West Midlands Combined Authority

Mayoral Regions Programme

Improving Health and Reducing Inequalities: Mayoral Regions Programme

Impact Report
(Oct 2023 – Dec 2025)

Supported by:

The Health Foundation

Mayoral Regions Programme

Overview

The Mayoral Regions Programme (MRP) has played a catalytic role in shaping how Mayoral Strategic Authorities (MSAs) understand, organise, and act on health inequalities. Over its first two years, Phase 1 of the MRP has:

Built capacity and capability to take action on health

Built engaged communities of practice working on health

Provided policy insights, practical tools and implementation support

Provided strategic leadership and built coalitions

Taken together, these activities have contributed to strengthened understanding, culture and capability of MSAs to take action on their role as health system leaders and strengthen the core building blocks of health that constitute their central functions.

Key achievements and impacts of Phase 1 of the MRP are described further in the following sections, with case study examples to further contextualise the progress that has been made. These demonstrate tangible progress that would not have occurred, or in some cases progressed with limited pace and scale, in the absence of the MRP.

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Built capacity and capability to take action on health

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Built capacity and capability to take action on health

Phase 1 of the MRP has funded and supported embedded posts in **Greater Manchester Combined Authority (CA), North East CA, and Liverpool City Region CA**. The work of each post has centred around a region-specific thematic focus and produced concrete outputs that have advanced MSA work in this space, where previously there had been a gap in capacity, mandate and/or expertise. Across the three regions, these posts have also expanded MSA capacity in ways that would not have been possible without dedicated resource; evaluation interviews with key stakeholders explicitly stated that the posts were "essential for driving progress" on health inequalities. Specifically, they have:

- **Provided focused resource** to take forward priority themes such as health-related economic inactivity, governance for health inequalities, and population health system-building— resulting in dedicated leadership for critical issues and accelerated progress on regional health priorities.
- **Produced practical tools, frameworks and datasets** to increase awareness of, and ability to take action on, specific health inequalities issues.
- **Improved organisational processes and governance** to increase the prevalence of health improvement and health inequalities considerations being integrated into CA cross-policy activities.
- **Built stronger working relationships** with health system partners, evidenced by strengthened cross-organisational collaboration, formalised roles in regional public health forums, and new connections with Integrated Care Boards (ICBs), Directors of Public Health (DsPH) and Voluntary, Community, Faith, and Social Enterprise (VCFSE) partners across all three regions.

Case studies demonstrating the health priorities, actions, outputs and impact of embedded posts have been included in the following figures.

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Case Study A: Tackling Health-Related Economic Inactivity Among 50–64 Year-Olds

Health priority

The MSA identified **high levels of health-related economic inactivity** among people aged **50–64** as a priority, and the embedded post delivered a programme of work to build **actionable insight** on how to **reduce barriers to work** in this cohort.

Key actions and outputs

Developed a refined dataset and hotspot analysis to identify areas with the highest levels of health-related economic inactivity among over-50s.

Created a transferable Theory of Change outlining system conditions, assumptions, and levers for reducing inactivity - designed for use across all mayoral regions.

Conducted case study analysis from programmes such as WorkWell Partnership Vanguard, Skills Bootcamps, and Support to Succeed, providing evidence on barriers and effective support models for older workers.

Produced a "key considerations" report for MSAs on adopting a health-and-employment system approach to inactivity, which has been shared cross-regionally and via the MRP online learning network.

Impact

Project outputs are now informing the region's **Get Britain Working plan** and underpinning work within the new regional **Get Britain Working Collaborative** (MSA, NHS, DWP).

Insights from the project have also **strengthened regional strategies** and **created transferrable learning** for other MSAs to apply to their work on employment and health.

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Case Study B: Embedding health inequalities into MSA governance and processes

Health priority

The MSA sought to **strengthen shared strategic commitment to health inequalities** within the region and **integrate health inequalities considerations** within governance and organisational delivery.

Key actions and outputs

Detailed governance, stakeholder and activity mapping, identifying where health inequalities can be embedded in MSA processes.

Revised the Equality Impact Assessment tool, now incorporating health inequalities

Co-developed a Statement of Intent on the MSA's approach to tackling health inequalities with system partners, aligned with the forthcoming English Devolution Bill and approved to proceed by senior leadership.

Defined priority groups and shaped commissioning within the £10m Economic Inactivity Trailblazer.

Piloted a new approach to integrated impact assessments in programmes such as Connect to Work, combining equalities and health considerations.

Impact

The region's **Statement of Intent** has been viewed by peers as a **significant strategic tool** for health system consensus building.

The structured embedding of health inequalities and related evidence within MSA systems and process has **reshaped delivery** on **work and health priorities**, ensuring they are **informed by, and being used to support with addressing, local health challenges.**

The embedded post has also **strengthened relationships** with health system partners, demonstrated by a **formalised MSA officer role on the Directors of Public Health Forum.**

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Case Study C: Establishing a population health function and system-wide approach to addressing health inequalities

Health priority	Key actions and outputs	Impact
Establishing a **population health function** within the MSA and a **system-wide approach to addressing health inequalities.**	**Begun shaping governance arrangements**, working with the new Health & Inequalities Cabinet Board and exploring officer-level governance to support internal coordination. **Structured engagement with partners across the regional health system**, including an ICB, DsPH, local authorities, VCFSE partners and relevant government departments. **Initial scoping for a Population Health Framework and statement of ambition on health inequalities**, intended to guide whole-system action on addressing health inequalities. Early work with the MRP central team to collate evidence to support with **embedding health inequalities into the Housing Strategy refresh.** **Cross-sector actions**, such as coordinating a city-region letter on MMR vaccine uptake and partnering with culture, sport and VCFSE colleagues to align approaches.	The provision of **dedicated capacity to focus on health inequalities** has been viewed by peers as a **significant resource** enabling the MSA to **build a strategic role and approach to tackling health inequalities** alongside health system partners. Cross-organisational scoping and engagement is helping to **strengthen partnership working** on improving population health. Access to MRP and embedded post support has enabled MSA colleagues to **apply a health lens and embed health considerations at the policy development stage** in housing.

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Alongside embedded posts and longer-established MSAs leading the way with increased health resource, the MRP central team has also supported with building capacity and capability within MSAs to take action on the health, which has subsequently supported with growing engagement and commitment to the health inequalities agenda across a broader range of MSA partners. Case studies demonstrating examples of where the MRP central team has helped to do this, including a summary of MSA support needs and subsequent central team actions, outputs and impact have been included in the following figures.

Case Study D: Joining the MRP and sharing insights and resources with senior CA colleagues to inform work to strategically embed health across workstreams

Health priority	Key actions and outputs	Impact
Due to a **lack of dedicated health resource and being a newer MSA**, there was interest in joining the MRP and accessing governance board and central team insights and resources to **support the integration of health considerations** throughout MSA workstreams.	Worked with MRP colleagues to **formally join the MRP governance board.** **MRP team shared invitations to board meetings, peer learning sessions and provided access to key programme insights and resources,** including the online learning network, HiAP toolkit, and policy briefings.	Formally joining the MRP and becoming and member of the governance board has supported with **strengthening the MSA's capacity and commitment to the health inequalities agenda**. MRP insights and resources are being used by the MSA's Director of Policy and Engagement to **identify opportunities to operationalize the forthcoming health duty and strategically embed health across MSA workstreams**, including work related to the **Local Growth Plan** and **Economic Growth Strategy**.

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Case Study E: Chairing and sharing insights at a health system partner meeting to develop strategic working relationships

Health priority

Due to a **lack of dedicated health resource** within the MSA, the central team's capacity was requested to help with **developing strategic working relationships** with **health system partners.**

Key actions and outputs

Worked with MSA colleagues to develop an **agenda, briefing and invite list for an in-person meeting of health system partners**, including partners from the **MSA, NHS, OHID, Local Authorities and VCFSE sector.**

Chaired the meeting and **presented key cross-regional insights on the role and levers of MSAs** regarding work on health inequalities (slides now available via the MRP online learning network).

Following the meeting, a **thematic summary of key discussion items was produced, alongside recommended next steps to strengthen whole system working on health inequalities**, and then reviewed for accuracy by meeting participants, before being finalized and shared with all colleagues.

Impact

This work helped **with building capacity to prioritise work on health inequalities** in MSA and supported with **strengthening cross-organisation and cross-boundary collaborative working** in the region.

The discussion summary and recommended next steps have been used to develop a **MSA action plan to strengthen whole system working**; It has also been used to **influence conversations with the new Mayor to progress health-related action** across the building blocks of health.

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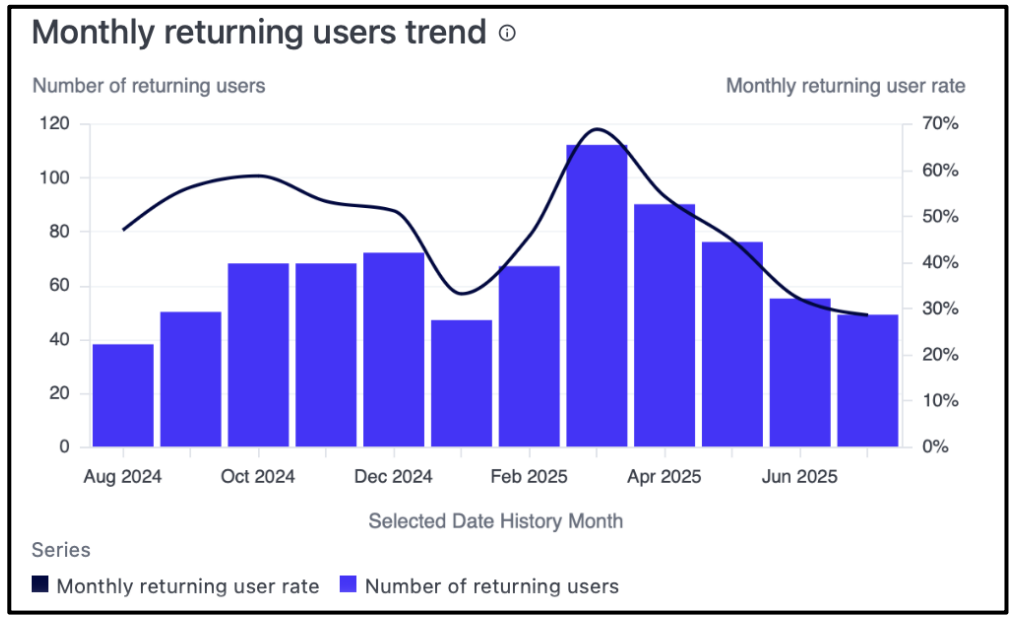
Built engaged communities of practice working on health

Online Learning Network

The MRP has established a unique and popular **online learning network**, which is hosted by the Institute for Health Equity's Health Equity Network and is the **only dedicated online space where cross-regional and cross-sectoral colleagues can easily access and exchange programme and wider insights, resources, case studies and support one another with problem-solving.** The user base has grown to 192 members since its launch in October 2024, with a monthly returning user base of 40–80 colleagues, as demonstrated by analytic data in the figure below:



Bar chart displaying the rate and number of monthly returning users of the online learning network (Aug 24 – Jul 25)

The spike in the number of returning users in March 2025 occurred due to the publication of the MRP's Health in All Policies (HiAP) toolkit, which was published on 27.03.25 and the launch webinar on the 28.03.25 was attended by over 200 colleagues.

In terms of reach, **the MRP's online learning network has a variety of cross-regional members, including colleagues from across 11 English MSAs** (Cambridgeshire and Peterborough, East Midlands, Greater London, Greater Manchester, Liverpool City Region, North East, South Yorkshire, Tees Valley, West of England, West Midlands and West Yorkshire), as well as from Glasgow City Region in Scotland. The network also has a smaller number of international members, as well as a range of **cross-organisational and cross-sectoral members** (as demonstrated in the following summary chart).

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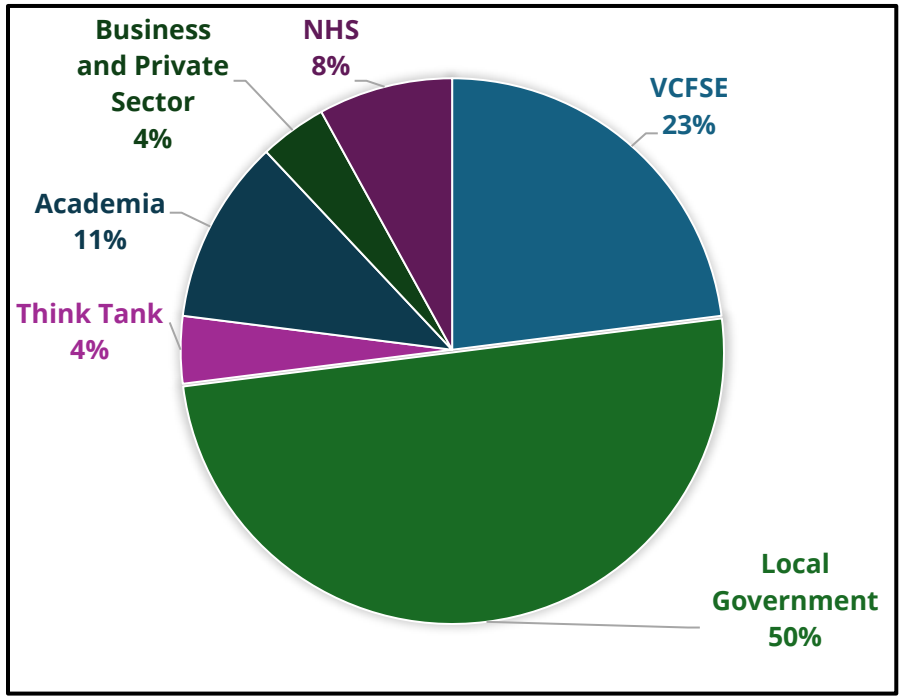
Online Learning Network (continued)

The majority of the MRP's online learning network members are colleagues working in or for **Local Government** (including MSAs, Local Authorities and the Local Government Association), followed by colleagues in the **Voluntary, Community, Faith, and Social Enterprise (VCFSE) sectors**, **Academia** and **the NHS**. The network also has a smaller proportion of member colleagues from **Think Tanks** and **the Business and Private sector.**

An evaluation of learning network user surveys has shown that partners use the platform to:

- ❑ **Stay updated on policy developments**
- ❑ **Access MRP resources and tools**
- ❑ **Connect with others working across similar policy spaces**

The MRP's online learning network has become the main platform for **sharing case studies**, including **MSA inactivity hotspot analysis** and **impact assessment work**, which are now being used across regions to inform health-focussed initiatives.



Pie chart displaying the proportions of cross-sectoral membership of the MRP online learning network (as of December 2025)

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Cross-regional peer learning and working groups

The MRP has established, facilitated and shared key insights at the following peer learning and working groups:

- ❑ **Work and health peer learning network**
- ❑ **A post-mayoral election policy landscape meeting**
- ❑ **Health and housing community of learning**
- ❑ **Health duty working group**

The following figure below provides a summary of MRP cross-regional peer learning and working group activity, engagement and impact.

Peer group	Activity, engagement and outputs	Impact
Work and health peer learning network	At the request of cross-regional stakeholders, the MRP central team established a work and health peer learning network and facilitated **4 peer learning webinars** that were attended by **over 180 people** and **saw increasing attendance** at each session. Outputs from peer learning sessions shared via email and the MRP's online learning network included **summary briefings, insights papers** and a **method library to support using data to target work and health interventions**.	The formation of this network and subsequent meetings and outputs have **facilitated peer learning** and **reduced duplication of effort** on a policy topic of national priority. MRP outputs containing cross-regional insights have been used by MSA colleagues to **inform approaches to work and health strategies** and **programme delivery**.

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Cross-regional peer learning and working groups (continued)

Peer group	Activity, engagement and outputs	Impact
Cross-regional meeting on the **post-mayoral election policy landscape**	At the request of MRP governance board members, the MRP central team facilitated and chaired a meeting with **17 cross-regional colleagues**, including **board members** and **political advisors** to **discuss the post-mayoral election policy landscape** and **scope opportunities for action and collective advocacy**. Outputs (shared via email and the MRP's online learning network) have included **mapping linking mayoral manifestos commitments to the building blocks of health** and meeting slides that linked this mapping to **national policy priorities**.	This meeting **enabled senior MSAs leaders to collectively interpret the new political and policy landscape**. It also facilitated **identification of areas for joint advocacy** through the UK Mayors Network and other national channels of influence.
Health and housing community of learning	At the request of governance board and cross-regional stakeholders, the MRP central team has established a health and housing community of learning and facilitated **3 cross-regional meetings** (so far) that have been attended by **over 40 people** and seen **increasing attendance** at each session. Outputs (shared via email) have included **evidence insights papers**, **meeting summary briefings**, and the central team has supported cross-regional colleagues with developing **Spatial Development Strategy (SDS) scoping papers** and **Housing Strategy briefing.**	The community of learning is **facilitating peer learning** and **reducing duplication of effort** on a policy topic of national priority. **MRP central team support** with sharing insights and resources with community members has helped to **embed health considerations into SDS planning** for one MSA and a **housing strategy refresh** for another MSA.

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Cross-regional peer learning and working groups (continued)

Peer group	Activity, engagement and outputs	Impact
Health duty working group	At the request of governance board members, the MRP has established a working group on the health duty for MSAs, which has **met 3 times** so far and been attended by board members and MSA colleagues from **8 regions**. Outputs (shared via email) include **meeting insight summaries, a cross-regional narrative for the role of MSAs in tackling health inequalities** and a **draft framework for operationalizing the health duty.**	The working group and related outputs have helped to develop a **consensus position amongst member MSAs on a strategic narrative for their complementary role in tackling health inequalities** and the **critical elements for health duty implementation.** These are serving as useful tools for **THF and MRP national influencing** and **MSA support with identifying levers for health inequality action.**

Alongside cross-regional peer learning and working group activity, there are numerous examples of the MRP central team being utilised by partners as a **centralised source of insight** and subsequently **helping partners to connect across MSAs and learn from others** to reduce duplication of effort. Case studies demonstrating this activity and subsequent impact have been included in the following figures.

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Cross-regional peer learning and working groups (continued)

Case Study F: Connecting with MSA colleagues to inform their approach to developing a statement of ambition on health inequalities

MSA support needs	Key action and outputs	Impact
MSA colleagues were looking to **develop a statement of ambition on health inequalities** and wanted to **learn from other regional colleagues** who may have undertaken a similar process.	The MRP central team helped to link colleagues from 2 MSAs and enable a colleague from one region to **share their learning and resources from developing their statement of intent on health inequalities**, which was developed in collaboration with system partners. **Embedded posts from each MSA met to discuss and share further learning** on the statements of intent/ambition.	Connecting colleagues and enabling the sharing of key learning and resources helped to **avoid duplication of effort** and **accelerate action for a MSA** to develop a **strategic approach to internal and partnership working on health inequalities** with health system colleagues.

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Cross-regional peer learning and working groups (continued)

Case Study G: Connecting with cross-regional colleagues to support with further embedding health inequalities considerations into impact assessments

MSA support needs	Key action and outputs	Impact
MSA colleagues and Directors of Public Health (DsPH) in different regions separately reached out to the MRP central team to see if there was any **learning that could be shared from other regions** on **embedding health inequalities considerations into MSA impact assessments.**	The MRP central team **reached out to MRP governance board members** to ask if colleagues had any learning and resources that they could share to support other colleagues to develop their approach to **integrating health into impact assessments.** Colleagues from one MSA **shared relevant internal impact assessment tools and resources** with the requesting MSA colleagues. Colleagues from 2 MSAs **shared relevant internal tools and resources** with the DsPH.	Having the MRP central team as a **centralised source of support and connections** across regions has helped to **reduce duplication of effort and accelerate progress** for colleagues looking to **integrate health considerations into MSA impact assessments**. The DsPH have used the shared information to **inform and strengthen their approach to working with a developing MSA on integrating health inequalities considerations** across regional workstreams from the outset of MSA establishment.

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Provided policy insights, practical tools and implementation support

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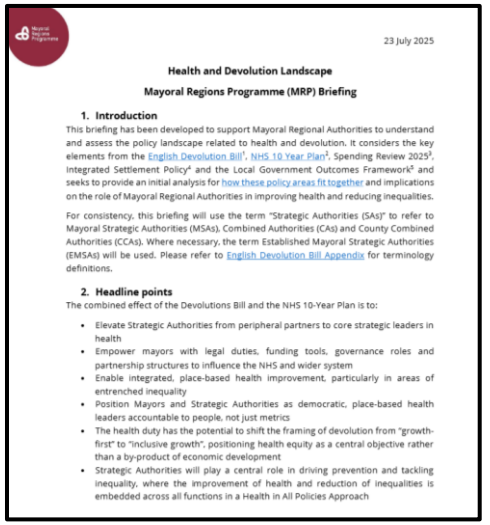
Provided policy insights, practical tools and implementation support

The MRP has supplied MSAs with the specialist support, practical tools, and policy interpretation needed to move faster and with greater confidence on health inequalities. Support provided by the central team has included translating complex evidence and national policy reform agendas into usable frameworks, tools and guidance, shaping regional strategy, reducing duplication of effort and raising the quality and pace of delivery across multiple policy areas. This has provided capacity and filled a support gap that MSAs reported could not have been met through existing internal capacity.

Practical tools and policy insights that the MRP central team have produced and disseminated to key stakeholders and system colleagues include the following:

I. **Targeted policy insights on national reforms,** including related briefings and resources on the following topics (available via the MRP online learning network):

- The Get Britain Working White Paper
- The Autumn Budgets
- The English Devolution White Paper
- The Keep Britain Working Review
- The Health and Devolution Landscape (including analysis of the Devolution Bill and NHS 10 Year Plan)



23 July 2025

Health and Devolution Landscape

Mayoral Regions Programme (MRP) Briefing

1. Introduction

This briefing has been developed to support Mayoral Regional Authorities to understand and assess the policy landscape related to health and devolution. It considers the key elements from the English Devolution Bill[1], NHS 10 Year Plan[2], Spending Review 2025[3], Integrated Settlement Policy[4] and the Local Government Outcomes Framework[5] and seeks to provide an initial analysis for how these policy areas fit together and implications on the role of Mayoral Regional Authorities in improving health and reducing inequalities.

For consistency, this briefing will use the term "Strategic Authorities (SAs)" to refer to Mayoral Strategic Authorities (MSAs), Combined Authorities (CAs) and County Combined Authorities (CCAs). Where necessary, the term Established Mayoral Strategic Authorities (EMSAs) will be used. Please refer to English Devolution Bill Appendix for terminology definitions.

2. Headline points

The combined effect of the Devolutions Bill and the NHS 10-Year Plan is to:

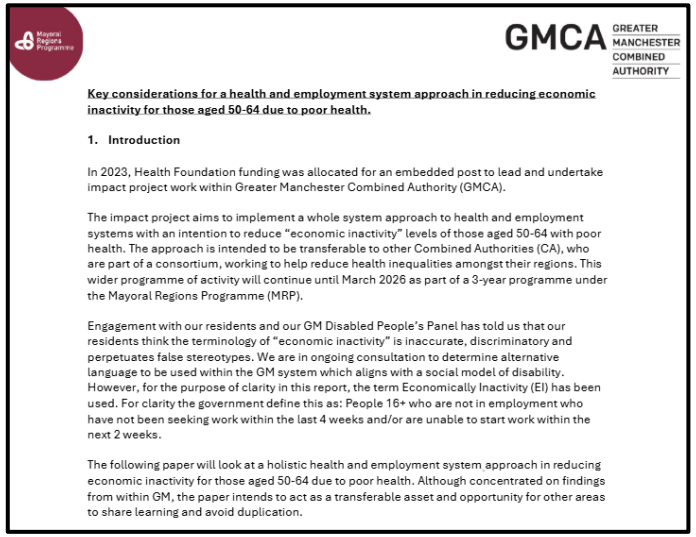
- Elevate Strategic Authorities from peripheral partners to core strategic leaders in health
- Empower mayors with legal duties, funding tools, governance roles and partnership structures to influence the NHS and wider system
- Enable integrated, place-based health improvement, particularly in areas of entrenched inequality
- Position Mayors and Strategic Authorities as democratic, place-based health leaders accountable to people, not just metrics
- The health duty has the potential to shift the framing of devolution from "growth-first" to "inclusive growth", positioning health equity as a central objective rather than a by-product of economic development
- Strategic Authorities will play a central role in driving prevention and tackling inequality, where the improvement of health and reduction of inequalities is embedded across all functions in a Health in All Policies Approach

Each of these have supported MSA colleagues (and particularly those without dedicated health capacity) with enabling **faster and more strategic regional responses** to the evolving policy landscape. For example, following onboarding on MRP embedded posts, Liverpool City Region and the North East CA's early work to develop strategic approaches to regional action on health inequalities was directly informed by central team policy analysis and insight. This is because MRP policy resources have helped to **uniquely distil key implications and opportunities** for action for MSA colleagues.

Provided policy insights, practical tools and implementation support

II. Cross-regional insights on approaches to employment and health initiatives, including resources on the following topics (available via the MRP online learning network):

- Economic inactivity in young people, adults and the over 50 population
- Using data for work and health interventions
- Employment support insights
- International approaches to work and health
- Integrated employment support
- Whole-system approach to reducing economic inactivity in people aged 50-64



GMCA GREATER MANCHESTER COMBINED AUTHORITY

Key considerations for a health and employment system approach in reducing economic inactivity for those aged 50-64 due to poor health.

1. Introduction

In 2023, Health Foundation funding was allocated for an embedded post to lead and undertake impact project work within Greater Manchester Combined Authority (GMCA).

The impact project aims to implement a whole system approach to health and employment systems with an intention to reduce "economic inactivity" levels of those aged 50-64 with poor health. The approach is intended to be transferable to other Combined Authorities (CA), who are part of a consortium, working to help reduce health inequalities amongst their regions. This wider programme of activity will continue until March 2026 as part of a 3-year programme under the Mayoral Regions Programme (MRP).

Engagement with our residents and our GM Disabled People's Panel has told us that our residents think the terminology of "economic inactivity" is inaccurate, discriminatory and perpetuates false stereotypes. We are in ongoing consultation to determine alternative language to be used within the GM system which aligns with a social model of disability. However, for the purpose of clarity in this report, the term Economically Inactivity (EI) has been used. For clarity the government define this as: People 16+ who are not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

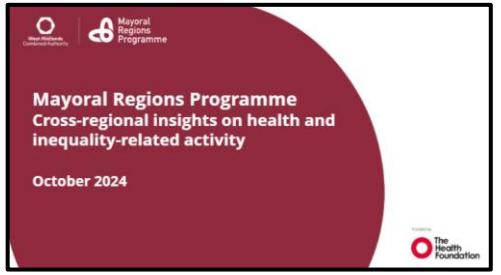
The following paper will look at a holistic health and employment system approach in reducing economic inactivity for those aged 50-64 due to poor health. Although concentrated on findings from within GM, the paper intends to act as a transferable asset and opportunity for other areas to share learning and avoid duplication.

Each of these have supported MSA colleagues with gaining a **clearer understanding of national and regional employment and health challenges** and enabled them to **use varied insights on policies and initiatives on work and health to shape strategic approaches** for their regional contexts. For example, insight resources on economic inactivity and whole system approaches to reducing economic inactivity in the over 50 population have been used by colleagues in Greater Manchester CA's Inclusive Employment team to **inform the development of their Age Friendly Strategy and Get Britain Working plan**.

Provided policy insights, practical tools and implementation support

III. Resources to accelerate MSA action across the building blocks of health and adopt a Health in All Policies (HiAP) approach, including the following resources (available via the MRP online learning network):

- Summary of insights from the Cities Health Inequalities Project and MRP on MSA levers for change, value add to the wider system, and regional examples and whole system approaches to addressing health inequalities
- A first-of-its kind and evidence-based HiAP toolkit for MSAs, including the following sections to support MSAs to implement a HiAP approach:
  - A summary of the 'pillars' (i.e. the structural and organisational factors) for HiAP success
  - Opportunities for HiAP action across MSA devolved functions
  - Developing strategy for HiAP
  - Capturing progress for HiAP
  - Self-assessment tools regarding HiAP pillars and activity prioritisation



The summary of insights from the Cities Health Inequalities Project and MRP on MSA levers, value add and regional examples of whole system approaches has been used to support conversations with cross-organisational health system partners and has helped to provide **evidence-based insights that have facilitated productive discussions about partnership working and created a shared understanding of the role of MSAs** in addressing health inequalities.

The figure on the following page provides a summary of the influence and impact of the MRP's HiAP toolkit for MSAs to date.

Provided policy insights, practical tools and implementation support

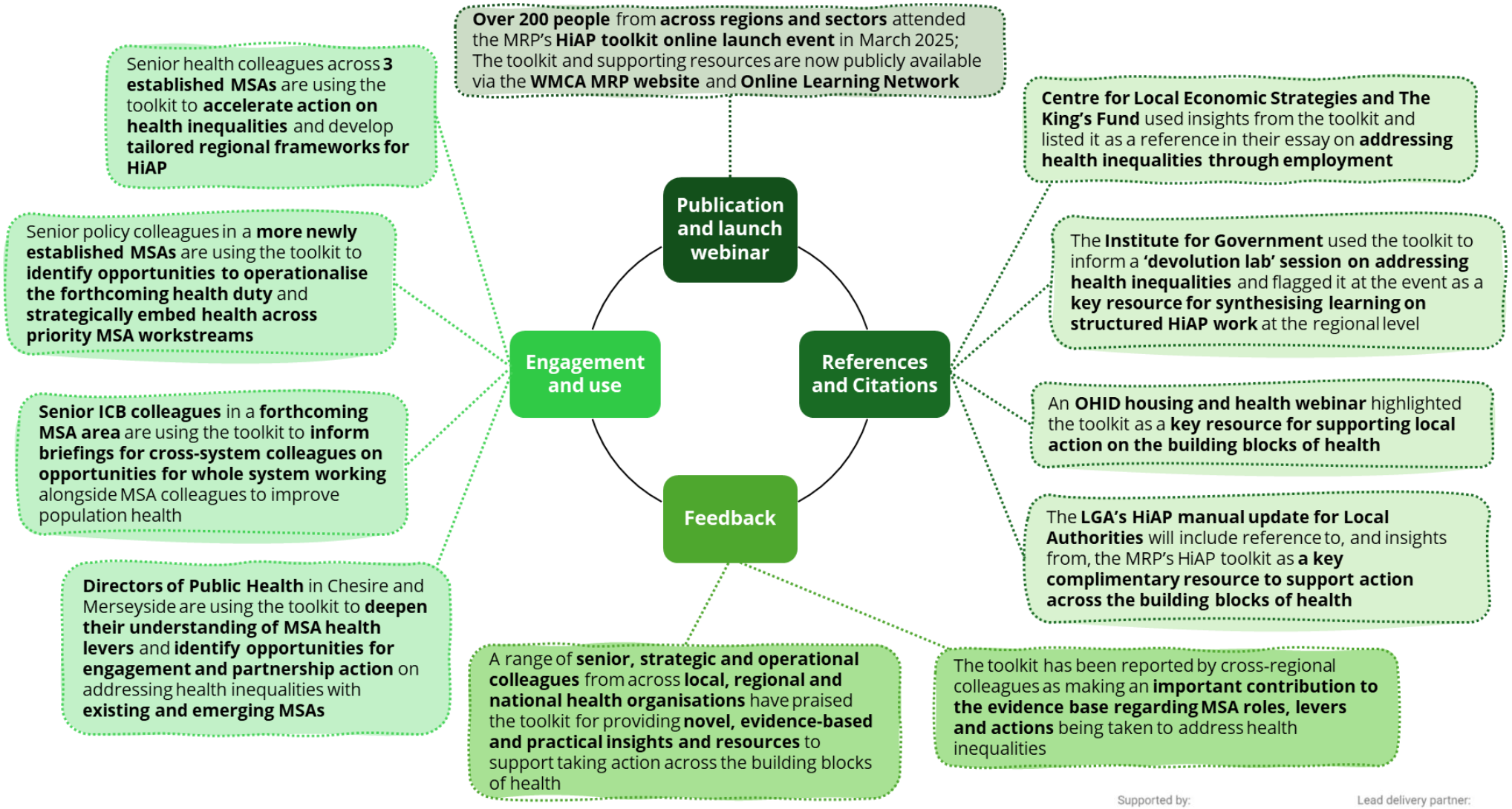


Figure summarising impact of the MRP HiAP toolkit to date (March – Dec 2025)

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The co-development of the toolkit in collaboration with MSA colleagues and system partners has helped to ensure it is **fit-for-purpose across a range of regional and policy contexts** and that the self-assessment resources can be appropriately tailored to optimise use. Alongside the toolkit, to further support engagement and use of this resource, the MRP central team has published an **executive summary** and **guidance videos** on how to use each element.

In just 9 months since publication, the MRP's HiAP toolkit has already had **considerable interest, influence and impact** across the system. Whilst it is not yet possible to link this to distinct health inequalities outcomes, what has been observed is a **discernible impact on local and regional strategy and process**, including MSAs and wider system colleagues taking more systematic, strategic and whole system approaches to addressing the building blocks of health via available powers and levers. MRP HiAP toolkit monitoring and evaluation activity is currently underway and insights from this process will be documented and disseminated by Summer 2026.

Following publication of the toolkit, the MRP central team has been using this tool and wider programme insights to provide **specialist support to 3 MSAs to develop their regional approaches to HiAP strategy and implementation**. Case studies summarising progress and impact regarding this work so far is included in the following figures.

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Provided policy insights, practical tools and implementation support

Case Study H: Tailored HiAP support to strengthen systems working and strategic alignment of health inequalities across the MSA

MSA support need	Key actions and outputs	Impact
To build on and strengthen the MSA's approach to addressing health inequalities, including **strengthening systems working** and **supporting strategic alignment and visibility of health inequalities** across the organisation.	MRP central team worked with MSA colleagues to develop a **tailored support plan** and draft a plan for a **health inequalities workshop**. MRP central team and MSA colleagues co-delivered an **in-person health inequalities and HiAP pillars audit workshop** with **cross-MSA colleagues** to understand and identify areas of opportunity to embed work on health inequalities. Following this, a **session summary** was produced and shared with MSA colleagues, including **key insights and recommendations for next steps to progress action on health inequalities.**	MRP policy and HiAP insights shared at the workshop helped to **foster a shared understanding of, and opportunities related to, the evolving health policy landscape** and **cross-regional approaches to addressing health inequalities.** Use of the **MRP pillars self-assessment activity** enabled cross-policy MSA colleagues to **identify opportunities and support needs for embedding health inequalities across their workstreams.** The session summary and recommended next steps are being used to **develop a further tailored action plan for accelerating action on health inequalities** across the MSA and with system partners.

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Case Study I: Tailored HiAP support to strengthen existing efforts and scope opportunities for further HiAP development

MSA support need	Key actions and outputs	Impact
To embed a HiAP approach by **consolidating and strengthening existing efforts**, as well as scoping opportunities for further development **to align strategy** and **increase visibility of HiAP** across the organisation.	MRP central team worked with MSA colleagues to develop a **tailored HiAP support plan** and draft a plan for a **HiAP pillars workshop**. MRP central team delivered an **in-person HiAP pillars audit workshop** to reflect on **present and future opportunities to further embed HiAP working** and plan next steps for **strategic MRP HiAP support.** This was followed up with an **insights summary** and **proposed next steps**, which was discussed with senior MSA colleagues and a further workshop was prepared **to identify strategic priorities** and a **delivery framework** for HiAP. MRP central team delivered the follow-up in-person workshop, which focused on **HiAP successes** so far, the **strategic landscape** and developing a **framework for HiAP**. Following the workshop the MRP team produced a **learning and insights paper** and discussed this with senior MSA colleagues to plan next steps.	The initial HiAP pillars audit workshop helped the MSA's Health and Communities team **foster a shared understanding of present and future opportunities for HiAP.** The follow-up workshop provided a **valuable space to identify what has made HiAP work successful so far** and how to build on this, as well as to target **MSA strategic priorities to align HiAP work with** (such as inclusive growth). The workshop learning and insights paper has provided a **uniquely comprehensive stock take of HiAP success and impact** so far, alongside **key considerations for the development of a more strategic approach**. This is now being used to develop a **MSA framework for HiAP action**, supported by the MRP, which will be critical for **operationalising the forthcoming health duty** and other policy levers.

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Provided policy insights, practical tools and implementation support

Case Study J: Tailored HiAP support to strengthen existing efforts and scope opportunities for further HiAP development

MSA support need	Key actions and outputs	Impact
To embed a HiAP approach into **organisational policies** and **processes** as **business as usual.**	MRP central team worked with MSA colleagues to develop a **tailored HiAP support plan** and draft a plan for a **HiAP reflection session** with **MSA transport colleagues.** MRP central team supported the delivery of an **online transport and health reflection session** to **identify opportunities to embed health considerations into strategic workstreams**. The workshop was followed up with a **learning and insights summary**, which was discussed with MSA colleagues and used to inform their next steps.	The workshop brought together colleagues from the MSA's **public health** and **transport** directorates and helped to identify **shared lessons from integrating health and health inequalities considerations into the Local Transport Plan**. The insights from the workshop are being used by MSA health colleagues to **integrate health and health inequalities considerations into the forthcoming Spatial Development Strategy and Infrastructure Strategy**. The MRP are now working with MSA colleagues to plan a follow-up **HiAP pillars audit workshop** with cross-policy MSA colleagues to identify **further opportunities for HiAP activity and develop an action plan.**

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Lead delivery partner: West Midlands Combined Authority

Mayoral Regions Programme

Provided strategic leadership and built coalitions

Supported by: The Health Foundation

Lead delivery partner: West Midlands Combined Authority

Provided strategic leadership and built coalitions

The MRP has provided strategic leadership and created new coalitions of senior leaders working on health inequalities at the MSA level, enabling **alignment, coordination and collective influence that did not previously exist**. To facilitate this, the MRP central team has connected and collaborated with a variety of health system leaders and stakeholders throughout Phase 1 of the programme so far, include the following organisations and collectives:

- ❑ **Department for Health and Social Care (DHSC)**
- ❑ **Ministry for Housing, Community and Local Government (MHCLG)**
- ❑ **Association of Directors of Public Health (ADPH)**
- ❑ **NHS Confederation**
- ❑ **Health Equity Network (HEN)**
- ❑ **Institute for Government (IfG)**
- ❑ **Local Government Association (LGA)**
- ❑ **UK Mayor's Network (UKMN)**
- ❑ **Mayoral Authorities Creative Health Network (MAHCN)**
- ❑ **OURI Labs**
- ❑ **PA Consulting**
- ❑ **Systems science In Public Health and health Economics Research (SIPHER)**
- ❑ **Tackling the Root causes Upstream of Unhealthy Urban Development (TRUUD)**

The leadership infrastructures created as a result of the MRP have also **strengthened cross-regional working** and **raised the profile of health across regional and national policy discussions**.

Case studies demonstrating strategic leadership and coalitions, alongside related actions, outputs and impact have been included in the following figures.

Provided strategic leadership and built coalitions

Case Study K: Establishment and ongoing influence of the MRP Governance Board

Strategic leadership	Key actions and outputs	Impact
The **MRP Governance Board** is made up of **senior health and policy representatives** from **10 MSAs** and **the Health Foundation (THF)** and became an established group to provide **strategic leadership and oversight** of the programme.	The Board **meet on a quarterly basis** to discuss **MRP updates** and **provide strategic input** on programme direction and funding decisions. Alongside Board meetings, members of this strategic leadership group have provided **ongoing support to the MRP central team**, fostering **connections with system partners** and providing input at **peer learning discussions** and other **strategic meetings**. Board members have **supported the development of strategic MRP documents**, including a **cross-regional health inequalities narrative for MSAs** and a **draft framework for supporting health duty implementation**.	The MRP's Governance Board has **brought together senior leaders across MSAs working on health in a way that hasn't happened before**; during programme evaluation this group was described as **a "unique, influential, and valuable forum"** that enables MSA, THF and system partners to **jointly frame priorities and interpret national policy.** The MRP's Board has helped to **strengthen collaborative cross-regional working and collective advocacy** on priority health policy challenges, which has also helped to **strengthen the MRP's and THF's position and influence when engaging in regional and national policy discussions** with key stakeholders, including DHSC and MHCLG.

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Lead delivery partner: West Midlands Combined Authority

Provided strategic leadership and built coalitions

Case Study L: Developing a coalition with the UK Mayor's Network and NHS Confederation

Strategic leadership	Key actions and outputs	Impact
The MRP has been developing a coalition with **NHS Confed** and **the Secretariat for the UK Mayor's Network (UKMN)**, which provides high-level **executive, strategic, and operational support to the Mayors, Chief Executives and Policy Leads** across the network of English MSAs.	MRP central team has met with colleagues from NHS Confed and the UKMN to **discuss opportunities for collaborative working**. MRP central team **delivered a presentation at a UKMN Policy Leads meeting**, which covered the aims of the programme and current priority workstreams regarding **HiAP** and **supporting implementation of the forthcoming health duty** for MSAs; this was met with **high levels of interest** from attendees (including MSAs not currently working with the MRP). Plans are now being developed to shape a **collaborative, practical and system-focused position paper on the health duty and the role of mayors**, which can be disseminated via the UKMN.	This newly formed coalition is already **enabling alignment and coordination** across the system that **did not previously exist**, which is helping to **avoid duplication** and **maximise use of available resources** to **raise the profile of health** and **provide cohesive and strategic guidance** across discussions with key regional and national stakeholders. The forthcoming position paper and collaborative ways of working amongst this coalition are also **strengthening cross-system partnership working** and helping to ensure that the MRP's insights have **greater influence and sustainable impact** across regional and national systems.

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Mayoral Regions Programme

Conclusion

This impact report has demonstrated that phase 1 of the MRP has already delivered strong results from modest investment and has **built capacity, facilitated learning, and supported the embedding of health across MSAs in collaboration with system partners**.

A proposal for **phase 2 of the MRP (from Oct 26 – Sept 29)** has now been submitted to the Health Foundation, with the intention of **extending and accelerating this progress at a moment of significant policy change** for action on health inequalities. A decision will be finalised for this programme extension by April 2026.

Further information

For further information regarding the MRP, please use the following resources:

- ❑ Access the West Midlands CA MRP web pages
- ❑ Join the MRP's Online Learning Network
- ❑ Email the MRP Delivery Manager at: Claire.Humphries@wmca.org.uk

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