

# Update for Health and Wellbeing Boards

## Considerations for Health and Wellbeing Boards:

1. The chairs of the seven WMCA Local Authority Health and Wellbeing Boards as members of the WMCA Wellbeing Board asked that a report on the actions of the Wellbeing Board in agreeing the priorities for work at the WMCA level and the devolution discussions that will be used to support this work should come to each local authority Health and Wellbeing Board.
2. The Health and Wellbeing Boards are asked to consider how they would like to engage with the WMCA programme of work and how they ensure that these programmes add maximum value to the work that is happening within local authority areas.

## 1.0 Background

1.1 The Wellbeing Board on the 28 July 2017 considered proposals for wellbeing priorities for the West Midlands Combined Authority. This report summarises the priorities agreed at the meeting and the next steps in developing these priorities further. In addition it covers how we intend to use devolution discussions with central government to deliver added support for this agenda across the WMCA.

1.2 The Wellbeing Board in agreeing these priorities has reviewed the case for the priority and how developing this priority into 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. In addition the potential for driving system change involving organisations across the public, private and voluntary sector was considered.

1.3 The Wellbeing Board considered six potential wellbeing priorities for the West Midlands Combined Authority. These were:

- Long term conditions – cardiovascular disease, diabetes and cancer
- Prevention at a WMCA level – with options for 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

1.4 The Board were presented with brief summaries of the opportunities for added value by taking

forward these priorities at the WMCA level. This included the evidence on the level of need, the potential for improved outcomes and the impact on inequalities. The links to other programmes such as STPs that cover wider geographical areas than a single local authority were reviewed as were the views of key stakeholders who would be involved in any substantive programme. Finally the potential to include these priorities in devolution discussions meant that the priorities were considered against their potential to contribute to the WMCA objectives of reducing demand on services, improving productivity and reducing vulnerability.

## 2.0 Priorities agreed by the Wellbeing Board

### 2.1 Long Term Conditions and Prevention

2.1.1 The evidence presented to the board identified that any effective programme to prevent long term conditions (LTCs) or reduce the severity and complexity of care for individuals with these conditions needed to take a whole pathway approach that includes prevention as a key component. Therefore the board agreed that prevention would be seen as a key part of any WMCA Wellbeing programme on LTCs. The board then considered two LTCs.

### 2.2 Cardiovascular Disease (CVD) and Diabetes

2.2.1 As the majority of health problems that arise from diabetes are forms of cardiovascular disease (CVD) CVD and diabetes were considered together. Summarising all the evidence and stakeholder views the conclusion of the Wellbeing Board was to support further work to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme.

2.2.2 The Board agreed that the areas to be developed should link to the suggested areas for devolution discussions. These areas are:

a) **Improving levels of physical activity in adults and children.** This will build on the WMCA 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. As part of the devolution discussions we will be seeking devolution of the WMCA share of unallocated part of the sugar tax to support targeted interventions for primary school children that improve physical and mental health and reduce inequalities. 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.** The Wellbeing Board agreed that the WMCA Wellbeing board priority around cardiovascular disease be developed into a shared programme between the three STPs and the WMCA and that we should seek to get devolved use of national transformation funds to develop the programme and to evaluate the pilots developed within the.

c) **Strengthening local authorities' ability to take health and wellbeing into account in planning and licensing decisions.** This is not about drawing local authorities planning and licensing powers up to the WMCA instead the aim is to get the central government policy framework around planning and licensing 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. This WMCA policy framework would 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.

## **2.3 Cancer**

2.3.1 The Board recognised that Cancer is an important issue across the WMCA. However, it was also felt that we already have a vehicle for taking action at a WMCA level through the West Midlands Cancer Alliance, especially now the Alliance will have a greater focus on prevention.

However, the Board agreed we should be seeking greater join up between the WMCA and this programme.

## **2.4 Children and Young People**

2.4.1 The Board agreed that the biggest opportunities to improve the wellbeing of the people of the WMCA come from improving outcomes for children and young people (CYP). They also agreed that if we are to improve outcomes for CYP any WMCA programme their families and communities we have the opportunity to reduce some of the intergenerational cycle of inequalities that so affect individuals and communities' opportunities.

2.4.2 The Board also agreed that a CYP programme would 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. They therefore endorsed the proposal that had come from discussions between WMADCS, WMADPH, PHE, and NHSE that these groups 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).

2.4.3 The board also agreed that we should continue to develop CYP wellbeing devolution proposals to take to central government as this is an area where the WMCA has the

opportunity lead nationally on the potential for devolution to improve the life chances of our CYP. The board supported the focus of the 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.

## **2.5 Transport**

2.5.1 The importance of health and reducing health inequalities in making transport decisions has already been recognised in the Strategic Transport Plan. 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). They recognised that the work on a transport and health strategy, physical health and air quality that has already been agreed by the board were and that no further action is required.

## **2.6 Housing and the built environment.**

2.6.1 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. However, the WMCA Wellbeing Board also recognised that there was already work underway at the WMCA level.

2.6.2 The Mayor has recently set up a Homelessness Taskforce and this provides a good opportunity for the health and wellbeing issues associated with homelessness to be considered. 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. The board therefore agreed that we should not develop any new work on housing but should use the work of the Homelessness Taskforce and Thrive to identify opportunities to strengthen the consideration of health in housing initiatives.

## **2.7 Individual and population behaviour change**

2.7.1 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.

2.7.2 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.

2.7.3 The Board therefore agreed that this should not be a priority on its own but should be a key element of the priorities on cardiovascular disease and diabetes, CYP, Thrive, and physical activity that the Board has agreed. The board also endorsed a proposal that we support the recently formed WM Behaviour Change network to provide expertise and support across the WMCA strategic priorities.

## **3.0 Summary of the Board conclusions**

3.1 The WMCA Board agreed the following actions:

- a. Prevention/ lifestyle risks should be considered as part of a pathway approach to reducing long term conditions
- b. Further work should be undertaken to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme and that this should be linked to the areas identified in initial devolution proposals.
- c. The West Midlands Cancer Alliance Programme should be the programme driving improvements in Cancer outcomes. However, there should be greater join up between the WMCA and this programme.

- d. More detailed scoping work on Children and Young People (CYP) with stakeholders should be undertaken 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. Work on behaviour change to improve wellbeing should be developed as a part of the other wellbeing priorities.
- h. The West Midlands Behaviour Change Network should be supported to provide expertise and support across all the WMCA strategic priorities

## **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 nonconstituent 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:

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- 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.