



West Midlands Combined Authority (WMCA) Wellbeing Board Progress Update

Wellbeing Board Meeting 19th January 2018

The WMCA Wellbeing Board governs the Combined Authority's work to improve wellbeing and health outcomes. The board oversees a number of work areas and is keen to keep stakeholders updated on progress and to also seek their feedback.

This update follows the recent Wellbeing Board meeting on 19th January 2018 and provides a summary of work stream areas, informing stakeholders of the latest progress and engaging them in discussion and action. The board will consider feedback at future board meetings.

Full Minutes of recent meetings can be viewed [here](#)

Wellbeing Board Context

Since its inception, the Wellbeing Board has overseen a number of work areas which all seek to compliment and add maximum value to the work this happening within local authority areas.

Below is an overview of the progress of these key work areas and specific requests for local discussion and feedback;

Cardiovascular Disease and Diabetes

The initial focus has been on three areas;

1. **Improving levels of physical activity in children and adults.** See below for further information on WMCA physical activity strategy; *West Midlands on the move*.
2. **A WMCA/STP prevention programme.** Conversations are taking place across the West Midlands STPs about co-developing and designing a programme of work where action on the wider WMCA/pan STP geography would provide added value. Discussions to date with the STPs identified two initial areas of interest. These are the use of digital technology to support social interventions to reduce demand on health and social care services and training professionals in asset base approaches to support individuals improve their wellbeing.
3. **Developing a West Midlands joint local government/health alliance.** A paper has been developed that proposes an alliance involving professionals and clinicians from

4. local government and health organisations across the whole of the West Midlands to reduce Health inequalities across the region by creating strong preventive pathways. The aim of the alliance will be to focus on actions where work across a wider area than that covered by a single local authority or STP would add value. The paper was taken to the Wellbeing Board in January (see appendix 1).

Requests for feedback/action: The paper on the proposals for a joint local government/ health alliance contains a number of questions for Health and Wellbeing Boards and STP Boards. It was agreed that the outcome of the discussions on the paper and questions would be fed back at the next Wellbeing Board.

Lead - Jane Moore E: Jane.Moore@wmca.org.uk

Children and Young People

Scoping work has been undertaken to set out the current position in the West Midlands. This has involved collating available data and evidence, surveying current initiatives and best practice and also stakeholder involvement to create consensus where WMCA would add most value. This initial work has now been completed and the intention is to bring detailed proposals for Children and Young People to the April WMCA Wellbeing Board meeting.

Lead – Jane Moore E: Jane.Moore@wmca.org.uk

WMCA Physical Activity Strategy – West Midlands on the Move

The West Midlands continues to have the highest levels of physical inactivity in adults in England. Too often physical activity has not been built into the way that we live, work, travel and spend leisure time. To address the challenge at scale, a Physical Activity Strategy for the Combined Authority has been developed to facilitate collaborative action. The strategy, 'West Midlands on the Move' focuses on those West Midlands Combined Authority responsibilities which has the greatest potential to get people moving and active including transport, housing and land, wellbeing, productivity, employment and skills.

The strategy was launched in November 2017 and sets out proposed actions across 6 themes of; Transport and HS2 Growth, Housing and Land, Community Resilience, Creative and Digital, Skills for Growth and Employment and lastly, Wellbeing.

Since the launch, Coventry has been announced as City of Culture 2021 and proposals to bid for the European City of Sport; Birmingham as the host for the 2022 Commonwealth Games & Birmingham and Solihull as one of Sport England's twelve placed based pilots. These are

significant opportunities to work collaboratively to boost the economy; improve wellbeing and get more people active.

A strategy group to direct implementation actions has been formed and a detailed draft delivery plan will be presented to the next Wellbeing Board meeting. The following initial priorities have been agreed:

1. Transport: joint priorities with Transport for West Midlands to get more people walking and cycling.
2. Housing and Land: a collaborative approach to determining the health and physical activity within Housing and Land priorities.
3. Wellbeing: working with Thrive West Midlands on the development and implementation of Thrive at Work and the physical activity criteria and offer.
4. Children and Young People: understanding the impact of the Primary PE and Sport Premium and consensus.
5. Disability and Physical Activity: a collaborative approach supported by the West Midlands Mayor to improve the life chances of disabled people by getting more people active.

Requests for feedback/action: Current initial scoping work is being undertaken on improving the physical activity of people with disabilities and Simon Hall would welcome feedback on how this could be achieved.

Lead: Simon Hall E:Simon.Hall@wmca.org.uk

Further information: <https://www.wmca.org.uk/what-we-do/public-service-reform/west-midlands-on-the-move/>

Thrive West Midlands Implementation

Following the West Midlands Mental Health Commission, the resulting Action Plan was launched in January 2017. Progress is on-going in the following areas;

Employment and Employers

- The Thrive into Work programme aims to test whether Individual Placement Support (IPS) works in primary and community settings. Formally launching at the end of March 2018, the programme aims to deliver services to approximately 3,346 people who are out of work with a mental health condition across the four sites. It aims to engage a further 3,313 to be part of a control group. The providers will refer these individuals to existing employment services in their local areas.
- The Fiscal Incentive trials seek to develop a model to test the tipping point at which an employer would initiate wellbeing programmes into the workforce. The trials will

work with 100 small and medium enterprises across the WMCA footprint and will work on the premises of a Randomised Control Trial.

- Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority has been working with partners in Local Authorities and Public Health to create a new THRIVE at Work programme. This programme will build on the existing evidence base and create model for improving wellbeing in work place.

Housing First

- The WMCA mental health commission action plan identified housing as a key area in the promotion of improved mental health. The development of Housing First, an emerging model of housing and support provision, was one of its recommendations.
- A small project team have developed a proposed model of Housing First, and in an effort to test the concept are working with partners to pilot it. In developing the model, the project team is mindful of current work taking place in various councils, notably in the Black Country and in Birmingham. Discussions have taken place between the project lead and the Implementation Director with those areas and where opportunities exist to partner or join up our work, this will be taken forward. The group is also linked in to the work of the Mayor's Homelessness Taskforce to ensure there is connectedness with their work, and to avoid duplication.

Criminal Justice

- The WMCA Mental Health Commission Action Plan identified criminal justice as a key area in the promotion of improved mental health.
- One the recommendation was to develop an Engager Intervention model, a psychological intervention to support those leaving prison. A variance of the model has now been designed to enable the programme to be commissioned locally and to support the flow from prison custody into the community with strong support post release. HMP Featherstone has been identified as the host prison with the cohort of detainees to be engaged with the programme will be located from within the Wolverhampton City Council area.
- The West Midlands has now been identified as one of five national Test Bed sites for Mental Health treatment requirements. Birmingham is now live with the model running in both Magistrate's and Crown Court. The programme has now been running since December 2017 and has made over 20 recommendations for Orders. This will give courts a sentencing option of a Mental Health Treatment Requirement.

Improving Care

- The aim of the Primary Care Mental Health programme is to provide a blueprint for the development of the compassionate and effective management of people with

mental and emotional health difficulties in primary care. The lead GPs are working with a range of clinical, commissioning and academic partners including STPs, Universities, Academic Health Sciences Network, Public Health and NHS England.

- Another area of work is the Merit Vanguard (Mental Health Provider approach). Collaboration is ongoing with the five Mental Health providers in the WMCA metropolitan areas and wider connectivity through the NHS England Mental Health Alliance across the four regional STPs. Out of area placements, restraint in Mental Health units and work on early access for psychosis is in development.

Community Engagement

- To support a Zero Suicide ambition, the “Walking out of Darkness” event took place in Birmingham in May 2017 with approximately 550 people taking part in an 8 mile walk along the canal network of Birmingham. The Second year event is planned for Sunday 7th October 2018. The event will seek to start and finish in Birmingham City Centre with an ambition to recruit at least 3000 participants. To support this it is requested that this event is promoted wherever possible.
- Work is also ongoing to develop a mental health literacy programme which would be delivered across four levels. The approach would seek to deliver a digital universal programme to 300,000 people with focus on students and employees and communities. This model would be similar to the dementia friends approach. The second tier would be to support line managers and champions and seek to develop wider awareness and navigation to support with the next two tiers targeting key individuals and groups across the region.

Requests for feedback/action: A request is made to promote the ‘Walking out of Darkness’ event, planned for Sunday 7th October 2018

Lead: Sean Russell E: Sean.Russell@wmca.org.uk

Further information: <https://www.wmca.org.uk/what-we-do/mental-health-commission/>

Health and Transport Strategy

Transport for West Midlands (TfWM), the WMCA’s transport arm, prepared a West Midlands Strategic Transport Plan – ‘Movement for Growth’ in 2017, with an accompanying 10 year delivery plan.

Within Movement for Growth there is the clear ambition that transport will improve health. The Health and Transport Strategy builds upon this ambition and will identify synergies and connections between the different issues.

By developing health and transport, the strategy will also help to link healthy travel with ambitions to manage demand for public services; improve productivity and close the inequality gap.

The strategy identifies that the health and wellbeing impact of transport schemes can be maximised by considering all of these relationships when planning or delivering schemes, and by addressing the needs of groups who are more likely to be affected by them.

Four main actions are identified to enable this.

- ACTION ONE: To use data on population health to help prioritise and target interventions. This can help to make the strategic case for transport schemes that will increase health and wellbeing. In order to do this we will produce health and transport profiles for each local authority in the WMCA using the public health outcomes framework and create an interactive dashboard of health data in smaller areas. We will refer to local authority Joint Strategic Needs Assessments that identify local health priorities.

- ACTION TWO: Through our Equality Impact Assessment process we will assess the equity of health impacts. We will incorporate questions that identify health inequalities and propose how they can be addressed through transport schemes.

- ACTION THREE: We will understand the social impact of transport schemes. We will do this by calculating the financial value on improved health and reduced sickness absence to add to the economic case for schemes that improve health. Some schemes might benefit from a health impact assessment and to systematically understand how to increase the health benefits or reduce negative impacts. We will identify opportunities to conduct these,

- ACTION FOUR: We will set out an evidence based statement of what makes a healthy and active street and also trial the approach. The built environment can have a cross-cutting impact on health but often the evidence hasn't been drawn together in a way that will show that. The West Midlands Cycle Design Guidance also sets out how high-quality standards for cycling can be introduced and equivalent guidance to support healthy outcomes from transport environments will place this in context.

Requests for feedback/action: Feedback is welcome on how we could start to realise the actions included in the Strategy.

Lead: Helen Davies E: Helen.Davies@tfwm.org.uk

END

Appendix 1: Proposal for a West Midlands Alliance to address health equity and health inequality

Purpose of Paper

1. This paper sets out a proposal for a West Midlands Inequalities Alliance to address health equity and health inequalities. This will improve health, care and well-being in our communities to live independently and improve sustainability of services.
2. Its proposed role is that it will be an engine for sharing good practice and collaboration, developing more connected leadership bringing clinical, public health, and public-sector leaders together to gain synergy; sharing learning and expertise whilst supporting evaluation to strengthen local partnerships and connecting initiatives on health inequalities e.g. action on hypertension (blood pressure), health checks, wider determinants of health.
3. The Alliance will raise the profile of health equity and health inequalities starting with the prevention of cardio-vascular disease (CVD) as an initial test bed for this work - that is the prevention of heart problems, stroke, diabetes and their contribution to healthy life expectancy, prosperity and healthy aging.
4. This Alliance proposal includes the 6 Strategic Transformation Plan (STP) areas, West Midlands Combined Authority (WMCA) and the following local authorities: Birmingham, Solihull, Walsall, Dudley, Wolverhampton, Sandwell, Coventry, Stoke on Trent, Telford as well as the counties of Staffordshire, Worcestershire, Herefordshire, Shropshire and Warwickshire. This aligns to PHE and Association of Directors of Adult Social Services footprints.
5. The WMCA Well-being Board and other relevant stakeholders are asked to:
 - a. Consider the proposal
 - b. Be involved in shaping the Alliance and its position within the governance arrangements
 - c. Support local discussions of the proposals through local authority Health and Well-being Boards and STP Boards

Background

6. Healthy life expectancy (years you can expect to be in good health) in the West Midlands is significantly below the England average and there is a 19-year difference for men and a 17-year difference for women in the most deprived areas compared to the least deprived areas. In rural areas in the wider West Midlands, for some communities, this gap in healthy life expectancy can be hidden.
7. We know that the average age that men and women will start to experience significant health problems in our most deprived areas is in their mid-forties and is likely to correlate with the increased levels of all age disability in the over 40s in the West Midlands and the demand on services.

8. Further to this there is strong evidence that a healthy population is essential for delivering strong economic outcomes and action on reducing health inequalities is essential for good economic growth, supporting aging well and increasing independence. All key priorities for the West Midlands.

West Midland's commitment to reducing health inequalities

9. NHS organisations, STPs and Local Authorities have made strong commitments to reducing health inequalities.
10. Analysis of the STP plans and Health and Well-being Board Strategies demonstrates a strong congruence, prioritising 'starting well' and 'living well' and action on CVD as well as action on the aging well, determinants of health (e.g. education, work, place, community, family) and resilient communities. The tables in the appendix summarise the Local Authority Health and Well-being Strategies and STP plan priorities.
11. WMCA has made a commitment to reducing health inequalities including prioritising children's lifestyles leading to CVD. It has agreed to transformation pilots and their evaluation to make a step change in closing the gap in healthy life expectancy. Thrive is addressing inequalities that relate to mental health issues.
12. Further to this there is significant potential to maximise the contribution of population management and prevention collaborations in the Accountable Care Systems as these come on line connecting them to health benefits in policies to develop healthy environments and resilient communities and therefore further outlining the public-sector contribution and commitment.
13. Other opportunities that align to the Alliance and are worthy of further exploration are the West Midlands ADASS commitment to collaborative working on well-being and the role of the Thrive Citizen Jury in shaping activity of health inequalities.
14. This congruence of priority and the opportunities support the proposal for sharing best practice and collaborative working across the West Midlands at scale to maximise impact. Examples of collaborative work include 'do once' communication with the public e.g. Self-help manuals, theatre productions, collective action on digital approaches to health improvement and a commitment for all public-sector bodies to promote healthy lifestyles in their contact with the public to supplement the health checks programme.

A Health Inequalities Alliance

15. It is proposed that an Alliance is formed to provide an offer to the public sector in the West Midlands as an engine for collaboration:
 - a. Developing more connected leadership bringing clinical, public health, and public-sector leaders together to gain synergy
 - b. Sharing of learning and expertise across a wider footprint and supporting evaluation to strengthen local partnerships

- c. Connecting initiatives on health inequalities e.g. action on hypertension (blood pressure), health checks and sector led improvement
 - d. Connecting and standardising action on wider determinants and community assets with primary and secondary prevention pathways¹ and programmes
 - e. Helping each public-sector organisation set out their contribution to health inequalities
 - f. Build a collective view of where the biggest impact of our work is and Identify and drive through ‘at scale’ and ‘do once’ opportunities
 - g. Shaping the ‘do once’ intelligence function for healthy life expectancy and ‘hold a mirror’ up to partners using a dashboard to track progress
16. In doing this work the Alliance would support the West Midland’s and by working towards a strategic agreement on the priorities, initially for CVD prevention, across the West Midlands and gaining agreement on where it makes sense to work as a collective to ensure that the wide-ranging initiatives are integrated to deliver maximal impact and return on investment.
17. The dashboard in the WMCA Strategic Economic Plan includes healthy life expectancy. The ambition is under development and the proposed Alliance would support the WMCA Well-being Board with the Public-sector Reform Board in developing this commitment to the people of the West Midlands and a process for local members, officers and STP Clinical Chairs, DPHs and other clinicians to sign up to this commitment.
18. The Alliance would not, at this time, be requesting additional resources and will work with coalitions of the willing contributing time and leadership.
19. This paper proposes that a conversation is led by the STP Boards, WMCA and associated local authorities in their localities through health and well-being boards. These groups are asked to
- a. consider and shape and governance arrangements of the Alliance
 - b. contribute to determining where the focus that adds value by action at both the local and West Midlands level
 - c. support this ambition to working together and consider how we identify a framework for collective ambition and delivery and build a concordat on how we work together on these issues.
20. Together we can create a high ambition to be the ‘best in class’ in outcomes for CVD.

Governance

21. The accountability for reducing health inequalities will remain embedded within the statutory bodies and build on the opportunities afforded by WMCA.

¹ Levels of prevention: primordial – measures aimed at avoiding risk factors in first place in early life e.g. work with future parents; primary – measures aimed at avoiding/eliminating disease e.g. healthy eating; secondary – methods to detect and address existing disease before the appearance of symptoms e.g. blood pressure; tertiary – methods to reduce harm of symptomatic disease e.g. surgery, rehabilitation

22. The Alliance membership would reflect all public-sector organisations, clinical networks and local academia. It is proposed that this Alliance in the initiation period is chaired by the Director of PHE, West Midlands, Sue Ibbetson and Medical Director, West Midlands NHS England, Kiran Patel. The Alliance meetings will be a forum for information exchange rather than a board arrangement.
23. This Alliance would agree and report on its work programme with local Health and Well-being Boards, the STP Execs and WMCA Well-being Board. Task and finish groups will be formed as appropriate.

Recommendations and a process for support

24. Members of the Well-being Board and other relevant stakeholders are requested to support the proposal for a Health Inequalities Alliance.
25. Members are asked to support the proposal that a conversation is led by the STPs, WMCA and associated local authority's members via STP boards and local health and wellbeing boards on areas highlighted in paragraph 19.
26. Members are asked to recommend that Directors of Public Health, Directors of Adult Social Care and STP Clinical Leads support this process.
27. Members are asked to support a further paper coming to the WMCA Well-being Board once these local discussions have taken place that will set out the final proposals for the Alliance and a framework for how we will build a concordat to work together on these issues

Annex: Summaries of STPs and Health and Well-being Board's Live well priorities

	Wolverhampton City Council	Walsall MBC	Sandwell MBC	Dudley MBC	Coventry City Council	Warwickshire CC	Birmingham City Council	Solihull MBC	Stoke on Trent City Council	Staffordshire CC	Worcestershire CC	Herefordshire Council	Shropshire Council	Telford and Wrekin Council	Black Country STP	Coventry/War-shire STP	Birmingham/Solihull STP	Staff-shire/Stoke STP	Wor-shire/Here-shire STP	Shropshire/Telford STP
Prevention/ Early intervention /healthy life expectancy																				
Behaviour change/Hea																				

