomes will be smaller. Focusing on this younger population also gives more opportunity to demonstrate how keeping people healthy will contribute to economic growth and productivity.

4.3 We have then looked at the opportunities for keeping people healthy and maximising their potential from the four areas of the wider determinants of health; mental wellbeing, lifestyles and reducing and managing ill health. The report starts from the area with the largest opportunities to alter health outcomes (wider determinants) to the area with the smallest opportunity to alter outcomes (managing ill health).

4.4 Finally the aim is that this plan will also develop a dashboard of health outcome indicators that can be used to assess the progress the WMCA is making to improve health and wellbeing. At the heart of this will be a commitment to improve healthy life expectancy.

4.5 Appendix one is a draft outline of the approach. It sets out the focus of the report on improving healthy life expectancy (HLE). It addresses the potential of different factors (social and wider determinants of health, mental wellbeing, lifestyle and ill health) to influence HLE and the potential for different actions to change outcomes due to these factors. The intention is that the final report should be accessible and easy to read by a general audience and therefore the intention is to use pictorial and infographic representations of the evidence as much as possible. Therefore we have included some illustrations of how we would convey the information in plan.

5.0 Financial implications

5.1 The financial implications will depend on the outcome of the devolution discussions.

6.0 Legal implications

6.1 Any legal implications will depend on the outcome of the devolution discussions.

7.0 Equalities implications

7.1 Any equalities implications will depend on the outcome of the devolution discussions

8.0 Other implications

8.1 None.

9.0 Appendices

Appendix 1 – Outline Population Health Plan

Appendix 1

West Midlands Combined Authority
Population Health Plan
Draft outline

Vision

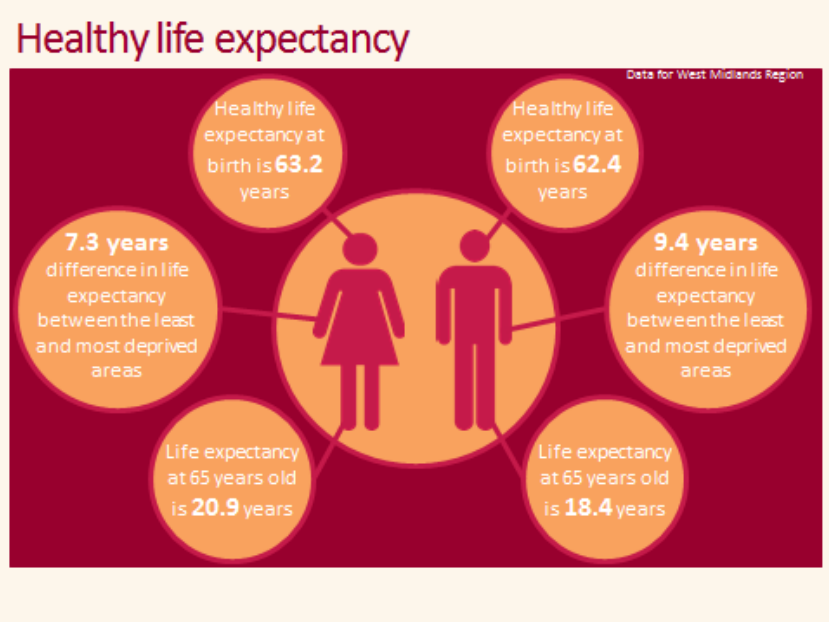
By 20XX, people in the West Midlands will live an extra ?? number of years in good health

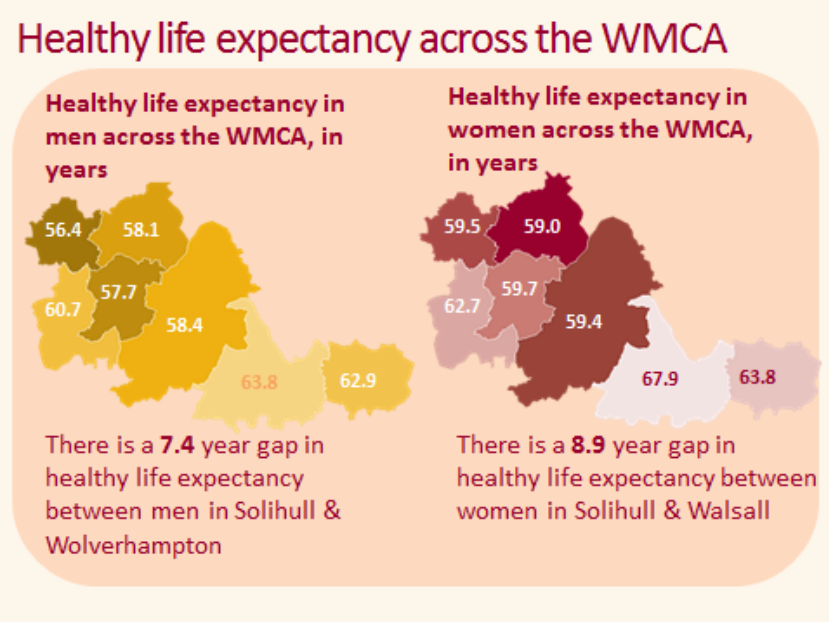
By 20XX, the gap in the number of years spent in good health, between those living in the most affluent and deprived areas, will reduce by ?? %

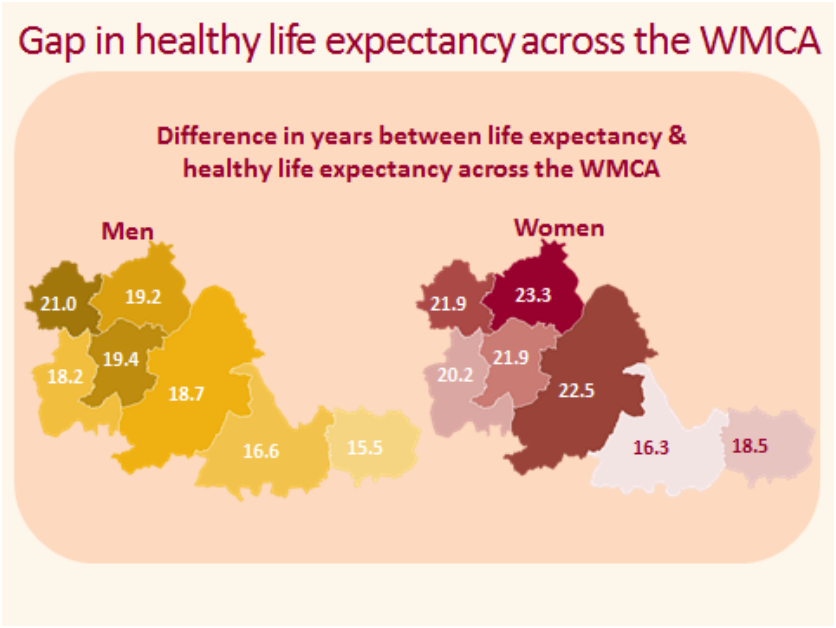
Healthy Life Expectancy

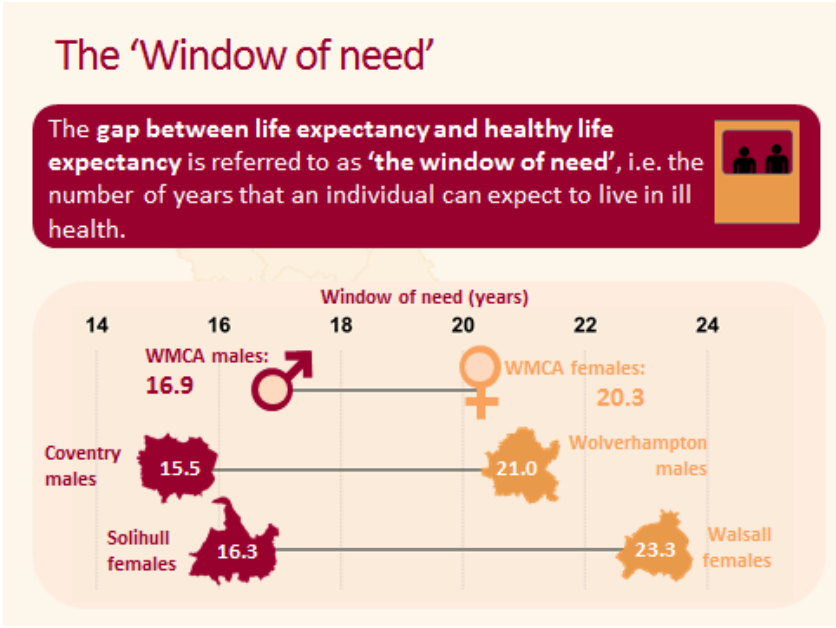
The biggest gain in improving health and wellbeing outcomes across the West Midlands will come from a focus on children and young people and the working age population. Currently health outcomes are poorer for both these age groups than the English average. In order to create the maximum opportunities to improve health outcomes it is important to understand the impact of the wider determinants of health, mental wellbeing and lifestyle factors on the population of the WMCA. A global measure of how improvements in these factors are improving health and wellbeing outcomes is Healthy Life Expectancy. Therefore we intend to use this measure as the frame for the population health plan.

The WMCA has a Healthy Life Expectancy (HLE- years you can expect to be in good health) of 59 years for men (63yrs for England) and 61 years for women (64 yrs for England). Even men with the best HLE in the WMCA (Solihull -64yrs) have eight years less HLE than the best HLE (72yrs) in England. In addition there is a 17 year difference in HLE for men in the most deprived areas compared to the least deprived areas (19 years for women). This means that the average age at which men and women will start to experience significant health problems in our most deprived areas is in their mid-forties. Therefore there is a significant opportunity to improve HLE in the WMCA.


Healthy life expectancy
Data for West Midlands Region
Healthy life expectancy at birth is 63.2 years
Healthy life expectancy at birth is 62.4 years
7.3 years difference in life expectancy between the least and most deprived areas
9.4 years difference in life expectancy between the least and most deprived areas
Life expectancy at 65 years old is 20.9 years
Life expectancy at 65 years old is 18.4 years


Healthy life expectancy across the WMCA
Healthy life expectancy in men across the WMCA, in years
56.4
58.1
57.7
60.7
58.4
63.8
62.9
There is a 7.4 year gap in healthy life expectancy between men in Solihull & Wolverhampton
Healthy life expectancy in women across the WMCA, in years
59.5
59.0
59.7
62.7
59.4
67.9
63.8
There is a 8.9 year gap in healthy life expectancy between women in Solihull & Walsall


Gap in healthy life expectancy across the WMCA
Difference in years between life expectancy & healthy life expectancy across the WMCA
Men
Women
21.0
19.2
19.4
18.2
18.7
16.6
15.5
21.9
23.3
21.9
20.2
22.5
16.3
18.5


The 'Window of need'
The gap between life expectancy and healthy life expectancy is referred to as 'the window of need', i.e. the number of years that an individual can expect to live in ill health.
Window of need (years)
14
16
18
20
22
24
WMCA males:
16.9
WMCA females:
20.3
Coventry males
15.5
21.0
Wolverhampton males
Solihull females
16.3
23.3
Walsall females

Window of need by deprivation decile, 2009-11 to 2013-15, Males, England

IMD decile	Change in window of need (years)
1	0.7
2	0.2
3	-0.2
4	0.4
5	0.3
6	0.3
7	0.3
8	0.5
9	0.6
10	0.3

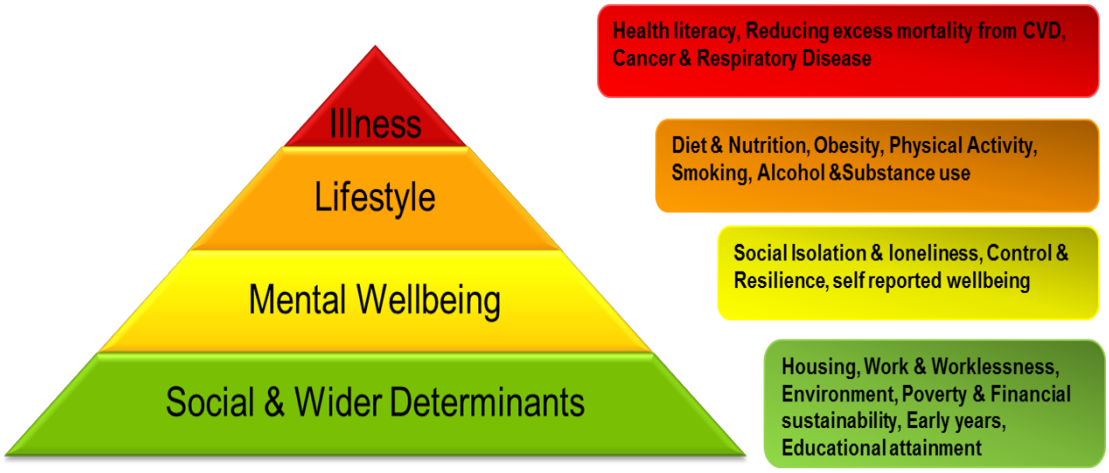
Window of need by deprivation decile, 2009-11 to 2013-15, Females, England

IMD decile	Change in window of need (years)
1	0.2
2	-0.1
3	0.7
4	-0.2
5	-0.2
6	-0.4
7	0.9
8	0.1
9	1.1
10	0.5

Further Data to be included

1. Chart showing trends and where we are now and where we want to get to, with Regional and England comparator
2. Chart showing variation between least and most deprived areas and where we want to get to.

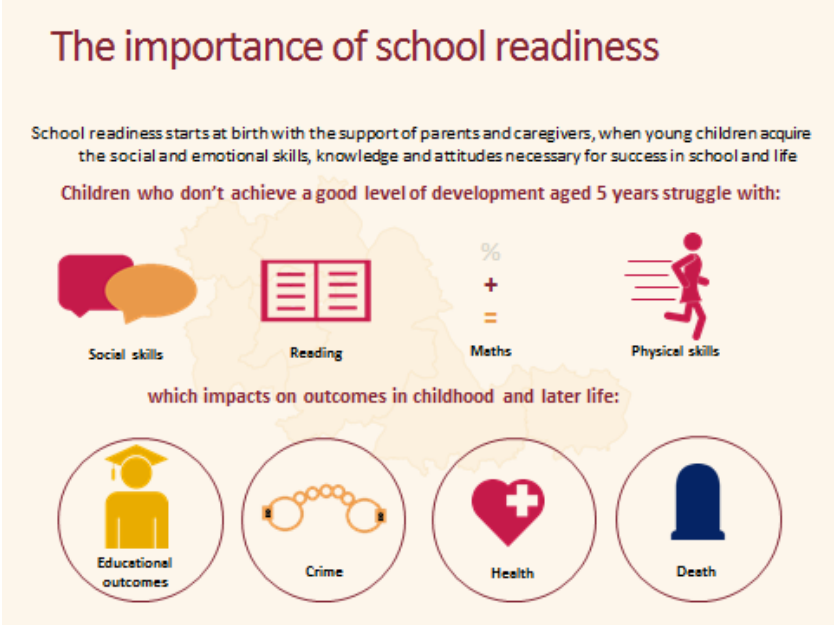
Opportunities to improve Healthy Life Expectancy
Levels of intervention
This will allow us to describe the relative impact of different factors on HLE. As you can see from the diagram social and wider determinants have the biggest impact on actions on these issues could result in major health improvement.

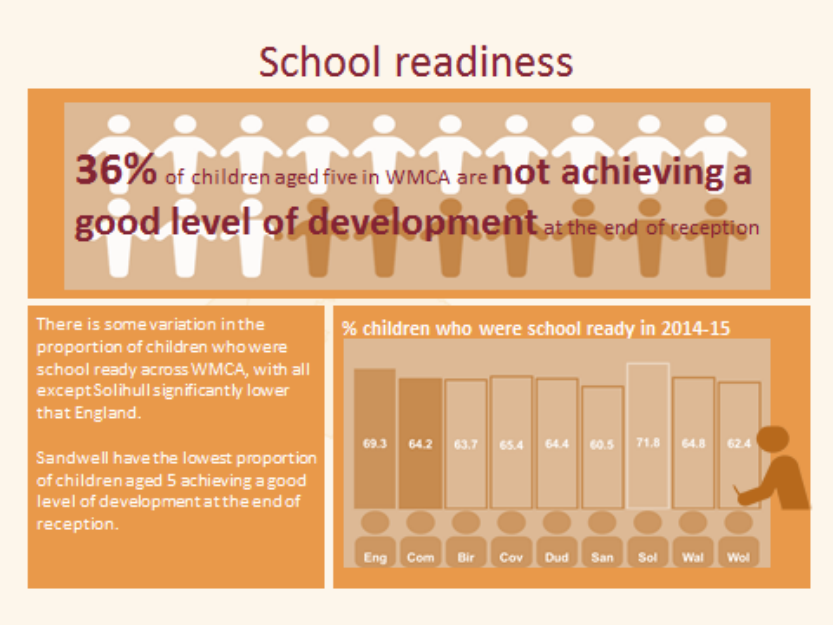


1. Social and wider determinants of Health

This will cover the range of social and wider determinants of health.
We will have a separate focus on determinants that have a significant impact on child development and will consider the rest for both adults and children together.

Children and young people
We will approach issues around best start in life from a good child development perspective using the measure of School readiness to assess this.


The importance of school readiness
School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life
Children who don't achieve a good level of development aged 5 years struggle with:
Social skills
Reading
%
+
=
Maths
Physical skills
which impacts on outcomes in childhood and later life:
Educational outcomes
Crime
Health
Death

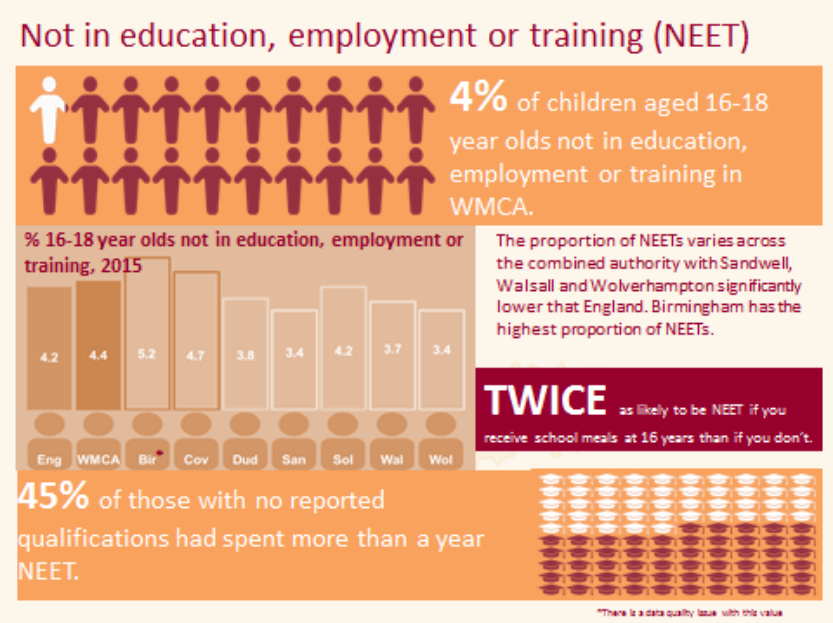

School readiness
36% of children aged five in WMCA are not achieving a good level of development at the end of reception
There is some variation in the proportion of children who were school ready across WMCA, with all except Solihull significantly lower that England.
Sandwell have the lowest proportion of children aged 5 achieving a good level of development at the end of reception.
% children who were school ready in 2014-15
69.3
64.2
63.7
65.4
64.4
60.5
71.8
64.8
62.4
Eng
Com
Bir
Cov
Dud
San
Sol
Wal
Wol

Further analysis includes:

1. School readiness chart across WM with trend and regional and England comparator.
2. Chart showing variation between least and most deprived areas and where we want to get to.

We will look at wider determinants such as:

Young people and work



Further analysis will include:

1. NEETs chart across WM with trend and regional and England comparator.

2. Chart showing variation between least and most deprived areas and where we want to get to.

For both adults and children we will consider

Transport

This will include both the health promoting aspects of transport and the contribution transport makes to poorer health outcomes (poor air quality)

Housing and the built environment

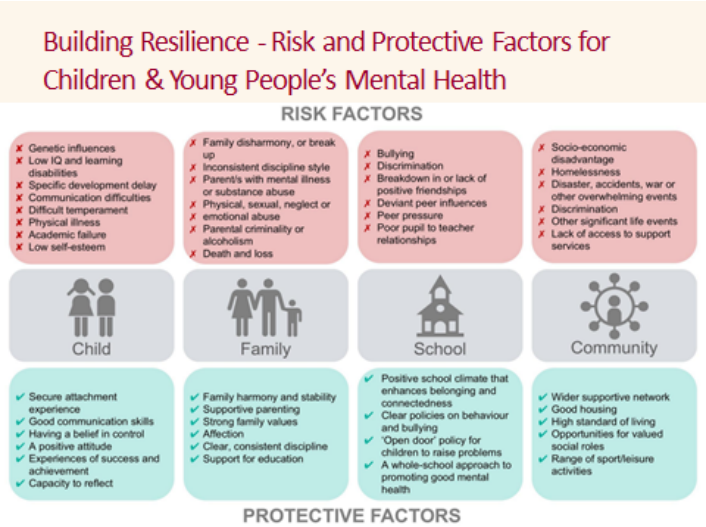
Potential elements to consider include:

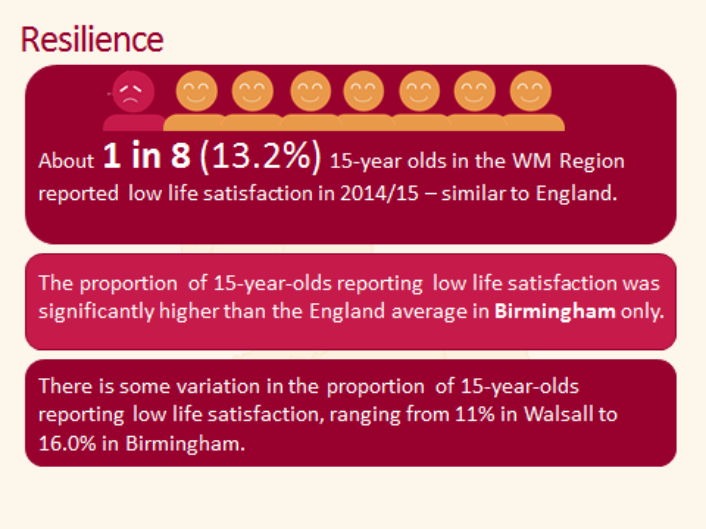
- Fuel poverty
- Variations in SPD
- Licensing
- Cycling paths
- Air quality

2. Mental wellbeing

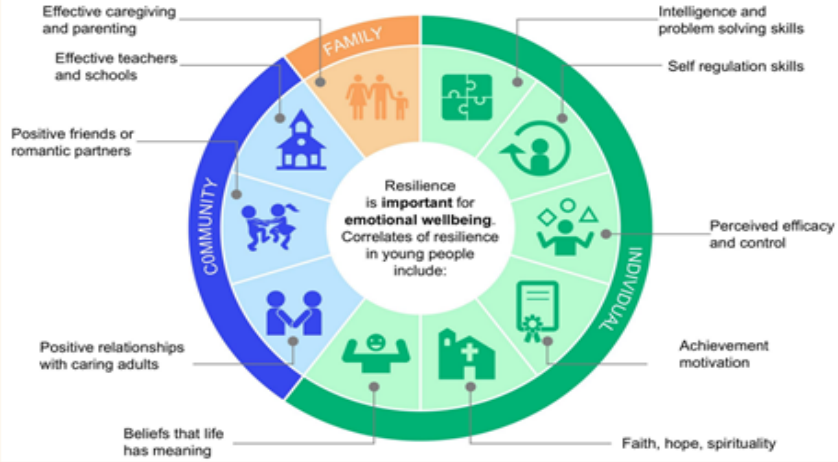
This section will bring together the evidence from the Mental Health Commission plus other evidence on adult mental wellbeing. However, the maximum health benefits will be achieved for both children and adults by improving children and young people's mental wellbeing. For example 75% of adults with a mental health problem will have experienced mental health issues before the age of 21. Therefore a strong feature of the plan will be effective interventions for children's wellbeing

Children and young people

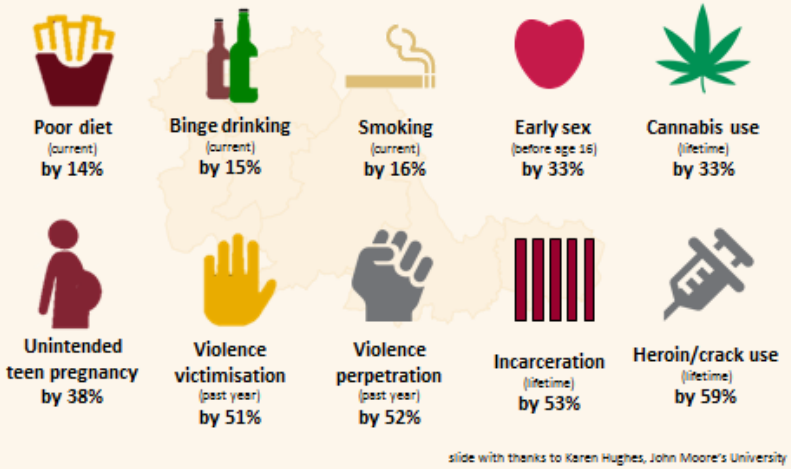




Building resilience (the ability to cope with adversity and adapt to change)



Preventing ACEs in future generations could reduce levels of:



slide with thanks to Karen Hughes, John Moore's University

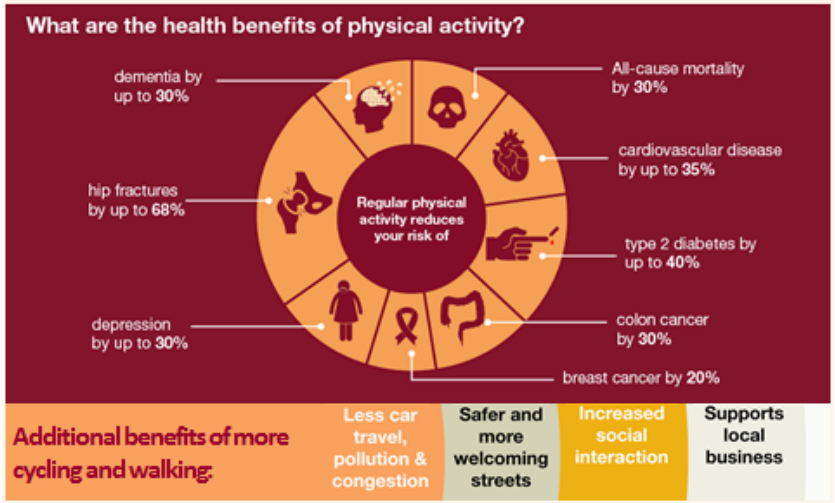
Adults
This will be based upon the work of the Mental Health Commission

3. Lifestyles

This section will consider the impact of the major lifestyle risks on HLE including:

a. Physical activity

Physical Activity – evidence of benefits



Physical Activity – call to action

Agenda Item No.

4. Illness

This section will consider the impact of specific illnesses on HLE

We will use years of life lost and Disability Added Life Years (DALYs) from the global burden of disease assessment to help us to identify which illness to focus on.

	Years of life lost	DALYS from UK global burden of disease
Cancer		
Heart disease		
Stroke		
Dementia		
Diabetes		
Lung disease		
Liver disease		
Mental illness		
Musculoskeletal		

To include –

- Impact on HLE
- Evidence of effective interventions

5. Key Health Outcomes

Finally we will consider key indicators that we would want to see improve in the WMCA e.g.

So for Children and Young People we might include:

Infant Mortality

Chart showing infant mortality across WM with trend and regional and England comparator

Chart showing variation between least and most deprived areas and where we want to get to

Low birth weight –

1. Chart showing low birth weight across WM with trend and regional and England comparator
2. Chart showing variation between least and most deprived areas and where we want to get to.

Smoking in pregnancy

3. Smoking in pregnancy chart across WM with trend and regional and England comparator.
4. Chart showing variation between least and most deprived areas and where we want to get to.

WEST MIDLANDS COMBINED AUTHORITY

Well Being Board Meeting

Date	28th July 2017
Report title	Mental Health Commission Update
Cabinet Member Portfolio Lead	Councillor Bob Sleigh -Wellbeing & HS2
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- (01384) 815201
Accountable Employee	Sean Russell Email s.russell@west-midlands.pnn.police.uk Tel: 07818276259
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

- **Note the update provided**

1.0 Purpose

1.1 This report is to provide an update on the current position of the

2.0 Background

2.1 Following the last Wellbeing Board Meeting on 19th May 2017 the Implementation plan was completed and progress is now being made.

3.0 Wider WMCA Implications

3.1 It is proposed that a number of the programmes will be developed with partners across the West Midlands Combined Authority footprint. We will actively seek to engage non constituent members to support the Treasury and Departments of Health and Work approach for effective evaluation of national scalability. A number of projects outlined below are being scoped for delivery across numerous constituencies within the WMCA footprint. This aims to ensure that the approaches developed create a set of guiding principles which can be adopted across localities.

4.0 Progress

4.1 Primary Care into work intervention "THRIVE into Work" - The Individual Placement and Support programme has been granted approximately £8.4M from the innovation fund to trial a primary care based approach for the support programme utilising a Randomised Control Trial approach for the 6000 recipients of the approach. The number of participants in the trial has grown since the original bid by nearly 1500.

4.2 The WMCA are currently working with Wolverhampton Clinical Commissioning Group to act as the host organisation for the project. This will support the flow of funds from the Department for Work and Pensions and the Department of Health and create a contract management process. It is hoped that the trial will commence in the autumn 2017.

4.3 The WMCA are currently moving from the design phase to delivery with market warming and procurement due to place in the late August. We are establishing ethics for the academic trial and the creating a commissioning framework. The project will seek to work across four geographies; Wolverhampton, Dudley, Sandwell and West Birmingham and South Birmingham. It is hoped that each area will seek to engage 1830 individuals in each area to ensure we have sufficient individuals for the trial.

4.4 During the planning phase there have been a number of challenges including emerging programmes of work within this arena. Due to the academic rigour required for the randomised control trial there has been a need to reduce the contamination effect of other trials and programmes and this has impacted on the potential sites of other programmes. We are remaining in regular contact with the Employment and Skills Commission to work to ensure we mitigate any risks.

4.5 Fiscal Incentive work – Following initial discussions with the Work and Health Unit requesting £2M to support a fiscal incentive trial within the Employer Wellbeing arena we are now at final design phase before the formal bid is completed by mid-August.

4.6 Our approach is to test the improvement of the wellbeing of 100 small and medium enterprises across the region. We have undertaken market testing and have worked with a national expert reference group to align our approach to national thinking. The proposal will include approaches to improve mental wellbeing, Muscular-skeletal issues and reduce obesity with a strong enabler approach with Executive level ownership and coordination to support interventions.

4.7 Due to the nature of the trial we will be seeking to work across a number of employment sectors within the WMCA footprint including stakeholders from private, public and third sector organisations.

4.8 Midlands Engine Funding – In the spring budget, £7M was identified for wellbeing in the work place. It has been established this is new money and will be spread across the wider Midlands region. The focus of this will be to share the learning from the existing Mental Health Commission wellbeing programmes and use the additional funds to support employers across the region. Governance for the funding is currently being discussed, with a task group being established to support the Midlands Engine framework and ensuring alignment to the Mental Health Commission.

4.9 Building on the evidence obtained from the above pilot a programme of work will commence to develop the delivery mechanism across the Midlands Engine footprint.

4.10 Housing First – Project work is now underway to identify the most effective approach and design what a good housing first programme would look like. A small group has been commissioned to establish funding streams available and the cohort of individuals to be included. Early work suggests that the cohort could include; Care leavers, families with children, Street homeless and single individuals between 16 and 35. The design phase will seek to create a commissioned model which works with approximately 50 individuals across the region. The approach will test the fidelity of the model and test the assumption that Housing First if designed properly can provide an affordable and sustainable housing solution.

4.11 Supporting this work, the MH Commission Director of Implementation will support the Mayor's newly created homelessness taskforce combining the existing effort of the Mental Health Commission with the wider homelessness agenda and seek to create the momentum for change necessary to reduce the current challenges facing the region. It is proposed that the programme will become a strand of the work to reduce duplication.

4.12 The West Midlands Combined Authority Overview and Scrutiny Committee are also engaged in the housing first project and are supporting the research and development phase of the programme.

4.13 Criminal Justice – Work is currently ongoing in Birmingham to introduce Mental Health Treatment Requirements as a sentencing option for individuals who are identified within the Police custody environment of Court setting and needing mental health support. The approach seeks to reduce the number of people going to prison who would be better served by a community treatment order. Ten people have now received these order since the programme began. Work is now ongoing to spread this model to both Black Country and Coventry police custody and Court settings using the Liaison and Diversion from custody mental health workers as the conduit for referral.

4.14 Due to the complex nature of the programme, it is expected the model will be rolled out in waves; Wave 1 will be Birmingham; Wave 2 Black Country Autumn / winter 2017; with a hope for Wave 3 Coventry to be established in the next financial year.

4.15 Linking this work to the re-established Local Criminal Justice Board chaired by the Police and Crime Commissioner will support the development of this approach and support wider commissioning for future.

4.16 Through the Gate – A programme, led by a Steve Gilbert (WMCA living experience consultant), has been established as a pilot in HMP Featherstone Prison to identify a cohort of 24 individuals who will be released back into the Wolverhampton area to provide a support package for the remaining 6 weeks of the prison sentence and for 6 -12 weeks within the

community setting. The programme seeks to reduce reoffending rates by creating a more effective transition back into the community and using peer networks to support the individual into housing, primary care and employment. It is anticipated that this programme will commence in October 2017.

4.17 The programme is in design phase with commissioning to begin in autumn 2017. It is expected that the workers within the prison will commence in October 2017. Wider connections are being made with the Voluntary Sector in Wolverhampton to create a peer led support model to provide a sustainable community focused solution.

4.18 Primary Mental Health Care – The WMCA has seconded two General Practitioners to support the development of a primary care mental health programme. The work is currently in design phase and is seeking to collaborate with existing programmes. The focus will be on the wider determinants of health and wider stakeholders including; health visitors, community pharmacy as well as GP's. This approach will design a set of principles that will enable the model to be tested across a number of geographies and seeks to create an evidence base which links our approach to Public Health and NHS England. This will creates a position where we can support our drive towards local determination and help shape any future Devolution opportunities.

4.19 The project is in the process of completing a national review of best evidence. It is expected that by mid-September our design will be ready and the project will move towards implementation.

4.20 Community engagement – Work is ongoing to build links with communities around mental health and wider wellbeing. There is a strong correlation between good mental health and physical activity and we are now working collaboratively with the physical activity strand of work to raise awareness and improve opportunities.

4.21 We are seeking to enable communities to support a number of key areas; zero suicide ambition, wider mental health awareness and the annual 'Walking out of Darkness' event. Discussions are already taking place with faith organisations and wider community organisations.

4.22 Mental Health awareness raising – Building on the previous update where we are working with National Charities we have been in discussion with the Department of Health and Public Health England to develop a Mental Health Friends approach.

4.23 Mental Health First Aid (MHFA) England are supporting the THRIVE programme by seconding a lead into the region to develop our ambition of training 500,000 people in Mental health awareness. It is hoped that we will be a pilot site for the 1hr online mental health Friendly training and we are committed to training 300,000 people in our wider networks as mandatory training. This approach has been strongly supported by the Health and university sectors. We will be notified in September 2017 if we are successful for the programme.

4.24 Global City Network – As part of the THRIVE West Midlands approach there is an opportunity to develop the global cities network. A conference is taking place in Philadelphia and New York in September to align the THRIVE Cities and create a learning event for wider development. We have been invited to send representatives to this event to share the good practice and systems leadership approach as well as maximising our opportunity to market the West Midlands Combined Authority and THRIVE West Midlands on a global platform.

5.0 Financial implications

5.1 There are no new financial implications. Spend against the 2017/18 Mental Health Commission is behind budget for the first quarter of the year but is expected to be on track by the end of the financial year.

6.0 Legal implications

6.1 The current THRIVE into Work programme is in the final stage of design. The WMCA have Ministerial approval for the programme but are currently waiting on the Memorandum of Understanding from the Department of Work and Health to complete the due diligence on behalf of the WMCA.

6.2 The project has been initiated by the West Midlands Mental Health Commission under the authority of the West Midlands Combined Authority and work is currently underway to mitigate any risk that this may pose. The main issues that may arise are around procurement of the services, the terms of the hosting agreement with the WCCG and ensuring there is an appropriate level of risk sharing and indemnity from both sides. The Transfer of Undertakings (Protection of Employment) Regulations 2006 ("TUPE") and redundancy arrangements have not yet been settled at the stage of writing this report. An update will be given to the Board at the meeting.

7.0 Equalities implications

7.1 An equality forum has been established as part of the Mental Health Commission which is seeking to identify the underpinning inequality presenting through the project strands. The approach will seek to support the wider system to tackle stigma and discrimination.

7.2 The forum have commissioned Jackie Dyer and Karen Newbiggin UoB to support this work stream. This will also link to the wider WMCA equality network. The focus will be to establish gaps in access to service which impact on the THRIVE ambition and it is hoped that a proposed approach will be available in November 2017.

7.0 Other implications

7.1 No issues

8.0 Schedule of background papers

8.1 Nil

8.0 Appendices

Nil

This page is intentionally left blank

WEST MIDLANDS COMBINED AUTHORITY

Wellbeing Board Meeting

Date	Friday 28 July 2017
Report title	"West Midlands on the Move" From Strategic Framework to Implementation
Cabinet Member Portfolio Lead	Councillor Bob Sleigh – HS2 & Wellbeing
Accountable Chief Executive	Sarah Norman Email sarah.norman@dudley.gov.uk Tel 01384 815201
Accountable Employee	Simon Hall Email simon.hall@wmca.org.uk Tel 0121 214 7093
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Combined Authority Board is recommended to:

1. Approve the appointment of a Wellbeing Board Physical Activity Champion to undertake the role set out in this report.
2. Agree the nomination process for such an appointment.
3. Note the progress made in the development of the Delivery Plan and gaining commitment from Local Authorities and Stakeholders.
4. Approve the establishment of the Physical Activity Insight and Intelligence Sub-Group as part of the WMCA/PHE Health Population Intelligence Network.
5. Agree to the WMCA to continue discussions with local authorities and stakeholders on developing proposals for the PE and Sport Premium for Primary Schools and to enter initial dialogue with Government on the feasibility of devolving funding and responsibility to the WMCA area.

1.0 Purpose

1.1 At its May 2017meeting, the Wellbeing Board approved the recommendations to work towards the adoption and implementation of the WMCA's "West Midlands on the Move" Physical Activity Strategic Framework. This report sets out the work undertaken to determine Local Authority and Stakeholder commitment to the WMCA and seeks approval for a set of actions listed.

2.0 Background

2.1 The "West Midlands on the Move" Strategic Framework 2017-30 (WMotM) has been developed through extensive consultation to position the impact increases in the number of people who are physically active has on delivering identified WMCA Strategic Economic Plan priorities and Thrive West Midlands priorities and adopts community cohesion as a cross cutting theme.

2.2 It has been developed by a Working Group of the 7 Local Authorities, 3 County Sports Partnerships and Stakeholders such as Public Health England.

2.3 The WMCA is funding Black Country Consortium Limited for a 12 month secondment contract for Simon Hall to continue as Physical Activity Strategic Lead until 30 June 2018.

2.4 The Strategic Framework aims to support local planning and encourages a WMCA approach where there is evidence and commitment that this will bring added value.

2.5 The 3 LEP WMCA geography continues to have the highest levels of physical inactivity in England. The Framework therefore, focuses on encouraging behaviour change especially in reducing the levels of physical inactivity and addressing the demographic inequalities that exist in participation.

3.0 Wider WMCA Implications

3.1 The Strategic Framework also recognises the importance of the inter-dependence of transport and HS2 growth; housing and exploiting the economic growth; creative and digital and productive and skills on encouraging people to get physically active. It is about informing and influencing wider WMCA work.

3.2 The Framework adopts the WMCA 3 LEP geography and has growing support from the Association of Directors of Public Health West Midlands.

4.0 Progress.

4.1 Work is now focusing on determining the 2017-19 delivery priorities and gaining Local Authority and stakeholder commitment to work with the WMCA. The following provides headlines and seeks the Wellbeing Board's approval for identified actions.

Delivery Plan

4.2 WMCA has developed a 2017-19 Delivery Plan which is out to consultation with local authorities and stakeholders seeking their commitment to working with the WMCA. This is included as Appendix 1.

4.3 A number of initial priorities actions are progressing and this includes:

4.3.1 The appointment and nomination of a Wellbeing Board Physical Activity Champion who would provide the political interface between the Wellbeing Board, the WMotM working group and the WMCA and be the advocate for physical activity across the WMCA. The appointment would be for an initial 12 months.

4.3.2 The establishment of an Insight and Intelligence Sub-Group which will operate within the context of the WMCA/PHE Health Population Intelligence Network and the WMCA's Policy Research Plan, bring together people and organisations across the WMCA to focus on determining and providing the research, insight and intelligence needed to inform the delivery of WMotM and local planning and delivery.

4.3.3 At the last Wellbeing Board, the WMCA highlighted the potential to explore how the Government's PE and Sport Premium for Primary Schools and the Sugar Tax Levy could be used strengthen young people's resilience. Exploring the potential of a WMCA approach was a consistent point raised during consultation and continues to gain traction. Discussions have taken place with Local Authorities and national stakeholders to explore the potential of the WMCA entering discussions with Government on devolving around £800,000 in 2017/18 for targeted work identified primary schools; local authorities and providers evidencing the greater return on investment this approach will bring to improving health, activity, attainment and resilience in young people. On Monday 17 July, the Government confirmed this funding and the WMCA is seeking Wellbeing Board approval to develop a proposition with local partners and enter dialogue with Dept. for Education, Dept. of Health, and the Dept. for Culture, Media and Sport and national stakeholders such as Sport England.

Added Value and Commitment

4.4 As part of the consultation with Local Authorities and Stakeholders, the WMCA has prepared a document setting out the Added Value that a WMCA approach can bring and the services that the WMCA can offer. This is included as Appendix 2.

4.5 This document also seeks commitment from Local Authorities and Stakeholders to offer at 1 day a week officer support to work on agreed priorities and in response to discussions with the Association of Directors of Public Health West Midlands discussing the potential investment of £10,000 per Local Authority/stakeholder towards a physical activity "fighting fund" to action specific priorities.

4.6 The consultation period is ongoing and the WMCA intends to provide the Wellbeing Board with a verbal progress report at its meeting.

5.0 Financial implications

5.1 The WMCA is funding the Physical Activity Strategic Lead 12 month secondment contract until 30 June 2018.

5.2 There is no dedicated funding allocated to delivery and the Wellbeing Board's; Local Authorities' and stakeholders' commitment to the Strategic Framework and Delivery Plan will enable the WMCA to establish an initial "fighting fund".

5.3 This approach will also enable the WMCA to seek Wellbeing Board approval for investment proposals including detailing the potential strategic partnership with Sport England, the Strategic Agency and Lottery distributor.

6.0 Legal implications

6.1 There are no legal implications for the WMCA.

7.0 Equalities implications

7.1. The Strategic Framework focuses on reducing levels of inactivity and the inequalities that exist by women; disabled people; black, minority and ethnic communities; lower socio-economic groups and by age, especially adults 45 years plus.

7.2 Alongside work undertaken to gain Local Authority and Stakeholder commitment to the Strategic Framework and Delivery Plan, the WMCA is analysing the Equality implications. This will be monitored at a quarterly basis.

8.0 Other implications

7.1 There are no further implications.

8.0 Schedule of background papers

8.1 The key background papers include:

- Wellbeing Board Report May 2017.
- WMCA Strategic Economic Plan.
- Thrive West Midlands Action Plan.
- Government – Sporting Futures. A New Strategy for an Active Nation 2015
- Sport England – Towards an Active Nation 2016.
- Secretary of State for Education, Justine Greening, made a statement on schools update in the House of Commons on Monday 17 July 2017.

9.0 Appendices

- Appendix 1 – Final Draft 2017-19 Delivery Plan.
- Appendix 2 – Final Draft Added Value Discussion Document

West Midlands on the Move Strategic Framework 2017-2030

Draft Delivery Plan 2017-2019

Consultation Document 23 June 2017

Introduction

1. West Midlands on the Move Strategic Framework 2017-30 sets out a new collaborative approach to the impact getting more people active has in achieving the West Midlands Combined Authority's Strategic Economic Plan's priorities. It is based on the principle that an "Active Community is the dynamo of a prosperous West Midlands".
2. West Midlands on the Move (WMotM) has been positioned to:
    a. Support local planning and delivery
    b. Define those themes and actions where there is a value added impact by adopting a WMCA approach to planning and delivery.
    c. Work towards a common metrics aligned to the WMCA's Performance Management Framework.
3. WMotM is purposely ambitious placing getting more people physically active at the heart of the WMCA's priorities. In preparing WMotM, we have consulted with over 30 organisations, the WMCA Programme and Wellbeing Boards and Theme Leads for Transport for the West Midlands, Thrive West Midlands and Productivity and Skills encouraging a platform of co-ownership in delivering its 39 actions.
4. The Strategic Framework's implementation is championed by the WMCA's WMotM Working Group reporting to the Wellbeing Board. The Wellbeing Board recognises the Strategic Framework's delivery inter-dependence with other WMCA priority work areas such as Transport; Productivity and Skills and Wellbeing. It also acknowledges that implementation requires new thinking on resourcing; thinking, partnerships and planning.
5. This consultation document sets out an initial draft WMotM delivery plan for the financial years 2017-18 and 2018-19 and is based on the following determinants:

a. Being realistic as to what can be achieved in the first two years, recognising the need for new thinking and continue to strengthen joint working and advocacy **(2 years).**
b. Agreeing those actions which are already delivered or planned locally, where there is potential longer term to scale up to a WMCA level and share learning **(Locally driven with WMCA potential scale of impact)**
c. Determining those actions championed by the WMCA's Theme Leads for which physical activity is playing its part for example working jointly with Transport for West Midlands to develop and implement the WMCA's Walking and Cycling Strategy **(WMCA Theme Led with physical activity contributing).**
d. Shape those actions to be championed by the WMotM Working Group and delivered through collaborative engagement with Local Authorities, local, regional and national stakeholders including WMCA Theme Leads and those Local Authorities who are not WMCA members and are willing to work jointly **(WMCA Physical Activity Led with stakeholders contributing).**

6. This Delivery Plan is supplemented by a Business Case and Resourcing Plan. It will identify which Local Authorities and stakeholders are committed to working with the WMCA to implement interventions also the investment needed and potential source. This plan will be developed by the WMotM Working Group with the final draft plans presented to the WMCA's Wellbeing Board at the end of July 2017.
7. The public facing Strategic Framework, this Delivery Plan; Business Case and Resourcing Plan and Local Authority and Stakeholder commitment will form the schedule to be presented to the WMCA Board on 8 September 2017.
8. This Plan will be monitoring monthly and reviewed every six months by the WMotM Working Group with progress reported to the Wellbeing Board and the WMCA Board as well as agreed local and west midlands networks.

For further information contact simon_hall@wmca.org.uk.

June 2017

Theme 1:
Skills for Growth & Employment for All

2017/18

1. Work with the WMCA Productivity and Skills Lead, to test approaches using physical activity and active travel choices as part of the DWP Work and Health Pilot[i] from September 2017. This includes exploring the potential deployment opportunities including volunteering with agreed stakeholders.
2. Working with the Thrive West Midlands Director, Local Authorities and County Sports Partnerships, Trial and evaluate an approach with Primary Schools to build young people's resilience using the Primary PE and Sport Premium[ii] from September 2017.
3. Led by the WMCA lead work on how we can make the best use of the apprenticeship reform agenda to deliver new apprenticeship opportunities in the sector by March 2018.

2018/19

1. Continue to promote physical activity and active travel choices as part of the DWP Work and Health pilot and evidence the impact of physical activity in getting people closer to the job market.
2. Apply learning from the Primary Premium resilience trial to extend the programme to targeted schools across the WMCA area by June 2018.
3. Led by the WMCA, in partnership with national and local agencies and employees establish the West Midlands Sports Skills Factory[iii] which develops a physical activity career pathway including apprenticeship and job creation programmes by January 2019.

Theme 2: Transport and HS2 Growth

2017/18

1. Work with Transport for West Midlands and Local Authorities, to support work needed to deliver the Mayor's ambition to increase the overall spending on cycling.
2. Working with Birmingham and Coventry City Councils; determine both the physical activity and economic impact of the City Ride & Birmingham Big Bikes schemes and explore potential of extending the scheme to other Local Authorities longer term by November 2017
3. Work with Transport for West Midlands and Local Authorities to join up local delivery of initiatives for health, physical activity and sustainable transport by February 2018.

2018/19

1. Working with Transport for West Midlands, manage, develop, prioritise and co-ordinate the delivery of joint and physical activity specific elements of the annual costed work programme by March 2019.
2. Evidence the impact of this work in getting more people active by March 2019.
3. Lead work to understand and address the walking and cycling workforce implications of this programme by July 2018 on for example on getting people closer to the job market and addressing physical activity inequalities.

Theme 3: Exploiting the Economic Geography

2017/18

1. Seek WMCA approval to integrate Active Design principles into planning and delivery by March 2018
2. Work with the Fields in Trust to adopt a WMCA approach to protecting Playing Fields and Open Space in perpetuity by December 2018.
3. With the West Midlands Urban Design Forum, Transport for West Midlands and WMCA Living Streets Officer, develop case studies on the wellbeing, social and economic impact of civic active spaces by November 2018
4. Support the Birmingham CC and International Sport and Culture Association Move Conference by October 2017.

2018/19

- Work with Local Authorities, the West Midlands Urban Design Forum to pilot a healthy, active street proposal in the WMCA area including 20 mph zones by September 2018.
- Undertake an assessment of good practice and barriers in the full use of school assets for the community by March 2019.
- Work with Local Authorities, Wildlife Trust and other charitable and voluntary organisations, to pilot work needed to promote opportunities for outdoor spaces including developing community capacity by September 2018.
- Work with Local Authorities and other stakeholders, to support the establishment of community led spaces by March 2019.

Theme 4: Wellbeing

2017/18

1. Working with the Thrive West Midlands Director, develop a co-ordinated as part of the "Workplace Wellbeing Charter and Commitment[iv]" and its promotion to businesses across the WMCA area by September 2017.
2. Undertake an audit of mental wellbeing physical activity programmes in the WMCA to explore scaling up practice by January 2018.
3. Working with the Thrive West Midlands Director and Local Authorities ensure adequate training is provided in how physical activity can both treat and prevent mental health disorders by March 2019.
4. With the Thrive West Midlands Director, explore a pilot co-financing a social-prescription[v] programme to improve mental health and wellbeing by October 2017.

2018/19

1. Working with the Thrive West Midlands Director, evidence the impact of the Workplace Wellbeing Charter and Commitment on improving wellbeing in the workplace by March 2019.
2. Examine the impact of the pilot co-financing social prescription programme and explore potential to expanding the programme long term by December 2018.
3. Working with Local Authorities, develop the evidence on the impact of rehabilitation programme have had the daily lives of people who have long term conditions by March 2019.

Theme 5: Community Cohesion

2017/18

1. Aim to work with Birmingham City Council to develop the WMCA's input into legacy section of Birmingham's 2022 Commonwealth Games bid by July 2017.
2. Subject to the bid's outcome, work with Birmingham City Council to use the strategic framework to steer the work needed to influence behaviour change to get people active leading up to 2022 Birmingham Commonwealth Games by March 2018.
3. to establish a network of 20 community activators working with localities to get more people active reflective of local needs by March 2018.

2018/19

1. Subject to the Commonwealth Games Bid's outcome, evidence the impact of the first year's Pre-Commonwealth Games Legacy work in the West Midlands and use this Strategic Framework to promote WMCA Commonwealth Games priorities by March 2019.
2. Evaluate the impact of community activators pilot, sharing lessons learnt West Midlands wide and exploring the potential to roll out similar approaches reflective of communities by September 2018.
3. With local authorities, pilot work to support a community to own their local spaces and assets for local social good by March 2019.

Theme 6:
Creative and Digital

2017/18

1. Working with the Consortium for the Demonstration of Intelligence Systems (CDIS), [vi]review and promote the impact of practice across the WMCA in utilising digital technology to get people active by October 2017.
2. Working with Local Authorities, CDIS and the Population Health Intelligence Network explore the potential to develop an active data and insight network to provide intelligence and insight services to support the local, CSP and WMCA delivery by December 2017.
3. Work with Transport for West Midlands to learn and share practice on 5G trials and walking in Birmingham City Centre by March 2018.

2018/19

1. Investigate the feasibility of encouraging third party activity apps linking with Swiftcard [vii]and Mobility as a service to encourage more people to be active by March 2019.
2. Consider working with communities to develop and deliver digital schemes to encourage people to adopt more active by March 2019.

2017/18

Principles of Delivery

1. Establish a network of WMCA Physical Activity Champions by November 2017.
2. Establish the West Midlands on the Move Working Group working to its Terms of Reference reporting to the WMCA's Wellbeing Board on a quarterly basis.
3. Establish a Physical Activity Intelligence and Insight Sub-Group responsible for understanding and co-ordinating work needed to understand physical activity participation..
4. Negotiate an agreement with Sport England and other identified funder which does not impact on local authority, CSP and other stakeholder relationships by September 2017.
5. Work with the Black Country LEP and Health Population Intelligence Network to implement the West Midlands on the Move Performance Management Framework[viii] by November 2017
6. Build understanding and share practice on social investment[ix] and other forms of new systems finance with the sector by March 2018.

2018/19

1. Explore the development of a Physical Activity Academic Research Network by September 2018.
2. Develop a WMCA intelligence and insight programme by July 2018
3. Produce and disseminate a 2017/18 Impact Report by 2018 and refresh the Year 2 Delivery Plan by January 2019.

Glossary

[i] DWP Work and Health Pilot
[ii] Primary PE and Sport Premium
[iii] West Midlands Sport Skills Factory
[iv] Workplace Wellbeing Charter
[v] Social prescribing
[vi] CDIS
[vii] Swfitcard
[viii] West Midlands on the Move Performance Management Framework
[ix] Social Investment and new systems finance

This page is intentionally left blank

DISCUSSION PAPER

The Benefits of Adopting a West Midlands Combined Authority Approach to West Midlands on the Move.

1. This paper should be read in conjunction with the WMCA Devolution Agreement between the 7 Local Authorities, 3 LEPs and Government in 2015. https://www.wmca.org.uk/media/1376/westmidlandsdealsummary.pdf
2. Over the summer 2017, the WMCA will be seeking both Local Authority and Stakeholder sign up to the Strategic Framework and seek resource commitment to delivering the West Midlands on the Move delivery priorities.
3. The WMCA cannot impose any strategic priorities or actions on any local authority or stakeholder or to commit resources. This is why the Strategic Framework is currently written in this way. The Delivery Plan consultation aims to sharpen up the actions outlining which Local Authorities and Stakeholders have agreed to work with the WMCA. The Strategic Framework and an updated Delivery Plan will be presented to the WMCA Board in September.
4. At the end of the document, we have set out the proposed governance structure.
5. The following sets out some of the added value benefits of adopting a WMCA approach:

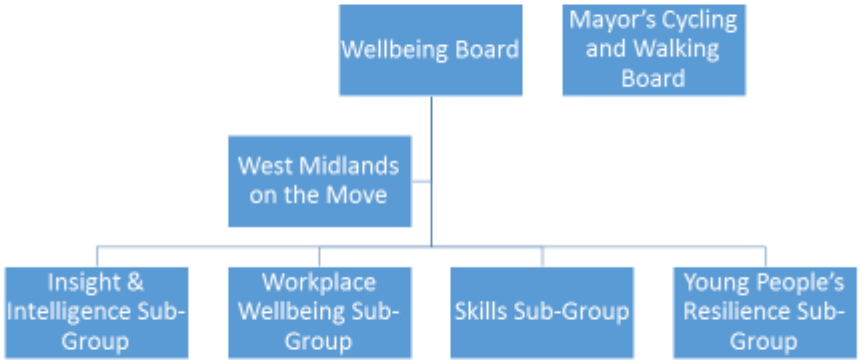
No.	Added Value	How will we achieve this?	What will we need?
1	A collective one voice to inform and influence of the impact increasing levels of physical activity has on WMCA's Strategic Economic Priorities and vice versa for: **a. Transport and HS2 growth.** **b. Creative and Digital.** **c. Skills for Growth and employment for all** **d. Housing and Exploiting the Economic Geography and** e. **Wellbeing** Following consultation, an additional **Community Cohesion** priority has been identified	1. Provide the evidence of impact of physical activity on priority actions such as through the Productivity and Skills call for action. 2. Establish Physical Activity Champions across the WMCA's governance structure to influence policy and investment decisions. 3. Encourage representation on relevant WMCA Project and thematic Boards providing an opportunity to influence strategic direction and delivery. 4. Address and where appropriate challenge and provide solutions those emerging priorities which have a negative impact on physical activity. 5. Influence cross Local Authority and West Midlands Networks on the role of physical activity can play for example, the WM Design Forum. 6. Develop regular impactful dialogue with the Mayor's office such as policy formation and briefings as well as encouraging the Mayor to visit impactful physical activity projects or "Ask the Mayor" events on physical activity.	1. £10,000 per year commitment to delivery of agreed actions. **Staffing** 2. Agreement on the appointment of Physical Activity Political Champion designation and recruitment. 3. Ambition of Local Authorities/CSPs committing 1 day a week to WMCA physical activity. This may include: a. Senior Officer on the WMotM Working Group which will meet once a month and include actions and paper preparation. b. Senior officer (same or different) to take responsibility to be WMCA lead for a specialist area for example Skills,
2	Providing a collective one voice to negotiate and influence Government, West Midlands and national policy and investment. For example, devolution deals, Lottery funding.	1. Shaping and agreeing the potential benefits and implications of physical activity being part of identified future devolution deals. 2. Agreeing the potential to negotiate funding deals with national and West Midlands	

		funding agencies for example, Sport England and Grant funding bodies, which is over and above local partnerships. 3. To prepare briefings and seek approval from the WMCA Board, Mayor's office and thematic leads for physical activity proposals evidencing the greater impact a WMCA approach will bring to Government priorities.	Digital, Planning including developing policy, meeting attendance and preparing reports. c. Membership of Boards, Sub-Groups and Task and Finish Groups for example, insight lead, Skills lead. d. Being local advocate for WMCA practice. 4. Sharing practice, strategies and policy direction. 5. Working towards a common performance and evaluation framework. 6. Briefing to Council Members and Senior Management on West Midlands on the Move priorities ensuring progress. 7. Where and when relevant providing the local platform for the WMCA to work with the Council.
3	Work towards ensuring there is a consistent and aligned approach to planning, delivery and measurement of plans to get more people active and reduce inequalities.	1. Use the Strategic Framework to influence local and where appropriate sub-regional priorities and actions. 2. Evidence the alignment and where appropriate difference between local, regional and WMCA's strategic priorities. 3. Encourage a common performance management framework which encourages comparative evidence and scaling up of practice.	
4	Provide the platform for sharing and learning from best practice in getting more people active and reducing inequalities.	1. Develop an Intelligence and Insight network and social media site to share practice. 2. Develop a WMCA social media campaign promoting the benefits of physical activity, impact of projects and importance of physical activity in meeting identified WMCA priorities. 3. Develop a research programme connecting with the HE Academic Network to plug gaps in intelligence and insight.	

		4. Develop and implement guidelines on using the WMCA branding to support events and programmes. 5. Develop a set of WMCA resources where needed to showcase the impact of getting people active.	
5	Due to the scale of the challenge in getting people active, pilot new ways of working for example by adopting a WMCA approach. Then scaling up what works across the area.	1. Provide the platform for joint working as part of the WMCA Governance structure. 2. Gain agreement to work to develop the business case, secure commitment and finances to scale up programmes which have had a significant impact on getting people active. This includes agreeing supporting the lead local authority and stakeholder to manage and mitigate risks. 3. Aim to pilot and showcase good practice examples.	
6	Recognises people's movement across local authority boundaries and daily lives of residents do not always take place within their administrative borders. In 2011 57 % of journeys to work by residents of the metropolitan area involved crossing a district boundary, giving weight to the need for a commonly agreed main road network to handle this movement more effectively	1. Ensure the following principles are adopted: a. Impact of cross-local authority planning and delivery e.g. walking and cycling improvements. b. Addressing physical activity inequalities. c. Evidencing the impact against WMCA measures.	
7	Champion Public Sector Reform encouraging innovation, service improvement and the	1. Provide the platform for innovation, improvement by showcasing practice, market testing, operating as the "honest	

	potential to pool resources to maximise the impact of interventions.	broker"; constructive challenging and evidencing impact.	
8	Being clear about the potential of the WMCA's 3 cities with their significant strengths for economic growth and connectivity.	1. Understand the alignment and difference between with B'ham/Sol and Coventry with the progress of their Sport England Place based pilots and other impactful interventions. 2. Work with all other local authorities to consider how a WMCA approach can support the delivery of their strategic priorities	

West Midlands on the Move



WEST MIDLANDS COMBINED AUTHORITY

This page is intentionally left blank