



Wellbeing Board Meeting

Date	28 July 2017
Report title	Wellbeing Priorities Report
Portfolio Lead	Councillor Bob Sleight - 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 through 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 it 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 it 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