

Appendix 2

Developing a West Midlands partnership between STPs and the WMCA

Background

The West Midlands Combined Authority (WMCA) is made up of 7 constituent members (local authorities of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton) and 15 non-constituent members (11 local authorities and four Local Enterprise Partnerships). It has been set up to enable powers and resources to be moved from Whitehall to the West Midlands (devolution) and to improve outcomes in the Region as set out in its Strategic Economic Plan. In order to achieve this the WMCA is committed to working collaboratively on projects that deliver a more prosperous West Midlands that provides opportunities for all its communities.

Role of the WMCA Wellbeing Board

The WMCA has set up a Wellbeing Board to provide governance of the CA's work to improve wellbeing and health outcomes. The Board is made up of the chairs of the 7 constituent Local Authority Health and Wellbeing Boards, the three STPs that cover the WMCA constituent member area and representation from chairs from non-constituent Health and Wellbeing Boards, PHE and NHSE.

The first major project under this Board is Thrive – the outputs of the West Midlands Mental Health Commission. The Board has now agreed two further broad areas – Cardiovascular Disease and Diabetes; and Children and Young People - where it would like to work with partners to develop West Midlands Wellbeing programmes supported by devolution deals.

The WMCA Wellbeing Board is clear that any Wellbeing programme needs to add value to local priorities/actions, provide opportunities to build on or scale up local initiatives, and exploit the devolution opportunities that being a combined authority offers. In addition the potential for driving system change involving organisations across the public, private and voluntary sector is a key consideration.

A vision for health devolution

Devolution provides an opportunity to secure additional resources for the region as well as greater autonomy, freedoms and flexibilities and thus the potential to realise innovative approaches to improving wellbeing and health outcomes. The Board is therefore keen to explore how the development of any Wellbeing programmes can be supported by devolution proposals. It has been agreed that these proposals will be 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).

In addition in order to ensure that these devolution proposals achieve practical benefits to all the partners involved in their implementation it has been agreed that any health devolution deal delivers benefits against one or more of three key impacts:

- Reducing the demand for public services and thereby reducing public service expenditure
- Improving productivity
- 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 approach that the WMCA is taking means that we are not looking to use devolution to take on the running of NHS services at a combined authority level or to take on responsibilities for the structural/system redesign of NHS services that has been a feature of the Greater Manchester devolution deals.

Following the election of Mayor of the West Midlands and the general election the government has indicated a willingness to develop further devolution deals that would build on the first devolution deal agreed in November 2015. This provides an opportunity to consider how we can develop a strong West Midlands proposition for devolved powers, responsibilities and resources to support a West Midlands health and wellbeing agenda. We are aiming to develop an initial set of health devolution proposals by the end of October 2017.

These initial proposals will be based on the three broad priority areas agreed by the WMCA Wellbeing Board of mental health, cardiovascular disease and diabetes and children and young people. In developing these proposals we are aware that stakeholders from both constituent and non-constituent areas will contribute to the development and implementation of programmes. Where we are asking for devolved powers and responsibilities any deal will only cover the area of the seven constituent members that come under the West Midlands mayor. Where we are looking for transformational resources there is the opportunity to develop wider collaborations (e.g. the Thrive programme includes funding through the Midlands engine that covers both West and East Midlands).

We also intend to build on the approach that we have successfully used with central government in the development and implementation of the Mental Health Commission through the Thrive programme. This is to seek a commitment from government to work with the West Midlands right from the start of programme development and to commit development, transformation and evaluation funding to

support pilot innovations. To date this means we have obtained over £15m government funding to support Thrive pilots. On the basis of these pilots we are then negotiating long term financial platforms (e.g. gain share models) to deliver these innovations at scale.

Developing a shared STP/WMCA programme

As we are starting with a developmental approach to devolution this means that we have the opportunity to co-create and co-develop the specific programmes and their devolution asks with partners. The Thrive approach again illustrates the power of this approach in enabling cross system approaches to improving mental health outcomes and the next set of devolution proposals will build on this. We now want to take the same approach to two further areas of work.

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 are proposing 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.

In particular we would like to work with STPs to develop a **WMCA/STP prevention programme** around cardiovascular disease and diabetes as a shared programme between the three STPs and the WMCA where we seek to get devolved use of national transformation funds to develop the programme and to evaluate the pilots developed.

In order to develop this programme we would like to set up a task and finish group that has representation from each of the STPs. The aim of this group would be to identify a small number of potential areas. These programmes would be identified on the basis that they:

1. Build on the prevention proposals in STP plans
2. Better delivered across a wider area than a single STP/local authority footprint

3. Complement or enhance work on CVD and diabetes at the STP/local authority level
4. Enable us to test out innovative or whole system approaches that can be linked to a devolution deal.

The initial objective is not to develop a comprehensive WMCA/STP prevention programme that becomes the sole vehicle for cardiovascular disease and diabetes prevention. Instead the aim is to develop a small number of projects that will test out the value of a joint WMCA/STP approach and which allows the West Midlands to use devolution opportunities to engage central government in generating the resources required to deliver change.

Next steps - At the WMCA Wellbeing Board it was agreed that members of the board secretariat would come and discuss the WMCA proposals with the STP Boards/other forum as requested. The discussion would include agreeing with the STPs how they will be represented on the task and finish group and how this work should link to their prevention programmes.

In addition we are looking to develop a longer term ability to deliver a WMCA/STP prevention programme that could include a wider geographical footprint that would cover the non-constituent members. We are therefore looking to develop an Alliance approach that would allow wider clinical and other network involvement in developing a sustainable ongoing programme of work.

2) **Children and young people**

The biggest long term opportunities to improve the wellbeing of the people of the WMCA come from improving outcomes for children and young people (CYP). In addition if we consider their families and communities we will also increase the opportunity to reduce some of the intergenerational cycle of inequalities that so affect individuals and communities' opportunities.

However, there are a lot of different areas and stakeholder perspectives that contribute to delivering improved outcomes for CYP. Therefore the intention is to undertake some scoping work between now and the end of October that will focus on: the current position in the West Midlands (available data and evidence), current initiatives and evidence of best practice in the West Midlands (survey work) and stakeholder involvement (an iterative exercise to create consensus on the areas where a WMCA CYP would add most value).

In the interim we are developing some initial devolution proposals on CYP mental and emotional wellbeing as this allows us to build on the work on adult mental health (Thrive West Midlands) and current government policy commitments to improve CYP's mental health.

Next steps - Diane Reeves the accountable officer for Birmingham South CCG has agreed to represent the NHS on the project group overseeing this scoping work. However, we would also value a discussion with STPs on what further input they would like to provide into this work and how it could add value to STPs.

One Public Estate

In addition to the three priority areas the WMCA is involved in the work led by the NHS on – *Realising the benefit of one public estate*. We have agreed that dependent on the ongoing work and discussions on the use of NHS estate, and with the agreement of the NHS, this may be an area for a future devolution discussion that would enable the proceeds of disposed NHS assets be retained in the West Midlands.