

WMCA Board

Date	6 March 2023
Report title	Improving Health & Reducing Inequalities – Combined Authorities Programme
Portfolio Lead	Councillor Isobel Seccombe
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Report has been considered by	Dr Julie Nugent, Director of Economy, Skills & Communities

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

- (1) Note the progress that has been made with the work of the Combined Authorities Programme;
- (2) Provide feedback on the initial and emerging plans, particularly indicating priority areas for focus and collaboration with other Combined Authorities;
- (3) Identify any key stakeholders from whom feedback on the initial and emerging plans should be sought;
- (4) Note that the programme will be launched in June 2023 and the programme plan will be brought back to the Wellbeing Board for consideration.

1. Purpose

- 1.1 This paper provides an overview on the work of the WMCA-led Improving Health & Reducing Inequalities – Combined Authorities Programme, particularly providing the background, purpose and scope of the Programme.

2. Combined Authorities Programme: background, purpose and scope

- 2.1 The WMCA has successfully secured £1.3m from The Health Foundation on behalf of a consortium of eight Combined Authorities to lead and deliver the ‘Improving Health and Reducing Inequalities: Combined Authority’ Programme. The three-year programme will support Combined Authorities to be more effective in tackling health inequalities, by providing capacity to ten Combined Authorities (CAs) to enable them to extend their activity to improve health. There are currently eight CAs involved in the programme consortia and aims to involve at least two more.

3. Background

The programme builds on the previous The Health Foundation (THF) funded three-year [Cities Health Inequalities project](#)¹. In 2019, an award of £340,000 was made to explore how England’s then devolved regions could accelerate action on health inequalities and to build a learning network. This project was led by the Greater London Authority with involvement from the West Midlands Combined Authority and the Greater Manchester Health and Social Care Partnership. The focus of this work was on identifying levers to take action on health inequalities in these three locations. This initial project also provided support in the form of embedded policy officers in the three CAs, which generated learning for other areas. The final impact [report](#)² and [enquiry framework](#)³ summarising the learning has been published.

- 3.1 The focus of this first award was describing the approaches the three CAs were taking and identifying levers that could be used. The project found that all the CAs were facing similar challenges (using regional-level data & intelligence; building political mandate; using devolved powers & driving cross-sectoral action; mayoral power & influence and; navigating complexity & prioritisation) and that there were no blanket solutions. Instead, it identified a number of approaches that CAs had successfully adopted to overcome challenges, including working with communities to build a political mandate, developing a regional indicator set to make the most of regional level data and developing invest-to-save models that support the prioritisation of opportunities to influence the wider determinants of health.
- 3.2 The initial project stimulated a high level of interest across other CAs, which led to the formation of a consortium of senior leaders from the eight CAs (WMCA, Greater London Authority, Greater Manchester, Liverpool City Region, North of Tyne, West Yorkshire, South Yorkshire and Tees Valley). The new programme aims to unlock the potential of this mutual interest to take action on health inequalities and hopes to engage a further two Combined Authorities, from already established CA’s (Cambridgeshire and Peterborough and West of England) or any new ones (e.g. East Midlands and North East). The work will draw on the understanding of the opportunities identified during the earlier project to inform action and impact.

¹ <https://www.health.org.uk/funding-and-partnerships/projects/the-cities-health-inequalities-project>

² https://www.health.org.uk/sites/default/files/2022-06/Tackling_Health_Inequalities_Report.pdf

³ https://www.health.org.uk/sites/default/files/2022-06/Appreciative_Enquiry_Framework.pdf

- 3.3 A number of organisations are working with CAs on the devolution agenda, including Centre for Cities, IPPR North and the Centre for Progressive Policy though these are largely focused on the wider economic agenda, without direct reference to health benefits. The LGA do some policy work supporting areas who want to become CAs and making the case for further devolution to a regional tier. However, a gap was identified for impact on health, and The Health Foundation programme will be working across all Combined Authorities to understand the role they can play in improving health.

4. Purpose

The programme aims to support CAs to be more effective in tackling health inequalities by making the most of levers to take systemic action and by providing capacity to the CAs to enable them to extend their activity to improve health. The programme will also generate specific insights on how the CA tier of leadership can improve health and reduce inequalities. The programme will:

- Extend the evidence base on how CAs can add value in tackling health inequalities,
- Increase understanding of the levers available to them;
- Strengthen collaboration and peer learning across the CAs;
- Make tangible progress on activity to tackle health inequalities;
- Sustain capacity within CAs to prioritise work on health inequalities.

5. Scope

The programme will be delivered through the following components:

- 5.1 *Governance Board*: Led by Programme SRO Mubasshir Ajaz , Head of Health & Communities Team with leads from each participating CA and The Health Foundation.
- 5.2 *Central Team*: A core central team of 6 posts within the WMCA to manage the operation and delivery of the programme. These are: 1 Consultant in Public Health (0.5fte), 1 Policy Lead/ Delivery Manager (1fte), 2 Senior Policy Officers (2fte), 1 Policy Officer (1fte) and 1 Project Manager (0.5fte). This central team will provide direct support, be the vehicle for collective influence, add capacity to CAs through consultancy activity, build the evidence base, disseminate findings and take on bespoke pieces of work. They will spend approximately 70% of their time providing direct capacity to CAs and the remaining 30% will be spent building the evidence base and disseminating findings. The central team will also oversee the programme monitoring and evaluation (please see section 2.4.8).
- 5.3 *Embedded Posts*: 2-5 Senior Policy Officer posts, each hosted by a different CA and embedded into 'real life' impact projects aligned to the overall programme aims and objectives. Liverpool City Region and Greater Manchester CA will each host and joint-fund an embedded Senior Policy Officer from Year 1. A further 2-3 CAs will be identified during Year 1 and the aim is that they will recruit and host an embedded Senior Policy Officer from Year 2.

- 5.4 *Impact work:* Impactful project work in priority areas within CAs delivered through the central team or embedded posts. This impact work will be based on the principle of value add to CAs business-as-usual and of importance to the underlying causes of health inequalities in the populations they serve. This may include commissioning local external organisations or funding on collaborative pieces across regions. A small central funding pot of circa £300k will be accessible for all CAs to undertake project work. Decisions about allocations will be made by the Governance Board. The Health Foundation will provide data analysis support on agreed projects.
- 5.5 *Learning network:* For CAs, with the mechanism for this to be scoped. The Institute for Health Equity have recently established a large-scale platform to enable collaboration and learning between cross-sector organisations on improving health equity and the previous project set up a Knowledge Hub page with members from across Combined Authorities and their partners. Therefore, any learning network for the programme will need to utilise and complement existing networks.
- 5.6 *Communications and website:* Will be commissioned to support dissemination of learning across the CAs and the wider learning network.
- 5.7 *Learning partner:* The Health Foundation will separately commission a ‘thought partner’, which will be a thought leader within the sector that focuses on fresh knowledge and insights. The Partner will produce detailed content relevant to the programme and to regional tier policy and delivery and will derive specific insights about improving health and reducing inequalities that go beyond high-level observations. They will be an extension of The Health Foundation’s capacity and focused on producing longer-term reflections and outputs on changes taking place as a result of the programme.
- 5.8 *Monitoring and evaluation:* Will be led by the Central Team. Activities will include: development of a programme theory of change and individual Combined Authority theory of change; agreed set of metrics and data required to gather to measure change; approach to data analysis to measure change; regular reports. This component of the programme will be revisited during set-up phase to ensure it will be effectively delivered.

6. Timelines

The key stages of the programme are:

- 6.1 *Set up phase (Jan-Jun 2023):* WMCA and The Health Foundation working closely to develop an agreed programme plan. Activities will include recruitment of central team; programme planning; governance arrangements in place including Governance Board established; scoping of appropriate platform for learning network; and supporting the initial CAs to begin recruitment of policy posts.
- 6.2 *Year 1 (Jul 2023-June 2024):* central team recruited; develop ways of working with learning partner; theory of change developed through engagement with the CAs; principle checklist for allocation of central pot funding developed; host CAs with embedded policy posts start work on agreed project/ priority areas; identification and engagement of 2 or more CAs to host an embedded policy post in Year 2; central team, working with individual or groups of CAs, undertake impactful project work in priority areas; commission communications and website support and produce external facing communications outputs; facilitate CAs’ access to The Health Foundation’s data analytic funding pot; end of year impact report and updated plans for remainder of programme.

- 6.3 *Year 2 (Jul 2024 – June 2025):* ongoing work with 2-5 CAs hosting an embedded policy post; ongoing and new impactful project work undertaken by central team in collaboration with individual or groups of CAs; ongoing allocation of central pot funding; facilitate CAs' access to The Health Foundation's data analytic funding pot; end of year impact report; ongoing development of communications materials for local and national government and partners; produce external facing communications outputs both throughout and at the end of the programme; closure plans developed.
- 6.4 *Final outputs (Jun 2025-Oct 2025):* dissemination of learning and insights; closure of programme and proposal for extension.

7. **Outcomes and impact:**

- Delivery of specific activity/ workstreams within CAs through the embedded post or central team will have unique population metrics dependent on the project.
- Contribute to the join up of city-region approaches to support partnership arrangements in place, provide clarity of roles, and deliver tangible action taken as a result of the partnership.
- Build an understanding of the opportunities offered by Combined Authorities including where and how they can best have impact in tackling health inequalities
- Building capability within CAs around thematic policy and programme areas so that there is greater internal buy-in within CAs and increased awareness of their role and potential in the system through building on the learning of the Cities Inequalities project in defining the specific role of CA with metrics of where and how the regional tier adds has the biggest impact in tackling health inequalities
- Improved partnership arrangements with their partners in health, employment, infrastructure, and sustainability around shared purpose of goals in improving the region's health
- Sustaining focus, action and understanding on health inequalities across CAs structural powers and wider system influence to enable implementation of strategies
- Influencing Mayors to make tackling health inequalities a key factor in manifesto development

8. **Outcomes and impact:**

- 8.1 **Potential topical areas for focus** – The bid and programme has been co-developed with the other Consortia members health and non-health officers, The Health Foundation and independent public sector consultants, Shared Intelligence. The following focus areas have been identified which will be refined throughout the set-up phase:
- *Systems thinking and learning* – e.g., relationships with Integrated Care Systems; CA systems approach to improving health across CA powers; system convening at city-region, local and hyper-local level; systemic action through governance.

- *Building the evidence base* – e.g., preventative spend business case development (i.e. retrofitting and housing design); wider determinant predictive spend analysis; for new devolved areas; developing new structures (i.e. Greater London Authority Public Health Unit); defining the role of the CA.
- *'Art of the possible' learning and action* – e.g., tackling cost of living and poverty; working with Voluntary Community Sector to improve sustainability and create value; translate ambitious strategies into action and impact; supporting emerging devolution deals; expanding successful hyper-local place-based models; over-coming shared challenges CAs faced identified in previous project.

9. Implications for WMCA

The programme provides WMCA with additional capacity for action on health inequalities and impact monitoring which will strengthen the WMCA role and impact within the system to tackle deep entrenched health inequalities which impact upon the livelihoods of people within the WMCA and the region's economy. The health and health inequalities challenges faced by the region have been clearly identified in previous WMCA work, for example [The Health of the Region Report \(2020\)](#)⁴. The peer support with other CAs, the Learning Partner, collective programme advocacy to the M10 group and national government as will help to shape and strengthen WMCA devolution negotiations and arrangements.

- 9.1 The programme is interested in how devolved regions can use their powers and resources to improve health and reduce health inequalities and supports regional work on a Trailblazing Health Devolution Deal in response to the national Levelling Up White Paper and steps towards Levelling Up Mission 7 Health (reduction in gap between healthy life expectancy between rich and poor areas). The programme is interested in the unique levers that Combined Authorities have available in the wider determinants of health and supports taking a Health in All Policies Approach which the WMCA is committed to. The programme will bolster and support existing HiAP working within the WMCA, for example skills, housing and transport, whilst learning from other CAs and international examples on ways of working.
- 9.2 Throughout the bid and programme development, steps have been taken to co-develop how best the additional capacity and impact work would benefit existing work prioritised within the WMCA. Areas which have been identified include *Skills and employment*: Community learning offer, Health related employment support, Good work agenda; *Housing, property and regeneration*: External partners; Brownfield regeneration; Sustainable development and; *Transport*: Local Transport Plan.

10. Financial Implications

There is no funding ask within this paper. The Health Foundation are a charity organisation providing a £1.3m revenue grant to WMCA, to deliver a 3 year Health Inequalities Programme. The model is for WMCA to manage the grant, recruit a small team and provide match funding for embedded posts in at least 2, but up to 5 CAs.

⁴ [healthoftheregionnov2020-final-2.pdf](#)

11. Legal Implications

The WMCA intends to enter into a single agreement with The Health Foundation (THF) and then to enter into back-to-back/mirrored agreement on the same terms and conditions between WMCA and all members of the consortia. The agreement will be left open for 2 or more CAs to join the programme further down the line. WMCA have been in discussions with THF in relation to the clawback clause they wish to include in the agreement which is a risk for WMCA as most of the funding is for posts as it is unlikely WMCA would be able to mitigate this in back-to-back agreements. THF have agreed to remove the reference to clawback. If a breach occurred, we would suspend further payments or withdraw the award. The clause would then read: "The Funder may suspend Award payments, or withdraw the Award with one month written notice if the Recipient". We are waiting to hear back with the final agreement from THF before proceeding. The CA's with embedded posts will have to ensure that any funded posts have a clause in the employment contract to allow for termination of the contract of employment if funding is reduced or ceases.

12. Equalities Implications

Following development of the programme delivery plan during programme set-up, a Health & Equalities Impact assessment will be carried out so that positive and negative impacts upon health, wellbeing and equalities can be identified and accounted for. Any actions taken by the programme will seek to address health inequalities and have positive implications for equalities considerations.

During the set-up phase, the programme delivery plan will be developed which will clearly outline the specific focus delivery areas according to the needs of the CAs within the Consortia. Part of the work of the central team will be to develop the programme theory of change and individual Combined Authority theory of change; agreed set of metrics and data required to gather to measure change; approach to data analysis to measure change; regular reports. These activities will define how the programme contributes to reducing health inequalities and will continue to be monitored throughout the life of the programme.

13. Inclusive Growth Implications

Inclusive Growth is a more deliberate and socially purposeful model of 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. The programme investment will be focused on inclusive growth principles ensuring that its activities support CAs to be more effective in tackling health inequalities which requires good social and environmental outcomes given the nature of the underlying causes of health inequalities. There is over-lap between tackling health inequalities and creating inclusive growth and the programme reflects the fundamentals of inclusive growth and their inter-connecting silos. The programme is concerned with building the evidence base and understanding the 'art of the possible' across the unique levers available to CAs which are reflected across the fundamentals. An example of this is focusing on use of housing and retrofitting upon improving health and reducing health inequalities which relates to affordable and safe connected places and health and wellbeing fundamentals.

During the set-up phase, the programme delivery plan will be developed which will clearly outline the specific focus delivery areas according to the needs of the CAs within the Consortia. It is not possible at this stage to specifically capture key beneficiary groups, but these will broadly be those who experience health inequalities. An example of activity likely to be of focus is wider determinant predictive spend analysis. This will relate to all the fundamentals and will focus on the impact on health & wellbeing fundamental.

Part of the work of the central team will be to develop the programme theory of change and individual Combined Authority theory of change; agreed set of metrics and data required to gather to measure change; approach to data analysis to measure change; regular reports. These activities will define how the programme contributes to reducing health inequalities and will continue to be monitored throughout the life of the programme.

14. Geographical Area of Report's Implications

The subject matter of this report is relevant across the full WMCA geography, plus the other seven CAs currently involved in the consortia.

15. Other Implications

None.

16. Schedule of Background Papers

None.