



WMCA Board

Date	13 November 2020
Report title	Health of the Region Report
Portfolio Lead	Wellbeing - Councillor Izzi Seccombe
Accountable Chief Executive	Deborah Cadman OBE, West Midlands Combined Authority email: deborah.cadman@wmca.org.uk tel: (0121) 214 7200
Accountable Employee	Ed Cox, Director of Public Service Reform email: ed.cox@wmca.org.uk tel: 07788 224179
Report has been considered by	Wellbeing Board Regional Health Impact of COVID-19 Task-and-Finish Group Programme Board, WMCA

Recommendation(s) for action or decision:

The WMCA Board is recommended to:

- (1) Consider the Health of the Region report (final draft for publication) in light of the impact of Covid-19 pandemic.
- (2) Agree the recommendations to Central Government on the basis of the findings in the report.
- (3) Endorse the commitments to action of the WMCA and its partners.

1. Purpose

1.1 The Health of the Region report explores the overall health of people living in West Midlands and in particular the impact of Covid-19 on the local population. It identifies a set of recommendations for central government in tackling health inequalities in the region and a series of '**commitments to action**' on for WMCA and its partners. This cover paper introduces the report and highlights key findings.

2. Background

- 2.1 Public Health England (PHE) published two key reports on the impact of Covid-19 in June, 2020. These reports highlighted the disproportionate impact of Covid-19 on vulnerable groups. As a result of these reports, the WMCA's Wellbeing and Prevention Thematic Board suspended work on the proposed Health of the Region report as a consequence of the coronavirus crisis. Instead, it commissioned a task-and-finish group to consider the regional health impact of Covid-19 and bring forward a revised report taking into account the health inequalities exposed by the crisis.
- 2.2 This work included an interim report, published in August 2020, and a call for evidence to gather wider research and community insights into the impact of the COVID-19 crisis on different communities. It has also involved engagement with a variety of groups including the Young Combined Authority, the Leadership Commission and a special BAME roundtable hosted by the Mayor.
- 2.3 This revised report sets out in some detail both the extent of health inequalities in the region that pre-dated the Covid-19 pandemic, but also the impact of the pandemic, not least on Black Asian and Minority Ethnic (BAME) and other vulnerable communities.

3. Health of the Region Report

- 3.1 The Health of the Region report describes the extent of health inequalities in the WMCA region and opportunities for action, considering the relationship between health and wealth and the impacts of the Covid-19 pandemic. The report is intended to sit alongside the State of the Region report, which focuses on the economy and growth.
- 3.2 The first part of the report describes the **health of the people who live in the West Midlands**. It uses local and national intelligence data to identify where change was needed even before Covid-19, for example poor deprivation scores, lower life expectancy, infant mortality and mortality from preventable causes, levels of obesity (including childhood obesity) and overall poorer health outcomes. It shows how existing inequalities have been exposed and exacerbated by the pandemic, especially for certain groups. This part also shows the underlying causes behind the poorer outcomes and inequalities, which lie in the wider determinants of health like housing and employment as well as structural inequalities.

- 3.3 The second part discusses **how change can happen to build community resilience and embed prevention** across all we do. This part embeds the evidence presented through the call for evidence and empirical work carried out with stakeholders to underscore a new approach, which focuses on a system-wide prevention while recognising the two-way relationship between health and wealth on both individual and population level. This approach to tackling inequalities will take full advantage of the many opportunities presented by a Combined Authority – and emerging opportunities following the Covid-19 pandemic.
- 3.4 The final part sets out four priority areas for action that have emerged from the analysis, namely:
- Improving outcomes for BAME communities
 - Tackling the wider determinants of health
 - Widening access to health and care
 - People-powered health
- 3.5 The final part also includes a series of commitments for action from key partners and recommendations for Government.
- 3.6 Crucially, the report sets out a series of '**commitments to action**' (selected commitments listed below, full list available in full report) proposed by a range of organisations from across the region including local authorities, NHS bodies and trusts, universities, voluntary organisations as well as the WMCA. Together, these commitments represent a collective endeavour to tackle health inequalities in the region and build community resilience in the face of the on-going crisis and indeed any future crises of a similar nature.
- **Improving outcomes for BAME communities**
 - CCG/STP System Transformation Recovery (STaR) Board will ensure ICSs are supported to plan and be held accountable for addressing health inequalities within the populations they serve
 - PHE West Midlands have committed BAME and Disparities workplan to ensure improving health outcomes for BAME communities is a cross cutting consideration across priorities of health and wellbeing programmes, wider determinants, and Health Inequalities Cell Projects and recovery work.
 - University Hospitals Birmingham Trust has signed up to the NHS Workforce Race Equality Standard, which seeks to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
 - Black Country and West Birmingham STP have established an Equality & Diversity leads group across the BCWB STP to ensure a consistent and unbiased approach in supporting our BAME colleagues
 - WMCA will develop a targeted Thrive mental health programme co-designed with BAME employers and employees.
- WMCA will carry out rigorous equalities impact assessments of all of its directorates and wider agencies.

- **Tackling the wider determinants of health**

- CCG/STP System Transformation Recovery (STaR) Board will ensure ICS be required to oversee place level multi-agency, cross sector partnership working to address relevant local issues for example: access to employment, skills gaps, access to housing, social isolation, environmental challenges etc.
- PHE West Midlands, in partnership with NHS Midlands, developing standards for tackling health inequalities and equity in NHS planning, Integrated Care Systems and Sustainability and Transformation Plans, including the wider determinants of health and life course
- Sandwell and West Birmingham NHS Trust are committed to deploying a minimum of 2% of its future annual budget with local suppliers and are committed to paying all staff at or above the 'living wage'.
- Birmingham and Solihull STP will support vulnerable people through shielding, particularly in the context of a local 'lockdown', with additional support delivered through our partner organisations to address issues relating to food poverty, specialised primary care services for people who are homeless, rough sleepers and vulnerable children.
- WMCA will incorporate a Health in All policies (HIAP) approach into its Inclusive Growth Framework.
- WMCA will continue to pay the Real Living Wage and ensure its contractors do so too.
- WMCA will look to target underrepresented groups for training programmes to support access to jobs, particularly where groups are under-represented in the workforce – for example, our work with Black CodHers helps black women gain digital skills and careers

- **Widening access to health and care**

- CCG/STP System Transformation Recovery (STaR) Board will ensure Consideration of differential experience of access and delivery of services to be an intrinsic part of service design and evaluation
- PHE West Midlands are working with national colleagues, DHSC, NHS Midlands, and voluntary sector partners, promoting evidence and resources to widen access to health and care services and test and trace, especially for those inclusion health groups who typically struggle to access appropriate services and in the context of digital exclusion and learning from lived experience.
- Black Country and West Birmingham STP are developing an Academy. The Academy will provide population health management capacity to the system.
- Birmingham and Solihull STP will restore services based on 'place' and continue the process for developing population health management within Primary Care Networks (PCNs)
- WMCA will train and support healthcare professionals to refer disabled citizens to physical activity as part of its IncludeMe initiative
- WMCA will roll-out its Thrive-into Work programme to over 450 people living with poor mental health
- WMCA will support the utilisation of transport hubs as digital screening centres and for 'pop up' heart / CV checks, breast screening, sexual health etc.

- **People-powered health**
 - PHE West Midlands are working with national colleagues and NHS Midlands advocating for community centred and asset based approaches, providing resources, tools and products to enable ‘people-powered health’ including support and leadership for the Regional Social Prescribing Network, promoting the role of the NHS as an anchor institution, maximising opportunities through volunteering (including PHE staff role modelling this) and landing social marketing campaigns
 - Black Country and West Birmingham STP will develop and expand Physical and mental health and wellbeing, including reduction in sickness absence
 - Black Country and West Birmingham STP will develop a common approach to supporting and improving the wider H&WB agenda across the system
 - Birmingham and Solihull STP will support behaviour change for staff and community leaders through various wellbeing initiatives including a targeted campaign on flu vaccination with a focus on the most vulnerable and those disproportionately affected by COVID-19
 - Walsall Council’s Walsall for All Board will engage with all communities through a network of community/faith leaders and active communication and engagement
 - WMCA will continue to develop its Include Me WM programme working with disabled citizens and citizens with long term health conditions to get active.
 - WMCA is committed to increase cycling from 3% to 5% of mode share by 2023 through the delivery of the WM Cycling Charter and extending the 195m of cycling and walking routes and delivery of the Government’s Emergency Active Travel Fund.
 - WMCA will work with other Commonwealth Games Delivery Partners to develop a long lasting physical activity and wellbeing legacy for the region
 - WMCA will roll out an Making Every Contact Count programme amongst its employees and encourage and influence other anchor institutions / businesses / employers to support people-powered health in their workplaces

3.7 Alongside our own regional commitments to act on health inequalities, there are a series of **‘asks’ of central government**. These include existing agreed CSR asks but also flag the importance of the effective funding of public health and for local authorities and other agencies to have a greater role in co-ordinating local health and care provision.

- **Improving outcomes for ethnic minorities**
 - Government should produce a clear and comprehensive action plan setting out how it will work with local and regional partners to take action on race disparities and associated risk factors.
 - Government should commission further data, research and analytical work at the local and regional level to understand the geographical and place dimensions of race disparities in health.
- **Tackling the wider determinants of health**
 - Local action on tackling health inequality should be the focus of the NSH Phase 4 Letter on Covid19

- Health and well-being outcomes should be included as part of economic development policies including industrial strategy and local industrial strategies; the UK Shared Prosperity Fund; Towns Fund; devolution deals etc.
- Government should double the proportion of health and social care spending focused on prevention and public health from 5 to 10 per cent over time.
- **Widening access to health and care**
 - Government should support the WMCA's proposal to establish digital screening hubs in high footfall transport locations.
 - Government should do all it can to close the gap in primary care provision between the most and least deprived neighbourhoods in terms of funding per patient and serving GPs.
 - Government should look to widen its plans and increase its investment to tackle digital poverty with a particular focus on those who do not access health and care services online.
- **People-powered health**
 - Government should invest in the WMCA's Radical Health Prevention Fund to drive forward innovation and social prescribing initiatives in the region.
 - Government should pilot the Kruger report's *Community Right to Serve* provisions for health and social care in the West Midlands.

4. Future steps

- 4.1 The Health of the Region report represents a 'call to action' for a wide range of regional players and the commitments described above will be monitored and reviewed through the Wellbeing and Prevention Board.
- 4.2 The report will also be used to engage with central government concerning the recommendations.
- 4.3 The report will also provide a basis for developing the Well-being and Prevention programme for the PSR directorate for 2021/22 which will report into the Wellbeing and Prevention Board and form part of the WMCA Annual Plan.

5. Financial Implications

- 5.1 In its Comprehensive Spending Review submission, WMCA has requested £11.3m in funds from central government for the Radical Health Prevention Fund. An additional £18.5m has been requested for linked work, including social prescribing, proposals under the Regional Health Impact of Covid-19, and digital diagnostic and treatment hub. These proposals have all been approved by the WMCA Board at previous meetings.
- 5.2 The commitments to action of other partners are undertaken at their own cost and there is no direct cost to the WMCA.

6. Legal Implications

- 6.1 There are no direct legal implications connected to this report or its recommendations.

7. Equalities Implications

- 7.1 This is a comprehensive report with a primary focus on equalities and it is in line with the Equalities Impact Assessments conducted. Positive equality impact is envisaged in relation to this report.

8. Inclusive Growth Implications

- 8.1 Inclusive growth is a more deliberate and socially purposeful model of economic growth – measured not only by how fast or aggressive it is; but also by how well it is created and shared across the whole population and place, and by the social and environmental outcomes it realises for our people. This is a shift away from considering growth purely in terms of measures of the local economy, and towards a view that the economy should serve people's broader aspirations for their lives and their place.
- 8.2 In considering the inclusive growth implications, all four of the Inclusive Growth Tests are relevant: Locking in Wealth, Future Generations, Sharing Power and Universal Design. As such, the report considers inclusive growth within its broader context of an inclusive economy, seeking to reduce inequalities across the life course, with a resilient and engaged population as a foundation of sustainable growth that envisions not only a healthier region, but also a fairer and greener region.

9. Geographical Area of Report's Implications

- 9.1 This report applies to all areas of the West Midlands region and has learning and engagement which is actively shared within the broader region including the non-constituent members.

10. Other Implications

- 10.1 Not applicable.

11. Schedule of Background Papers

- 11.1 The Health of the Region Report