



Wellbeing Board Meeting

Date	28 July 2017
Report title	Health Devolution Proposals Report
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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 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.

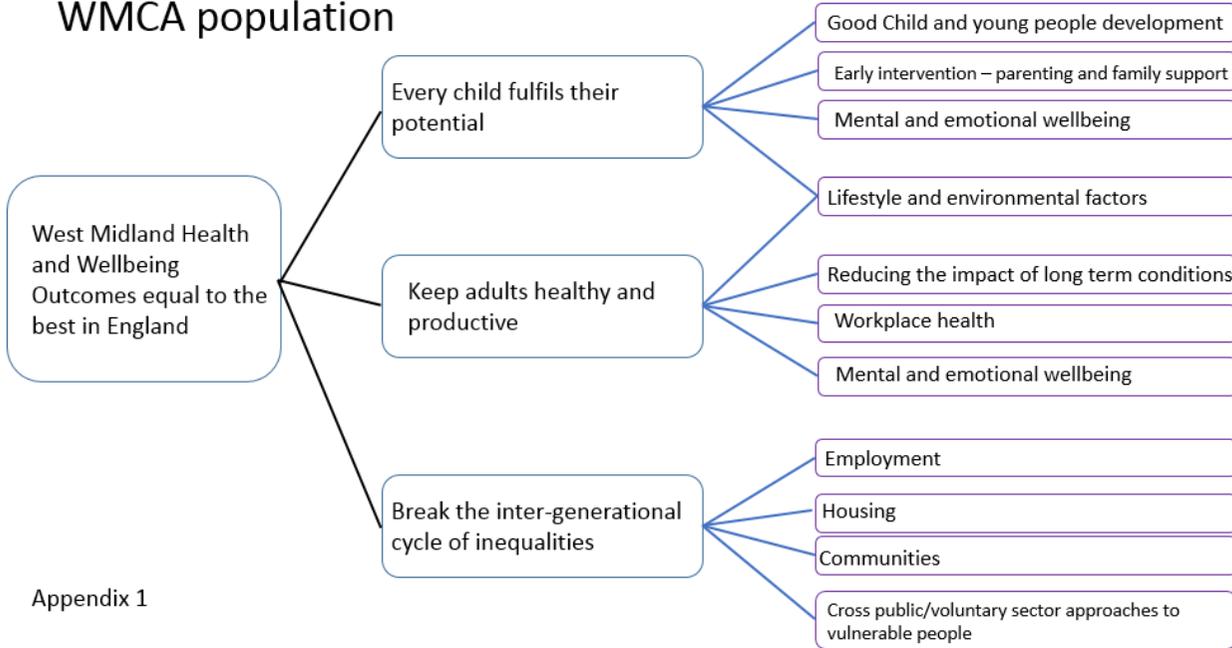
The first of these areas is the pilot for Individual Placement Support (IPS) based in primary care settings in four WMCA geographies. The Work and Health Unit (joint DWP and DH) has agreed £8.4m of funding to support the pilot and its evaluation. The second area that is close to agreement is testing 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 place 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 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Regulation Transformation funds 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> WMCA parenting support offer Link of troubled families programmes to early intervention programmes Early Years placements – funding and access 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> good mental and emotional 	Mental and Emotional Resilience – use of transformation and pooled budgets to support:	<ul style="list-style-type: none"> Reduction in CYP diagnosed with MH problems 	DfE, DCLG, DH, NHSE

<p>wellbeing is essential for good child development and good outcomes across the life course.</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	
	<p>Integrated Mental Health Services – use of transformation and pooled budgets</p> <ul style="list-style-type: none"> • Outreach mental health services and support to schools • Specialist behavioural management services • Early access to CMHS • Integrated regulation 	<ul style="list-style-type: none"> • 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
	<p>Adverse childhood experiences (ACES) -use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • Early and integrated parent and family support 		
<p>Lifestyle and Environmental factors</p> <ul style="list-style-type: none"> • 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, 	<p>Integrated support to vulnerable mothers before, during and after pregnancy –use of transformation funds and pooled budgets</p> <ul style="list-style-type: none"> • 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.) 	<ul style="list-style-type: none"> • Reduction in infant mortality rates • 2000 less mothers smoking at birth • 	DfE, DCLG, DH, NHSE
	<p>Systems approaches to reducing obesity and improving physical activity - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

<p>Children, Young People and Adults</p>	<p>System approaches to improving the built environment and air quality - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<p>DfE, DCLG, DH, NHSE, DfEnv, Treasury</p>
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Table 2 - Keeping the working age population healthy

Opportunity	Devolution Ask	Potential Impact = top performing	Government departments involved
<p>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.</p>	<p>Integrated approaches to reducing obesity and improving physical activity - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA</p> <ul style="list-style-type: none"> • Integrated tier 1-4 obesity services • Workplace wellbeing schemes • Active transport • Design of the built environment 	<ul style="list-style-type: none"> • 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 	<p>DCLG, DH, DWP, DfT, dfEnv,</p>
	<p>Integrated approaches to reducing smoking - use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA</p> <ul style="list-style-type: none"> • Whole system restrictions on smoking and tobacco control • Eliminate smoking in the workplace • Incentivise prevention and cessation initiatives at scale 	<ul style="list-style-type: none"> • 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 	<p>DCLG, DH, DWP, DfT, dfEnv, Treasury</p>
	<p>Integrated approaches to reducing unsafe alcohol use- use of transformation funds, pooled budgets and devolved cross government responsibilities to WMCA</p>	<ul style="list-style-type: none"> • Reduce % who drink above safe limits to x% • Reduce sickness absences 	<p>DCLG, DH, DWP, DfT, dfEnv, Treasury</p>

	<ul style="list-style-type: none"> • Cross system approaches to the night time economy • Use of health considerations in licensing • Use of regulations around alcohol pricing 	<ul style="list-style-type: none"> • 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	<p>Cross system working to maximise the opportunities for the workplace to be a health promoting environment – use of incentives, regulation and pooled budgets</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)	<p>Cross system working to maximise the opportunities to prevent or reduce the impact of long term conditions – use of</p>	<ul style="list-style-type: none"> • 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

	<p>incentives, transformation funds, regulation and pooled budgets</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	
<p>Mental Health</p>	<p>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</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 • 	<p>DWP, DH, Treasury, NHSE, DCLG</p>

	<ul style="list-style-type: none">• Access transformation funds to develop tiered mental health literacy• Increased use of mental health triage and criminal justice diversion schemes in WMCA		
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