

Wellbeing Board

Date	18 th January 2022
Report title	WMCA Health in all Policies (HiAP) Approach
Portfolio Lead	Cllr Seccombe, Wellbeing
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority
Accountable Employees	Stacey Gunther, Health and Wellbeing Programme Manager, WMCA/Office for Health Improvement and Disparities Simon Hall, Strategic Lead for Wellbeing and Prevention
Report has been considered by	Ed Cox, Director, Inclusive Growth and Public Service Reform Mubasshir Ajaz, Head of Wellbeing and Prevention

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

1. Approve the proposed WMCA Health in All Policy (HiAP) model to act on health inequalities through its devolved responsibilities across the wider determinants of health.
2. Provide support and guidance to refine the model and actions taken which will ensure the greatest impact.

1. Purpose

- 1.1 This paper builds upon the WMCA mandate for health inequalities in the Health of the Region report and the direction agreed at the October Wellbeing Board meeting. It details how the WMCA plan to take forward the agreed Wellbeing priorities across WMCA areas of responsibilities, including transport, housing, skills, energy and the environment, to act on health inequalities across the wider determinants of health. Working in this way recognises the link between health and wealth and the importance of WMCA's role in supporting the region to improve productivity, economic growth and health and wellbeing in tandem.
- 1.2 Health in all Policies (HiAP) is defined as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful impacts in order to improve population health and health

equity.” (WHO, 2013). Taking a HiAP approach will enable WMCA to put health inequalities at the heart of decision making across the wider determinants of health and enable progress on the Wellbeing priorities.

- 1.3 This paper details the proposed WMCA approach to embedding HiAP, including the importance of learning and improving the approach taken. HiAP is an ongoing focus for WMCA, this paper builds upon foundations in place from the previous Population Health Intelligence Unit and draws from ongoing work with Transport for West Midlands where a strong partnership with mutual outcomes focused on active travel have been agreed. This relationship has enabled elements of the model below to be tested and used to inform the evolving approach outlined below. The approach draws upon the HiAP evidence base, builds in tools to offer practical support across the CA and includes learning collated via the City Inequalities Project¹ which draws in learning from HiAP work at other Mayoral Combined Authorities.

2. WMCA Inclusive Growth Framework

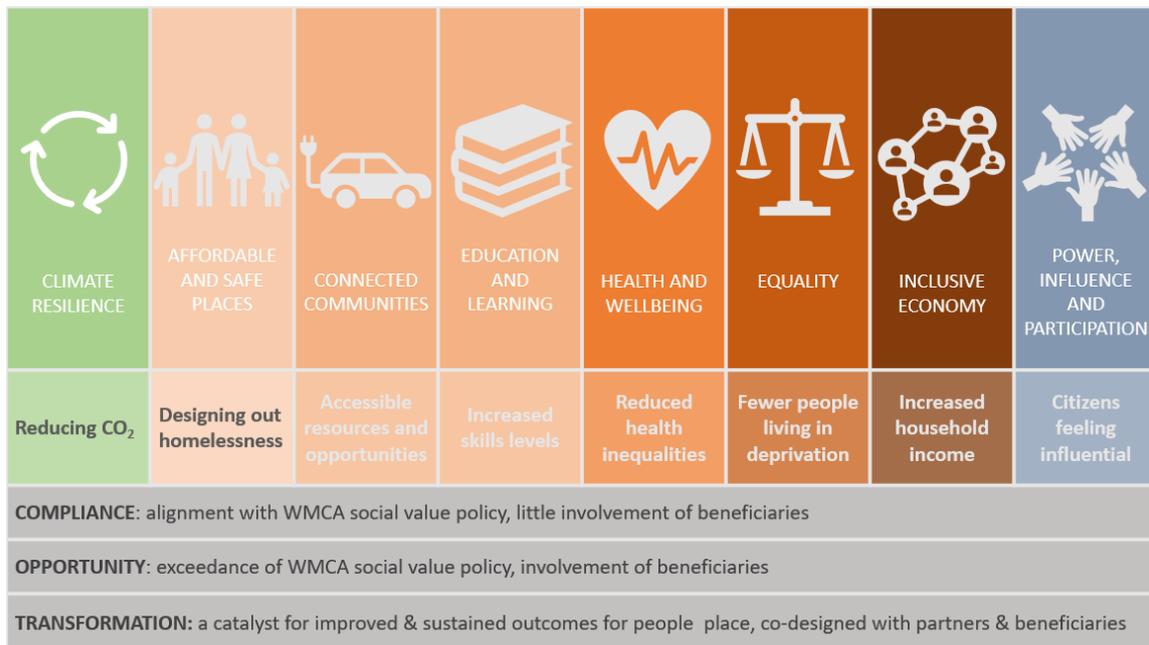
- 2.1 When discussing HiAP at WMCA, it is important to first understand Inclusive Growth. WMCA defines inclusive growth as:

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 place, and by the social and environmental outcomes it realises for our people.

The WMCA inclusive growth framework consists of 8 fundamentals and was codesigned with partners including PHE West Midlands. As a result, reducing health inequalities is the headline outcome of the Health and Wellbeing fundamental. The inclusion of health inequalities as a metric highlights the need to see the region’s health inequalities reducing before we can assert that our economic activity is truly inclusive.

The diagram below shows what good looks like for inclusive growth; eight fundamentals, with outcomes, brought together in the Inclusive Growth Framework:

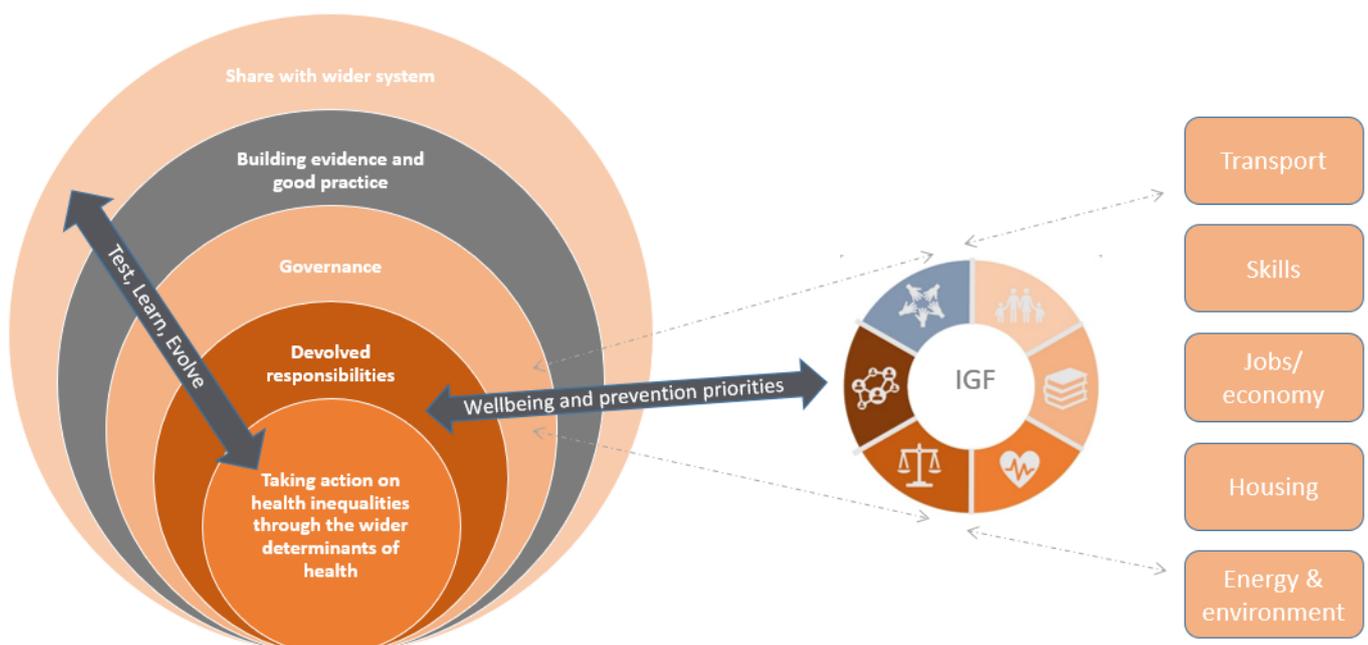
¹ WMCA are a sponsor authority for the City Inequalities Project, which facilitates combined authority potential to take action on health inequalities



In addition to the explicit health and wellbeing inclusive growth fundamental, health inequalities provide a thread throughout the framework with other outcomes for example reducing CO₂, designing out homelessness, education and learning, reduced employment inequalities and increased household income also key contributory factors to the health inequalities agenda.

3. Addressing health inequalities through HiAP

3.1 The diagram below illustrates the developing WMCA approach to HiAP:



3.2 *Devolved responsibilities*

In order to realise the potential across the organisation to take action on health inequalities, it is paramount to identify and recognise the contribution that all directorates can, and in some instances already do make. Initial logic model work has been undertaken to identify appropriate levers, with work progressing to create a common language and narrative that resonates with all. These will be worked into shared resources that will highlight mutual benefits for partners in other directorates/areas of WMCA. As described in section 2 above, alignment with the inclusive growth framework is key to engage with partners, given the synergies in preferred outcomes. This will also provide clear and consistent health inequalities messaging for stakeholders within the WMCA, the Mayor in providing leadership on devolved powers and wider partners in the region.

3.3 *Governance*

For a HiAP approach to be successful it is essential that health equity and inequalities are considered as core to WMCA. During this initial phase of learning and development the Wellbeing team are building learning and good practice case studies that can be shared to facilitate others to take a similar approach. Key to this is the application of the Health Equity Assessment Tool (HEAT) which informs the decision making of WMCA to understand the health impacts and distributions of those impacts. It enables mitigating actions to be taken across all policy and programmes to reduce the potential negative impacts and amplify the positive health inequalities impacts. Organisational training in its' application will build upon the pilot with Transport for West Midlands (TfWM) detailed in section 4.

For longer term success, organisational culture change is required to reach the point where health inequalities are considered as core to all policy, strategy and programme development. To facilitate the required cultural change to achieve HiAP, there is need to consider health equity at a strategic organisational level for example by inclusion within the single assurance framework. Work is currently underway with the WMCA's Equality and Diversity Manager to ensure that the HiAP approach is aligned to the WMCA's policy and tools such as Equality Impact Assessment. There is also opportunity for consideration in performance and planning cycles, as well as other organisational documents for example, inclusion in project initiation documents.

3.4 *Evidence, good practice and relationship building*

Building a body of evidence to advocate for the HiAP approach and application of HEAT will act as a lever to enable good practice to be replicated throughout WMCA. This work in time will also break down preconceptions that a HiAP approach is additional work as shared outcomes and benefits to directorates individual outcomes are realised.

There is also an ambition to create an advocates group to provide peer support with practical application and the opportunity to share experience, for example around HEAT or common challenges. In addition to the advocates group relationship building at senior levels within WMCA are also key to unlocking potential.

3.5 *Share with wider system*

Learning through the creation of a HiAP approach and the application of HEAT in a wider setting at WMCA will create tools, resources and learning that can be applied

across other organisations wishing to take a similar approach. There is scope to establish a community of practice to build and share learning and application across the system.

3.6 *Test, learn and evolve*

Testing, learning and the evolution of HiAP is fundamental to its success and as such run through all the whole model. It will inform a continuous improvement approach to implementation and maximise its impact. The following provides two examples of Early Adoption Pilots which illustrate the HiAP approach.

4. Early adoption pilots

4.1 To support the development of the proposed framework, several pilots are in progress with WMCA directorates. These have been critical to the development of the above approach. The following brings to life actions taken, lessons learnt and progress to date.

4.2 **Transport**

4.2.1 The purpose of the work with Transport is to develop and test a HiAP approach with TfWM and builds on foundations created through long standing partnership work on active travel. The benefit of active travel to health and wellbeing is recognised by both TfWM and the Wellbeing Team, and as such provided an ideal test bed for development.

4.2.2 The role of active travel in improving health is well documented, with the Health Foundation (2019) highlighting contributory factors to a healthy and sustainable transport system (see figure below). The WMCA Inclusive Growth approach echoes these benefits in reducing health inequalities and enabling transport policy and investments to benefit health.



Local Transport Plan Green Paper

4.2.3 TfWM is seeking permission to go to public consultation on the Local Transport Plan (LTP) at WMCA Board on 14th January. The consultation document considers TfWM role in inclusive growth and in addressing health inequalities.

4.2.4 One of WMCA's statutory duties as the Local Transport Authority is to publish and review the [Local Transport Plan \(LTP\)](#) for the area covered by the 7 constituent

authorities. The LTP sets out the policies to promote safe, integrate, efficient and economic transport to, from and within our area as well as plans to implement those policies. The TfWM published Green Paper outlines how transport can better support a prosperous and well-connected West Midlands which is fairer, greener and healthier.

- 4.2.5 The Green Paper identifies five motives for change if we want to use Transport to drive inclusive growth:
- o Creating a fairer society
 - o Supporting local communities and places
 - o Becoming more active
 - o Tackling the climate emergency
 - o Sustaining economic success.

HEAT Tool Application Pilots

- 4.2.6 HEAT has currently been, or is planned to be applied, to three joint WMCA Wellbeing and TfWM projects. The aim of applying HEAT to these projects is to understand the difference and impact this makes to planning, delivery and evaluation. These are detailed below:
- o **Transport without Barriers** – funded by WMCA Wellbeing and Sport England – a behaviour change trial on whether a travel app will increase confidence of disabled people and people with long term health conditions in using public transport. Scheduled to be launched in February 2022.
 - o **Cycling for Everyone** – currently developing a legacy package to enable those who otherwise would not benefit from the existing network and infrastructure investments to take advantage of the interventions to support long term behaviour change and confidence. HEAT will be used to determine audiences and inform the evaluation framework.
 - o **DfT Social Prescribing Walking and Cycling Pilot Bid.** An example of work to ensure all WM economic investments benefit health includes the work that the Wellbeing Team are leading alongside TfWM, Local Authorities, NHS and Community partners in bidding to become one of the Department for Transport Social Prescribing Walking and Cycling pilot areas. This focuses on increasing the referral of people in ill health to walking and cycling and measuring impact. HEAT has been applied to the development of the project to ensure that health equity was embedded from the outset and considered from project inception. The outcome of this bid will be known in the new year and if successful the Feasibility Study will lead to a 3-year funded pilot from Summer 2022.

4.3 Housing

- 4.3.1 One of the agreed High-Level Deliverables is reduce health inequalities in housing, focusing on Accessible Housing for disabled people and those with long term health conditions across all ages. Initial discussions have started with the Housing and Regeneration Directorate and Local Authority Public Health to determine purpose and priorities. Given the early stage of this work, progress will be presented at the next Wellbeing Board meeting.

5. Next steps

- 5.1 Subject to the Wellbeing Board's approval, we will continue to take forward the ongoing pilots, developing and sharing our learning with partners to refine and evidence the impact of this approach. In doing so, develop a common narrative around health

inequalities across the WMCA and to grow our work across other Directorates.

6. Financial Implications

- 6.1 Currently there are no additional financial implications for the WMCA as initial scoping and development work set out above are funded through existing WMCA budgets. However, there would be financial implications from being awarded one of the DfT Social Prescribing walking and cycling pilots, which would be subject to DfT grant conditions and would need approval via the WMCA Single Assurance Framework.

7. Legal Implications

- 7.1 There are no additional legal implications at present. The decision pending the WMCA social prescribing walking and cycling bid may change this and implication associated with the funding will be raised separately.

8. Equalities Implications

- 8.1. Work is currently underway with the WMCA's Equality and Diversity Manager to ensure that the HiAP approach is aligned to the WMCA's policy and tools such as Equality Impact Assessment. The HiAP emphasis is on reducing inequalities and in response to the Health of the Region Report's improving health outcomes for ethnic minority and vulnerable groups communities.

9. Inclusive Growth Implications

- 9.1 As explained within the report, reducing health inequalities is one of the headline outcomes of the Inclusive Growth Framework, aligned to the Health & Wellbeing fundamental. The HiAP approach is a practical means by which health inequalities can be considered and addressed as the resources of the WMCA and its partners are invested into the region. It is therefore an important mechanism of inclusive growth that needs to be honed through use, notably in policies and investments that are led by partners outside of the health system. It will also be important to share learning from this across and beyond the WMCA, and opportunities to do this via the Wellbeing Board and other forums will need to be planned in.

10. Geographical Area of Report's Implications

- 10.1 The delivery of our HiAP approach has an impact across the West Midlands, with specific consideration given areas of poor health and reducing health inequalities.

11. Schedule of Background Papers

WMCA Board 14 January 2022 ([Public Pack](#))[Agenda Document for WMCA Board, 14/01/2022](#) 11:00
October 2021 Wellbeing Board approved paper – [Wellbeing focus on Health Inequalities Health of the Region 2020 \(wmca.org.uk\)](#)

9. Appendices

None.