

Health of the Region 2024

Working towards Health Equity



West Midlands
Combined Authority

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Foreword

In the West Midlands Combined Authority (WMCA) area, the sombre reality is that our residents are experiencing premature mortality rates surpassing the national average, witnessing a decline in life expectancy that remains consistently below the national norm, and grappling with widening health disparity.

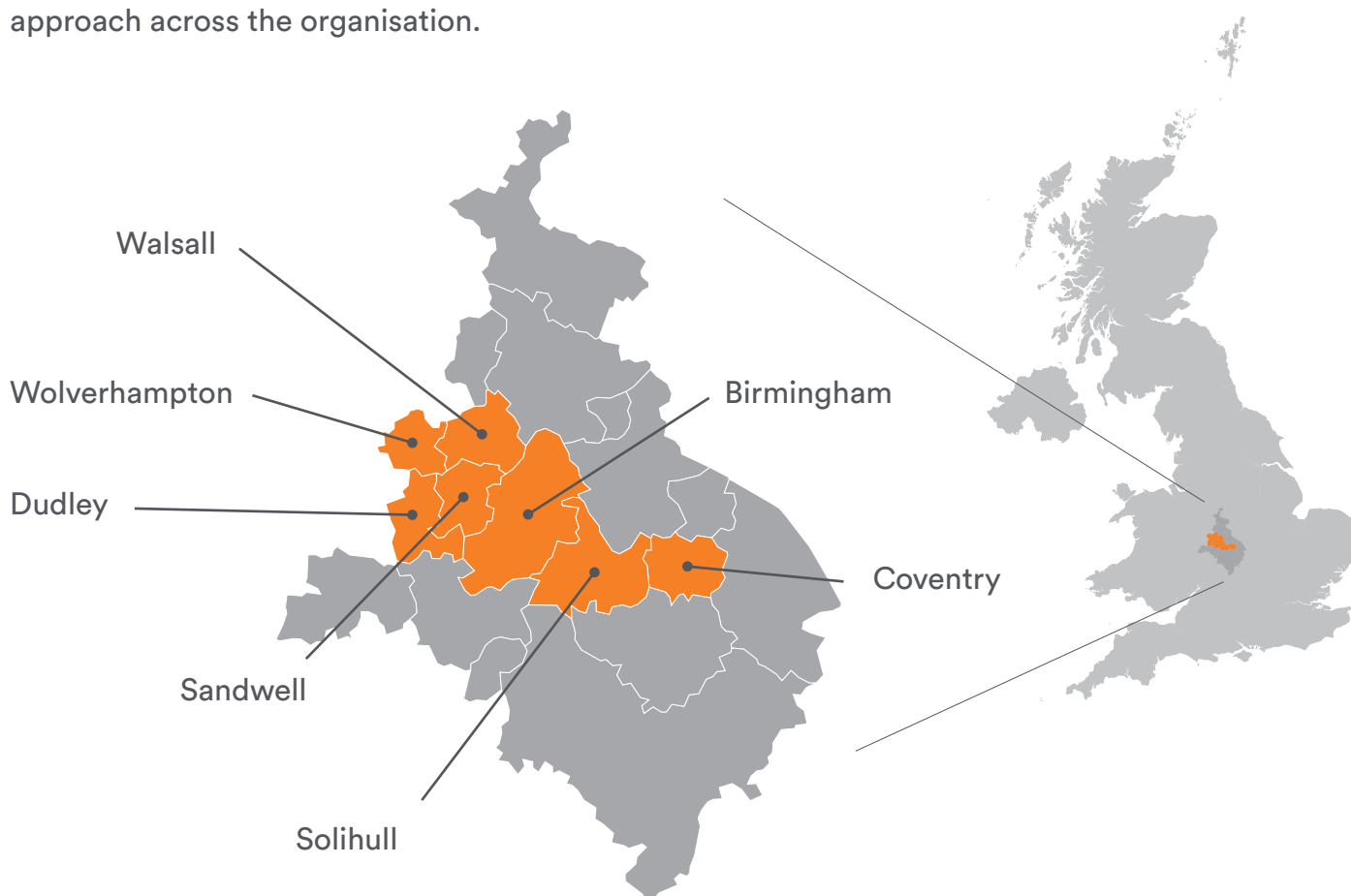
Unfortunately, since the release of the Health of the Region Report in 2020, and despite excellent service provision under challenging circumstances within the healthcare landscape, minimal improvements have been observed in health outcomes. The ramifications of poor health extend beyond the individual, permeating through families and putting strain on the healthcare system as a whole. At a regional level, these challenges manifest as diminished productivity, impeding the region's potential for prosperity and growth.

This bleak picture compels us, as leaders within the region, to acknowledge this stark reality and explore avenues for change and hope for our residents. We know tackling health inequalities is a complex, collaborative and long-term undertaking. The disheartening state of our region's health serves as a catalyst to drive long lasting focus and action towards improving health outcomes and reducing health inequalities.

Evidence suggests that meaningful progress in reducing health disparities necessitates shaping broader socio-economic conditions to promote good health and wellbeing in the places people live, work, and socialise. The WMCA, in its devolved functions, assumes a pivotal role in health creation for the region. By influencing and shaping the kinds of homes we live in, the way we get around, the air we breathe, and the types of employment opportunities available to us, the WMCA can positively impact residents' health. Initiatives

such as achieving net zero carbon emissions, retrofitting homes, and promoting wellbeing through flagship employment programmes like Thrive, are already supporting better health and wellbeing through and into work. We said in our previous report that the key to building a healthier, fairer and greener West Midlands is to put health and wellbeing at the heart of our social, economic and environmental policies, and to ensure that every citizen is able to maximise their full potential at every stage of their lives. The WMCA will strive to do this more consistently, in a measured and purposeful way by embedding a Health in All Policies (HiAP) approach across the organisation.

As a region, we made a collective commitment to achieving positive change in addressing health inequalities; it is of great importance for the WMCA and the new Mayor of the West Midlands, as poor health limits the ability for the region and its people to prosper. This report sets out steps the WMCA will take in the endeavour to improve health outcomes, through its devolved responsibilities, and it is also a call to action for other partners in the region to work with the WMCA in partnership to help shift the dial on health inequalities that have largely remained the same over the past ten years.



Acknowledgements

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We are grateful for the support of the WMCA Executive Board, and the WMCA Wellbeing Board. We would like to thank our local authority partners, particularly the Directors of Public Health for their advice and guidance. We also recognise the leadership of the Health Equity Advisory Council, and thank them for their thoughtful contributions and guidance, they will be vital in supporting its next steps and driving this work forward.

Our thanks extend to the Strategy Unit for their support with data collation and logic model development. The participation and collaboration of all strategy and policy colleagues from various WMCA departments in the logic model workshops have been crucial in bringing this report to fruition. We would also like to thank infogr8 for their creative and insightful work on the infographics, which have significantly enhanced the visual impact and clarity of the report.

Special recognition goes to Dr Tatum Matharu and Grace Scrivens, whose coordination and connection work with the previous Health of the Region Report have been instrumental in ensuring continuity and depth in our research.

The communications and design team deserve our sincere thanks for their tireless and skilful efforts in presenting the report in a clear and engaging manner.

Lastly, but by no means least, we owe a great debt of gratitude to Rachael Clifford and Nancy Towers. Their relentless dedication, attention to detail, and tireless efforts have been pivotal in compiling and finalising this comprehensive report.

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Executive Summary

The WMCA health challenge:

Since the publication of the Health of the Region report in 2020, where longstanding health inequalities were shown to be exacerbated by the Covid pandemic, there has been no significant change in the health of our population. The residents within the WMCA region, continue to face health challenges, with little progress observed for many over the last decade. People in the WMCA region continue to die earlier than the England average. Aligning with national trends, life expectancy in the WMCA is declining, but notably, the gap between the WMCA life expectancy and the England average is widening even further.

In several aspects, we perform less favourably than England: higher mortality rates for cancer, cardiovascular disease, and respiratory diseases; lower rates of physical exercise; higher rates of obesity, and worsening conditions contributing to the fastest growing rate of child poverty in England.¹

The impact of poor health extends beyond individuals and families, affecting the ability of our region's economy to thrive and generate value for reinvestment in our communities.

What drives our health challenge?

Conditions in our region shape the opportunities of our residents to be healthy and well: in the WMCA area we have some of the highest rates of multiple deprivation in the country, and key challenges around fuel poverty, affordable housing and lower qualifications which all limit the opportunities for our residents to live in good health.

Opportunities for action:

Addressing our health challenge is a collaborative effort that extends beyond the capabilities of any single entity; the burden of ill health must not be borne by the NHS alone. It must be a collective effort that includes the WMCA, our Local Authorities, the voluntary sector, and communities themselves alongside our NHS partners. There is a shared understanding that improving health is contingent upon a comprehensive range of policies and actions, with the wider determinants playing a pivotal role in shaping our health outcomes. To elevate health outcomes for our region, a concerted and collective effort is required to influence these wider determinants. This commitment to proactive engagement and strategic intervention is vital for instigating positive changes and fostering a community that not only survives but thrives through health and prosperity.

How the WMCA can contribute to addressing our region's health challenge:

This report, a follow up to our first Health of the Region (HOTR) report four years ago, focuses on, and identifies the pivotal role the WMCA can play through its devolved responsibilities across transport, employment and skills, environment and energy, economy, and housing to improve the health of the region. The report identifies a number of opportunities for the WMCA to build on its existing work in this area and harness greater long-term impact for the region, to cement the WMCA's role in tackling the health inequity in the region.

¹ https://www.actionforchildren.org.uk/blog/where-is-child-poverty-increasing-in-the-uk/?gad=1&gclid=Cj0KCQjwyLGjBhDKARIsAFRNgW9iW0VIOE_ZQ9lca13lqkggj33f9T85kUM5lrHTLvR0Bnm6gu9HsVEaAgfAEALw_wcB

The WMCA has a central role in shaping the conditions for good health for everyone in the WMCA area. The WMCA's remit, and scale mean its focus will be most effective in driving change on the conditions that shape our region's health, rather than the downstream impact on health outcomes. We need to acknowledge this is a long-term project that requires sustained action and focus to achieve results.

The actions we will take to achieve this are:

- **A systemic adoption of health in all policies across the WMCA:** ensuring that all policies developed by the WMCA are scrutinised for their impact on people's health. This approach is geared towards delivering practical actions that contribute to healthier individuals, enabling them to make more significant contributions to the economy and their communities, thereby reducing demand pressures on health and care services.
- **Clarify and communicate how the work of the different WMCA directorates impact on health and wellbeing outcomes for the region:** logic models for four departments of the WMCA have been co-designed to clearly articulate the link between their work and health and wellbeing improvements, and to begin to understand how we might measure and monitor our progress. This allows us, as a combined authority, to comprehend the difference we might be making to the health and wellbeing of our residents as well as communicate to external partners how we seek to improve health outcomes for the WMCA region.
- **Embed health metrics within our monitoring, reporting and impact measurement frameworks; including the Inclusive Growth Framework and Single Settlement functional strategies:** HiAP has a key role to play in transforming our regional economy and contributes to creating a more inclusive economy. We need to pursue a more rigorous approach to HiAP within our Inclusive Growth Framework, integrating the two systematically will enable the WMCA to drive forward a regional economy which is more inclusive in its benefits, places a strong emphasis on addressing health inequalities and improves overall health outcomes. This report sets out how HiAP can support the delivery of the key fundamentals and drive inclusive growth, building a stronger and fairer economy which fosters health and wellbeing.
- **Strengthen governance, oversight and collaboration of WMCA and system wide initiatives to tackle health inequalities:** Working with the newly formed Governance Panels of the WMCA and the WMCA Executive Board and the Health Equity Advisory Council (HEAC) system partners will be proactively linked in, consulted and authorise joint pieces of work to take forward.

How the NHS, Local Authority and Voluntary, Community, Faith and Social Enterprise (VCFSE) system partners can address the region's health challenge:

This report in setting out the role the WMCA can play in tackling the WMCA's health outcomes challenge, identifies the importance of our system partners in the region. The WMCA's actions will have little to no impact without the work of our NHS, local authority and VCFSE sector colleagues. There is a need for continued collaboration, coordination and partnership working within the WMCA area to improve and reduce unfair differences in health outcomes. We call on our system partners to:

- **Use the Health Equity Advisory Council (HEAC) as a forum to share learning from successes and failures** of partners to address health inequalities, to support other partners to build on the learning and experience of peers and colleagues.
- **Use the collective focus on physical activity to explore and evaluate new ways of joint working.** To drive the positive change we are seeking for better health outcomes and reduced inequalities; we cannot do more of the same and expect different outcomes. Along with Greater Manchester Combined Authority, the WMCA has the ability to maximise the benefits from the trailblazer devolution deal from government, which includes future single settlement considerations for work on multiple disadvantage, bringing additional funds into the region. We should utilise this opportunity to work with the NHS on alignment of budgets through section 75 arrangements, maximising joint efforts where partners from the NHS and local authority agree there is most need for collective action.

- **Review the impact becoming a Marmot Region could have on addressing health inequalities for the region:** the Health of the Region 2020 report called for the WMCA to pursue a Marmot Region, this was not seen as a viable option at the time, however given the latest report from the Institute of Health Equity and the learnings from Coventry, one of the first Marmot Cities in the country, it now seems an opportune moment to re-consider our focus and jointly consider becoming a Marmot Region. We will call on the newly formed Health Equity Advisory Council, to set this as a goal for us as a region and system partnership.

How Central Government and National Bodies can support and facilitate this work:

In order to support our work at regional and local level as a system we need sustainable and fair funding to invest in prevention and health improvement:

- Recommend a **review of the current formula for health funding allocation to ensure it reflects the reality of tackling health inequalities**. Areas of multiple deprivation with lower life expectancy often receive lower funding levels and yet have higher healthcare costs, while areas with older ‘healthier’ population receive more. We would like funding allocations to reflect the poorer health our population exhibits, and the additional costs that this places across our systems.
- Recommend **central Government commits to fully funding NHS workforce plan and matching funding for social care workforce** to ensure local systems can deliver the health and social care services that are needed.
- Recommend **central Government deliver on its commitment within the trailblazer devolution deal with WMCA to better join-up funding related to population health improvement and prevention** and where possible relevant new future, funding streams relating to population health improvement and prevention are under consideration, government will engage with WMCA and its constituent local authorities to discuss whether the WMCA’ allocation could be included as part of the department-style single settlement, ensuring that new funding streams do not include new allocations from existing funds.

A consistent national focus on health improvement and prevention will support regional, and local work to improve health outcomes.

National government should be explicit about the role health plays in creating a more productive economy as well as understand that investment in a basic level of public service provision will have positive health benefits, and lead to savings in downstream health care.

- Recommend further shift in national focus from simply treating illness to actively promoting health and wellbeing, reducing inequalities and tackling the wider determinants of health, and supporting the public to be active partners in their own health across all central government’s work. This could be **achieved through a “Whole Government Approach to Health”**, which would sit across government departments putting prevention at the heart of policy making, with all national spending assessed for health impact, and include robust targets and monitoring linked to health outcomes, which will be reflected at a regional and local level.
- Recommend that **central government and national bodies should enable and support the disruption needed to make sure intervening in care upstream a mainstream model**, is not an add-on project but a re-invention of the status quo. This requires the creation of a permissive environment to test and trial new structures, approaches and activities, it might require new funding or partnership models and holding a greater appetite for risk.



Chapter 1 – Introduction

1.1 Background

The HOTR report published in November 2020, highlighted persistent and widening health inequalities within the WMCA region and set out a recovery journey intent on tackling these health inequalities. The report identified the virtuous circle between good health, wellbeing, and a prosperous and growing region, highlighting the role of an inclusive economy as a key lever for delivering better health and wellbeing outcomes for the West Midlands.

A recent attempt to calculate the economic cost of health inequalities, estimates the cost of lost output in England due to differences in avoidable deaths has risen by over 20% since the Covid-19 pandemic - from £6.3bn in 2019 to £7.7bn in 2021, equivalent to over £250,000 per person who died in 2019 rising to almost £290,000 in 2021.²

The report established a collaborative approach to reducing health inequalities and lay the foundations to improve health in the region. Working with partners on more than 50 commitments to action, there has been considerable effort to address some of the key health challenges facing the West Midlands; reducing health inequalities for racialised communities, widening access to health and care services, enabling people powered health and a focus on shaping the conditions which promote good health.

² 'The cost of economic cost of health inequalities in England' 2023

Despite joint work and collaboration, health inequalities in the WMCA region have not changed significantly since the HOTR 2020 report. The data shows that people living in the WMCA continue to die earlier than the average for England and life expectancy is declining. Our experience reflects national trends - a decade which depicts a slow-down in life expectancy gains, followed by the Covid-19 pandemic where we see a sharp fall in life expectancy nationwide, with more deprived areas, like some within the WMCA region, hit the hardest.³

We are living through more uncertain times, facing fundamental shifts in our work and personal lives which will not be experienced by our population in the same way. Post lock-down inflation, Brexit, and international conflict, mean our residents are dealing with an increase in their cost of living, and pressures on public services that make it more difficult to access support when they need it.⁴

Our region has high levels of multiple deprivation, two out of three of the [Integrated Care System](#) regions within the WMCA, are home to the most deprived areas nationally.⁵ We know that poverty and the number of children living in poverty in the WMCA has increased⁶ - these conditions do not produce healthy adults, or support people to live healthy lives.

There has been national recognition of these challenges and their impact on the nation's health, both by NHS England and central government. The NHS has set priorities for addressing clinical inequalities in health through the [Core20PLUS5](#) programme, an approach to inform action to reduce healthcare inequalities at both

national and local healthcare system level. The [Government's Levelling Up White Paper](#) set out twelve national missions to close the gap between the best performing areas and those lagging behind through four broad themes:

- Boosting productivity and living standards
- Spreading opportunities and improving public services
- Restoring a sense of community, local pride and belonging
- Empowering local leaders and communities.

Now enshrined in law, the Levelling Up and Regeneration Act 2023, affords combined authorities' new powers. The "Trailblazer" Deeper Devolution Deal for the WMCA offers more certainty, funding, and responsibility for the WMCA to invest in making a difference to the lives of people living in the West Midlands.

"Trailblazer" Deeper Devolution Deal for the WMCA

The Deeper Devolution Deal maximises the WMCA's current role and responsibilities and alters how Government funding is implemented – providing the tools to deliver more inclusive growth. It includes:

- A commitment towards a Single Funding Settlement, where for the first time, a region will be treated as if it were a government department, enabling the region to prioritise, target and decide how funding is spent in

3 Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity; 2020 ([health.org.uk/publications/reports/the-marmot-review-10-years-on](https://www.instituteofhealthequity.org/publications/reports/the-marmot-review-10-years-on)). <https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england>

4 <https://www.instituteforgovernment.org.uk/comment/public-services-doom-loop>

5 Integrated care systems: what do they look like? - The Health Foundation

6 Integrated care systems: what do they look like? - The Health Foundation

key areas from the next spending review onwards.

- A landmark housing deal worth up to £500 million – with flexibilities around deployment for regenerating brownfield land, a route to full devolution of Affordable Housing Programme funding, and the West Midlands leading a pioneering innovative approach to maximising Government land assets.
- Fiscal devolution, including committed 10-year retention of business rates – worth an estimated £45 million a year to the WMCA and its partner authorities.
- The ability to designate Levelling Up Zones – priority areas identified jointly by the WMCA and its partner authorities that will attract 25-year business rates retention, to accelerate growth, development, and regeneration.
- Empowering the region's transport transformation through devolution of bus service operator grants and a new partnership with Great British Railways, and the world's first 'regulatory sandbox' to enable the region to test and develop innovative transport solutions.
- Greater responsibility and oversight of post-16 and post-19 education and skills, and over careers advice, and the establishment of a unique partnership with Department for Work and Pensions to target employment support.
- Recognition of, and resources to support, the region's environmental, energy and net zero ambitions.

- Recognition of the wider role to be played in improving the health of the region, with exploration of future funds linked to tackling multiple disadvantage and improved population health to support local efforts.

These national policy changes have helped galvanise our focus to look to sustained interventions that have long term impact for the health and wellbeing of the region. It is in this context, that we look to explore further, how we as a combined authority through our role as convenor and influencer of policy, can change and enable regional investment and delivery to inform and shape local conditions to support better health outcomes.

We recognise that the WMCA has a unique scale, opportunity and influence in the region which needs to be capitalised upon to reduce unfair differences in health outcomes for our residents. The actions undertaken to deliver on HOTR 2020's commitments have helped identify how as a combined authority we can add the most value to the region, and ultimately residents, to improve health and wellbeing. We have done so by seeking to complement, amplify and support the existing work undertaken by our Local Authorities, NHS, the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and business partners.

Our ability to bring together key stakeholders on a regional scale, enables us to highlight and drive forward work on specific issues, as we have done successfully with the Race Equalities Task Force, the West Midlands Mental Health Commission, and HOTR 2020. We are also able to add capacity to Local Authorities and Integrated Care Systems in our region by investing in initiatives like our Thrive programmes which improve health and

wellbeing through supporting individuals into employment and while they are working.

Perhaps where we as a combined authority can make the most difference, is where the core functions of the WMCA and its devolved responsibilities align with the foundational factors that influence our health and wellbeing, be it employment and skills, the environment and energy, housing, transport, or our local economy. Indeed, it is these wider determinants of health that account for almost 80% of the causes for which people seek out health care services⁷.

These broader economic and social factors, and the interplay between them, significantly influence our health, with varying magnitudes over the life course. If we do not consider the health implications in our policymaking across the WMCA, we cannot conceivably seek to address health inequalities and outcomes for our population. We need the WMCA economy to deliver growth that supports better health and wellbeing and addresses health inequalities. We want to ensure that our residents have access to learning and jobs that benefit their health and wellbeing, we want a transport infrastructure that improves physical health and mental wellbeing, rather than causing ill health and preventable disease.

Poor health can have detrimental effects on the economy, contributing to sickness absence, preventing individuals from working, and imposing caregiving responsibilities. The direct costs encompass lost tax revenue, increased benefit payments, and NHS expenditures. Recent national analysis highlights a rising economic cost attributed to the lost output of working-age individuals due to ill health, amounting to approximately £150 billion per annum, equivalent to 7% of the UK's Gross Domestic Product (GDP).⁸

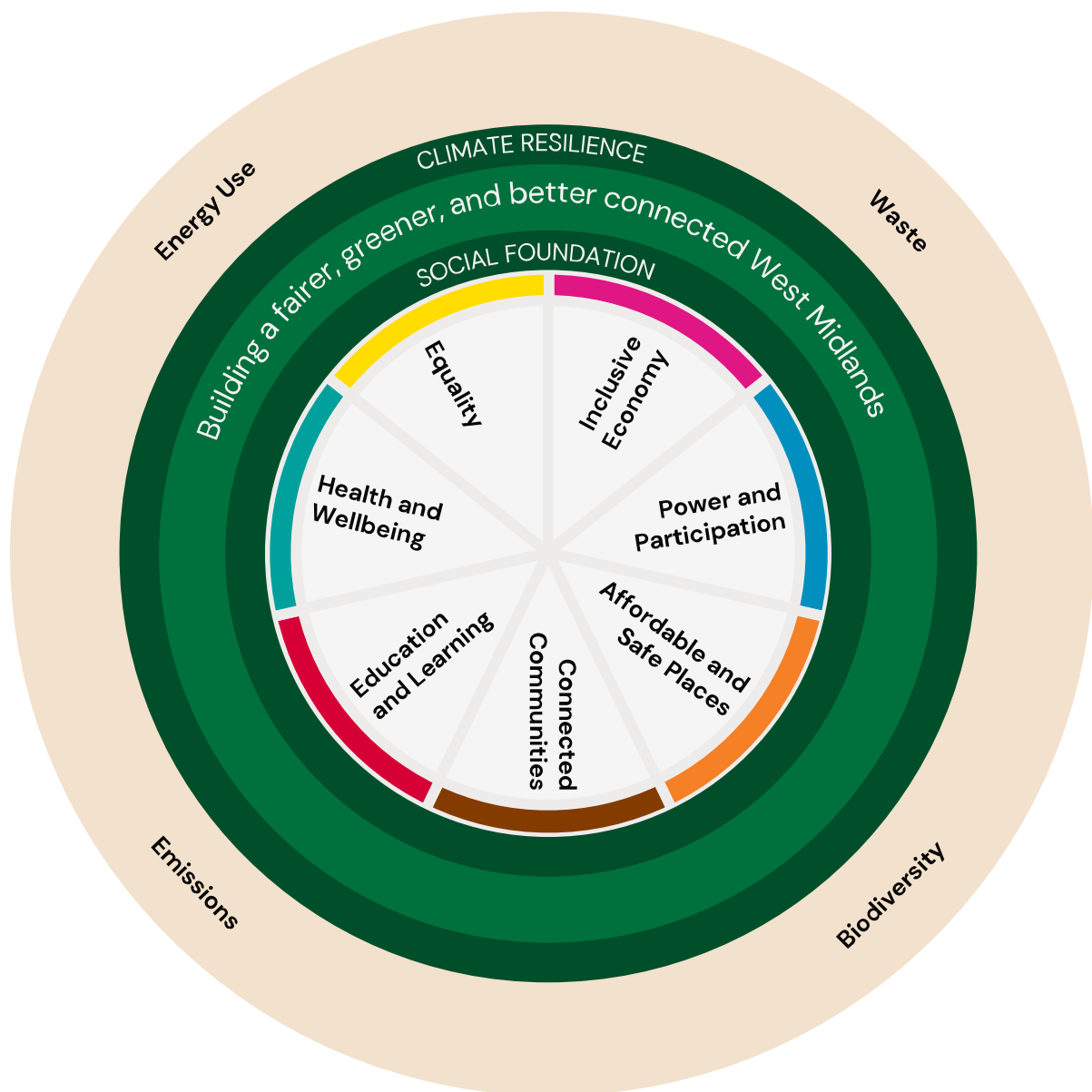
Equally, good health plays a pivotal role in driving economic success. It contributes to increased labour supply, heightened productivity, reduced healthcare expenditure, and fosters an environment conducive to innovation.⁹ The challenge lies in ensuring that the benefits of economic growth are equitably distributed to propel improvements in health and diminish inequalities.

It is important here to connect with the WMCA's work on inclusive growth and how this has developed since the HOTR 2020 report. The WMCA defines Inclusive Growth as "a more deliberate and socially purposeful model of economic growth - measured not only by how fast or aggressive it is; but also, by how well it is created and shared across the whole population and place, and by the social and environmental outcomes it realises for our people."

⁷ <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

⁸ The economic cost of ill health among the working-age population - Oxera

⁹ <https://www.bma.org.uk/what-we-do/population-health/addressing-social-determinants-that-influence-health/valuing-health-why-prioritising-population-health-is-essential-to-prosperity>



The WMCA [Inclusive Growth Framework](#) translates this vision from an intellectual concept to into a reality. It is structured using Kate Raworth's [Doughnut Economics Model](#) to group the [Sustainable Development Goals](#) in a way which relates to WMCA functions, creating eight 'fundamentals', or missions, that we focus on to build a fairer, greener, healthier and better connected West Midlands.

The Health and Wellbeing Fundamental aims to reduce avoidable differences in health outcomes so that everyone can live longer, healthier, and happier lives. The Framework acknowledges that not everyone will have

or be able to work towards optimal health but should still be supported to maximise their potential and their quality of life. It also recognises that a healthy and resilient population can be a foundation of creating and maintaining an inclusive economy.

We must now build on this to amplify the health and wellbeing implications, supporting colleagues across the WMCA with the arguments, evidence, tools, and best practice they need to tackle health inequalities through their work, at pace and at scale.



1.2 Health in All Policies at the WMCA

Health in All Policies (HiAP) is formally defined as ‘an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity’.¹⁰ At its core, HiAP represents an approach to addressing the wider determinants of health which are the key drivers of health outcomes and health inequities.

To ensure that all people have the resources to truly be healthy, we must fix or eliminate the systems and structures that keep people from accessing the essential resources that promote wellbeing. Implementing a HiAP approach considers the perspective and priorities of the non-health policy area, ensuring that health implications are systematically considered in all decisions, leading to healthy and equitable public policies.¹¹

A HiAP approach is built on the principle of co-benefits; as well as improving health and health equity, it should support other sectors to achieve their own goals, such as creating good quality jobs or local economic stability. At the same time, a healthier population is likely to bring social and economic benefits to other sectors in the long term. This offers further rationale for cross-sectoral investment.

This report considers the impacts that could be achieved by taking a HiAP approach across the WMCA and how we can co-design workstreams to address health inequalities and ultimately help to close the gaps in health outcomes for our population. Using the leverage that the WMCA has on some of the wider determinants of health could contribute significantly to the ‘levelling up’ agenda, putting health inequalities and improved health

outcomes at the heart of all decision making across the West Midlands.

Acknowledging this has led to a re-shaping of the WMCA priorities on health to focus on the following:

- Enable healthy, thriving communities through implementing a Health in All Policies approach and help drive resources into specific areas of unmet need.
- Support the delivery of initiatives, convening evidence-based work to tackle health inequalities.
- Enable healthy, productive workforces and use economic growth as an enabler of health in the region.

Adopting a HiAP approach is a means by which the combined authority can develop and implement policy that not only improves health outcomes but aligns and contributes to all of the eight inclusive growth fundamentals.

By integrating health considerations into policy making across sectors, we aim to create the conditions that promote equitable access, healthier environments, and economic opportunities for everyone, contributing to a more inclusive and sustainable region. The scale of opportunity that HiAP brings is significant, not only for the health of the region but for making the WMCA a fairer, greener, healthier and better-connected West Midlands.

¹⁰ World Health Organization [WHO] & Finland Ministry of Social Affairs and Health, 2014, p. 7, 2014

¹¹ Public Health England, Local Government Association. Local wellbeing, local growth: overview. Public Health England; 2016

Equality

Reduced employment inequalities so that people have the opportunity to thrive and flourish regardless of their protected characteristics and backgrounds.

Implementing Health in All Policies ensures that all policy makers are informed about the health, equity, and sustainability consequences of policy during the policy development process, particularly in relation to access.

[Institute of Health Equity: Marmot Review](#)

Health and Wellbeing

Avoidable differences in health outcomes are reduced so that everyone can live longer, healthier, and happier lives.

Implementing Health in All Policies supports policy makers to understand the complexities of health challenges across the region and how health is influenced by a range of determinants and interventions, not just access to healthcare. [Kings Fund: Time to Think Differently](#)

Education and Learning

Improved levels of skills for all to flourish and realise their potential.

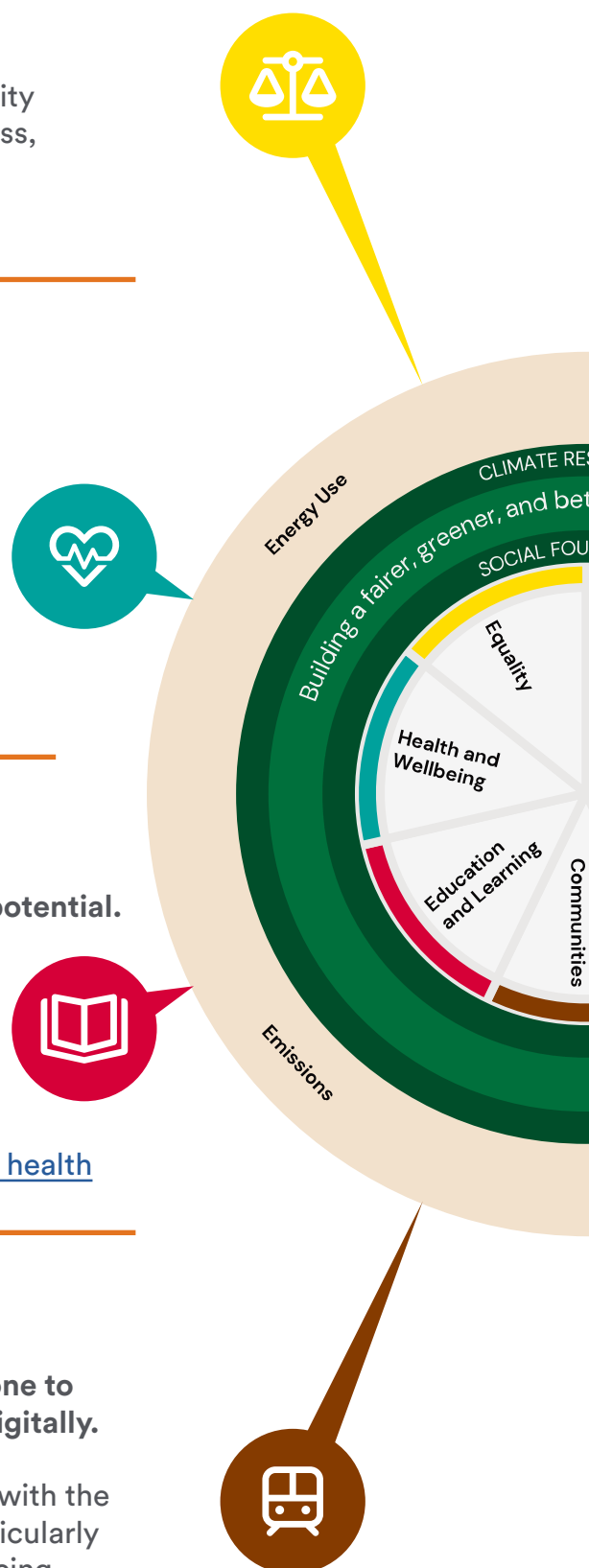
Implementing Health in All Policies considers policy infrastructure as an enabler for residents to access and engage with education and learning opportunities which support informed decision making to improve mental, emotional, social and physical wellbeing.

[Health Foundation: How to education and skills influence our health](#)

Connected Communities

People live in connected communities which enable everyone to interact with the world around them, both physically and digitally.

Implementing Health in All Policies connects policy makers with the evidence around communities and the impact on health, particularly in regard to promoting mental wellbeing, resilience and reducing loneliness and isolation. [Public Health England: Improving the nation's health Holt Lanstad et al: Loneliness and isolation](#)



Climate Resilience

Carbon emissions decoupled from economic growth and reduced to net zero by 2041.

Implementing Health in All Policies connects how integral the health implications of climate resilience and adaptability are to regional health outcomes and identifies opportunities for targeted action.

[Centres for disease control and prevention: Climate and Health](#)

Inclusive Economy

People experience an increase in their household incomes and a better standard of living.

Implementing Health in All Policies supports policy makers to recognise that economic growth in an area will not automatically benefit the whole population or improve the health and wellbeing of everyone and that policy making should ensure that people across the whole of the health gradient have opportunities to participate and benefit from the local economy.

[Health Foundation: Economic Development and health](#)

Power and Participation

People have the power and can fully participate in influencing and exercising agency in the things that matter to them.

Implementing Health in All Policies connects the voices of people who are most impacted by health inequalities inform the policy making process.

[LGA: A manual for Health in All Policies](#)

Affordable and Safe Spaces

Designing out homelessness in the West Midlands through prevention by design.

Implementing Health in All Policies supports policy makers to consider our homes and neighbourhoods as places which are integral in promoting good physical and mental health and where we can drive health equality and equity through policy making. [Health Foundation: How does housing influence health](#)



1.3 Health inequalities: the scale of our challenge

Adopting HiAP systematically will enable us to rise to the challenge of health inequalities in our region. Health inequalities are cutting the lives in our region short, with our residents dying earlier than the England average.

‘Health inequalities are avoidable, unfair and systematic differences in health outcomes between different groups of people.’¹²

Within our region, where someone lives has a significant influence on how long they might live for; if you are a woman living in Solihull you are likely to live four years longer than if you live in Sandwell. This is not fair, for the families of the individuals dying earlier than they should, or for our region, whose growth and development is stifled by lost productivity.

In most of the WMCA area our residents die earlier than the English average:

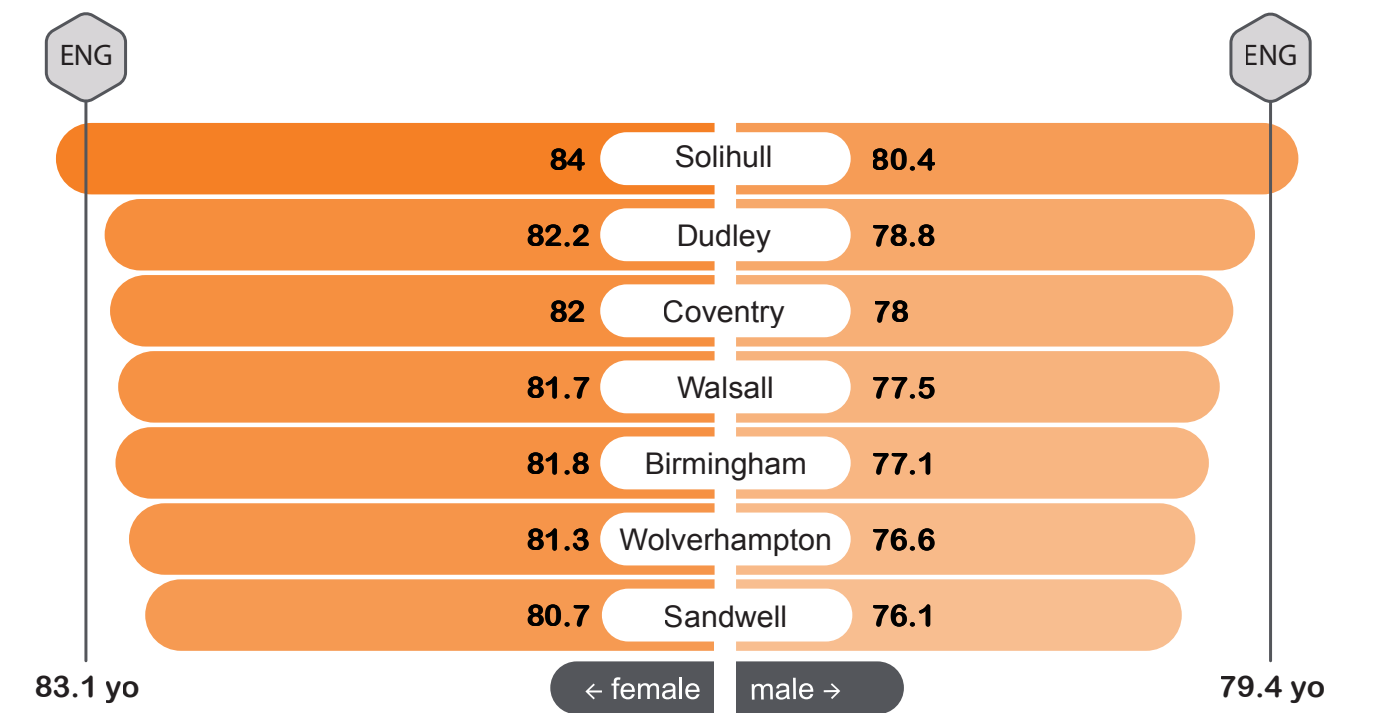


Fig 1. Life expectancy for WMCA local authorities 2018-2020

¹² <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

Addressing health inequalities is undoubtedly a multifaceted challenge, but the potential rewards for individuals, communities, and the entire region are significant. Successfully addressing this challenge can result in a region that is not only happier and healthier but also more productive, allowing for reinvestment of gains in Gross Value Added (GVA¹³) into our collective health and wellbeing. The key lies in a proactive approach focused on preventing ill health and avoiding premature deaths caused by preventable diseases.

In 2020 around 29% of deaths in the WMCA area were considered avoidable, this is higher than the UK percentage of 23%. Avoidable deaths are either classified as treatable or preventable, for the WMCA area a higher proportion of avoidable deaths, are ones that are considered preventable. This has not changed over the last decade and highlights the need to focus more attention on the conditions that shape our health rather than solely on screening and treatment.

A larger percentage of avoidable deaths are preventable in the WMCA area:

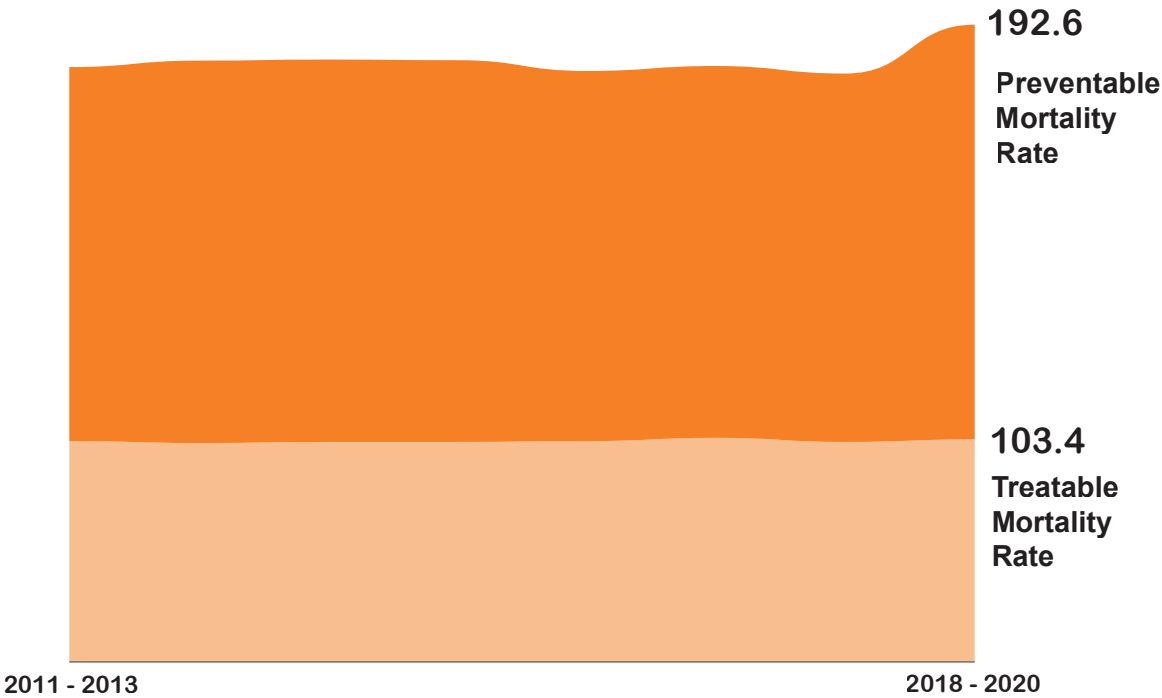


Fig 2. Comparison of treatable and preventable mortality over time in the WMCA area (per 100k people)

13 GDP measures the total expenditures on all finished goods and services produced within the economy. GVA measures the contribution to the economy of each individual producer, industry or sector.

1.4 The WMCA has a role in shaping the conditions that create health in our region

Given most of our health outcomes are influenced by factors outside of clinical care, it is clear to make any meaningful change to our region’s health outcomes we need to look beyond our healthcare system, and beyond our ‘health behaviours.’

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of Care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Fig 3. Relative contribution of the determinants of health¹⁴

Our health is profoundly shaped by our social circumstances - the conditions in which we are born, grow, live, work, and age. These circumstances encompass various aspects, including our education, housing, employment, modes of transportation, communities, financial resources, and overall environment. Referred to as the **wider determinants of health**, these factors can be viewed as the building blocks that significantly impact our wellbeing. The extent to which we can access and leverage these “building blocks” directly influences our opportunities for maintaining good health. However, it is crucial to acknowledge that the ability to access and utilise these resources is not uniform and is

often subject to systemic challenges such as poverty or racism.

Understanding and addressing these wider determinants of health is crucial for promoting health equity, reducing health disparities, and improving overall population health and wellbeing. Policies and interventions addressing these determinants play a significant role in creating healthier communities.

We know these foundational conditions for good health are not spread evenly throughout our region, which helps to explain why inequalities in health outcomes persist in the

14 Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

West Midlands for too many of our residents. It also shows why looking beyond the healthcare system to take action on the wider determinants of health will make meaningful strides in shifting the dial on unequal health outcomes in our region.

1.5 Aims and purpose of this report

This report will highlight the key issues that continue to hamper progress in improving the health of the region, bring a spotlight on to the work of the WMCA that impacts on health, and outline our next steps as an organisation to address the health of the region by emphasising the placement of the health and wellbeing at the forefront of the WMCA's core functions.

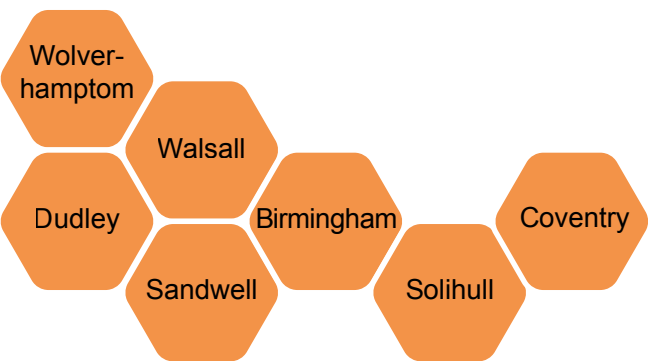
We will delve deeper into the role wider determinants play in shaping the health and wellbeing of the region, identifying the most effective role the WMCA can play in creating conditions for good health for our region. Ultimately, this report establishes a direction of travel that ensures decisions and investments made by the WMCA will improve health outcomes, reduce health inequalities, and support the delivery of the WMCA's mission: a better connected, more prosperous, fairer, greener, and healthier West Midlands.



Chapter 2 – Snapshot of the health of the region

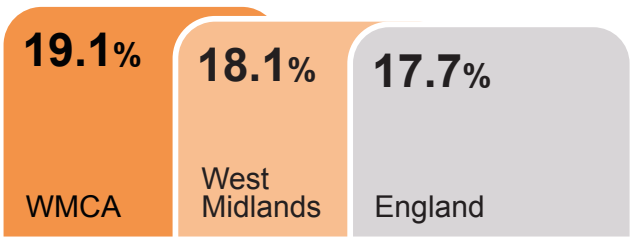
2.1 Our people

The WMCA membership consists of 18 local authorities. For the purpose of this report, the main focus will be on the seven constituent authority areas: Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, and Wolverhampton.

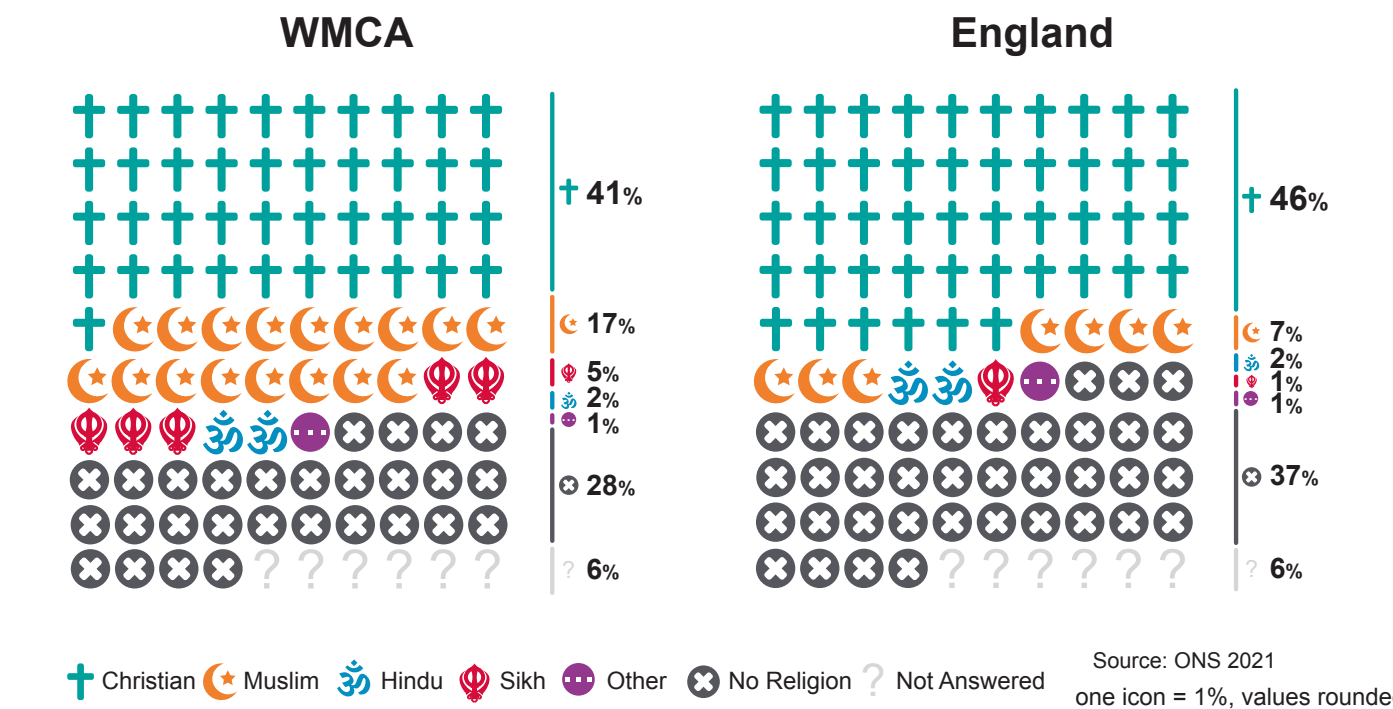


Disability

Disabled under the Equality Act

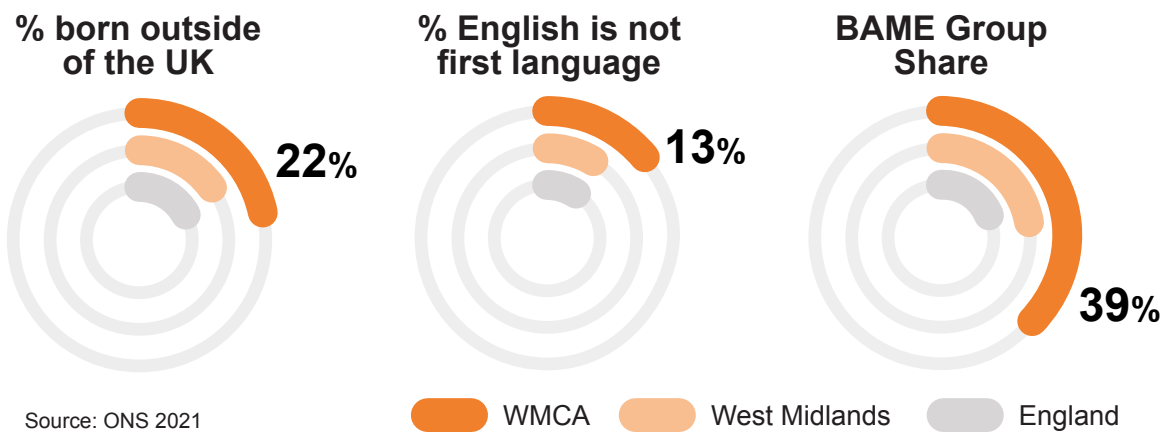


Faith and belief

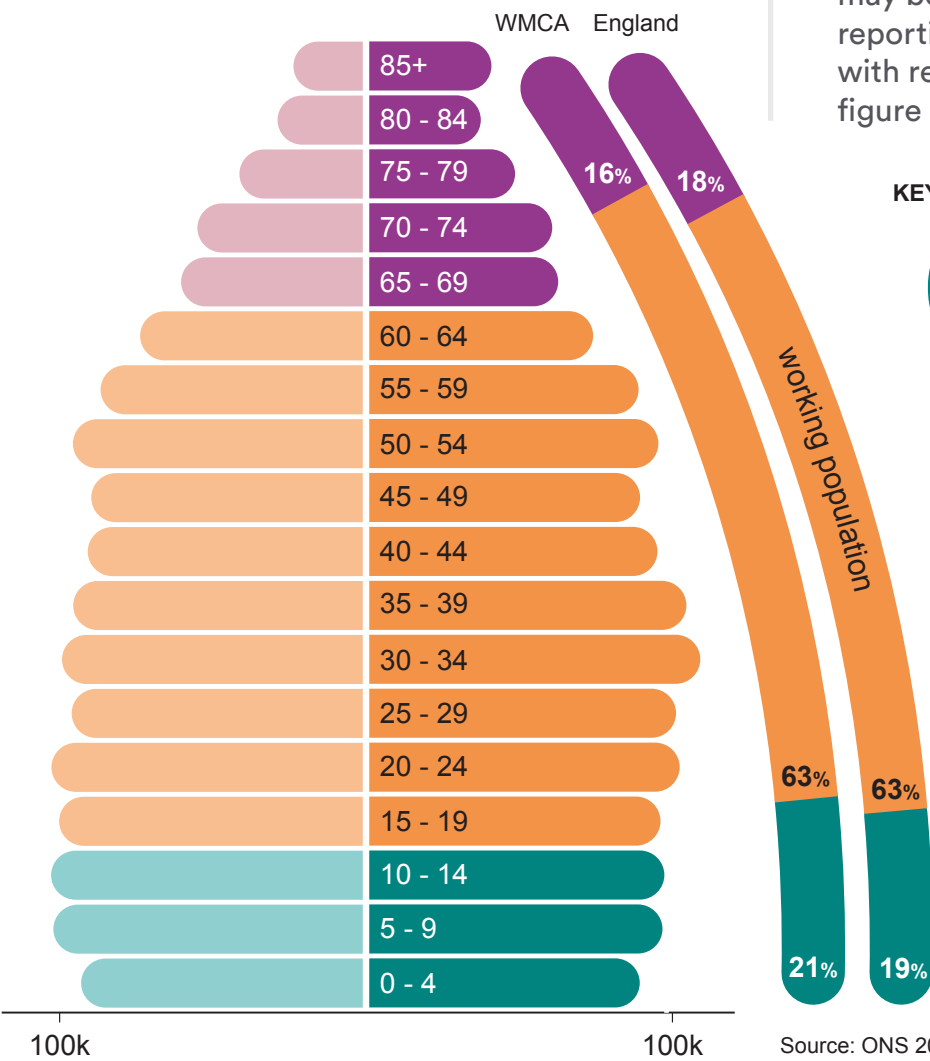


Ethnicity

The WMCA follows the national trend with an increasing number of residents describing themselves as from a racialised community 39% from an estimated 30% in 2020.

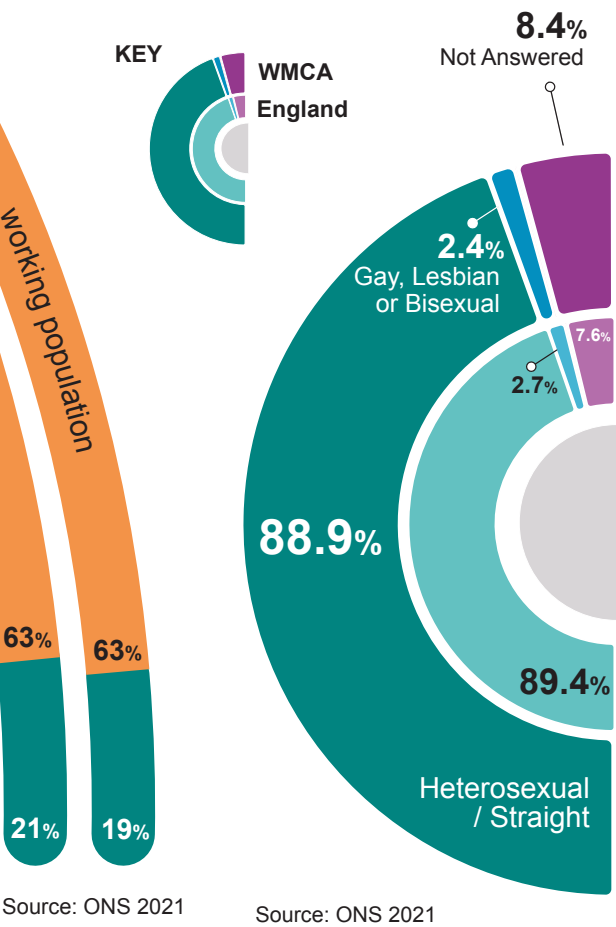


Age and sex



Sexuality

The numbers choosing not to answer may be reflective of the under-reporting of LGBTQIA+ communities, with research estimating the actual figure is 5-7%



2.2 Life expectancy and quality of life

Life expectancy

Life expectancy is the average number of years that an individual is expected to live based on current mortality rates. In our region people are still dying earlier than they should. As identified in 2020, our life expectancy rates remain below the English average.

The figure below shows that the gap in life expectancy between England and the WMCA is widening and has increased by 0.2% for both men and women since the last data set in HOTR 2020; men die two years earlier in the WMCA than the English average, and women die one year earlier. We know that broader characteristics influence life expectancy, people living in areas of high deprivation in our region are likely to die earlier than those living in wealthier areas. The levels of socioeconomic deprivation remain higher in the WMCA than the UK as a whole and research suggests that this is a key factor in driving our region's life expectancy trends.

While the West Midlands, like many regions outside the South-East, experienced a slowdown in life expectancy gains over the past decade, it is important to note that it began from a lower benchmark. The advent of Covid-19 accentuated this trend, leading to a reversal of gains in life expectancy.¹⁵

It is important to note that this trend will be more acute for different communities within the WMCA area, our 2020 Health of the Region report highlighted the disproportionate impact of Covid-19 on certain communities, identifying particular risk factors often driven by systemic inequalities, most notably socioeconomic deprivation, ethnicity, occupation and prevalence of excess weight and diabetes.¹⁶

The gap in life expectancy between England and the WMCA is widening:

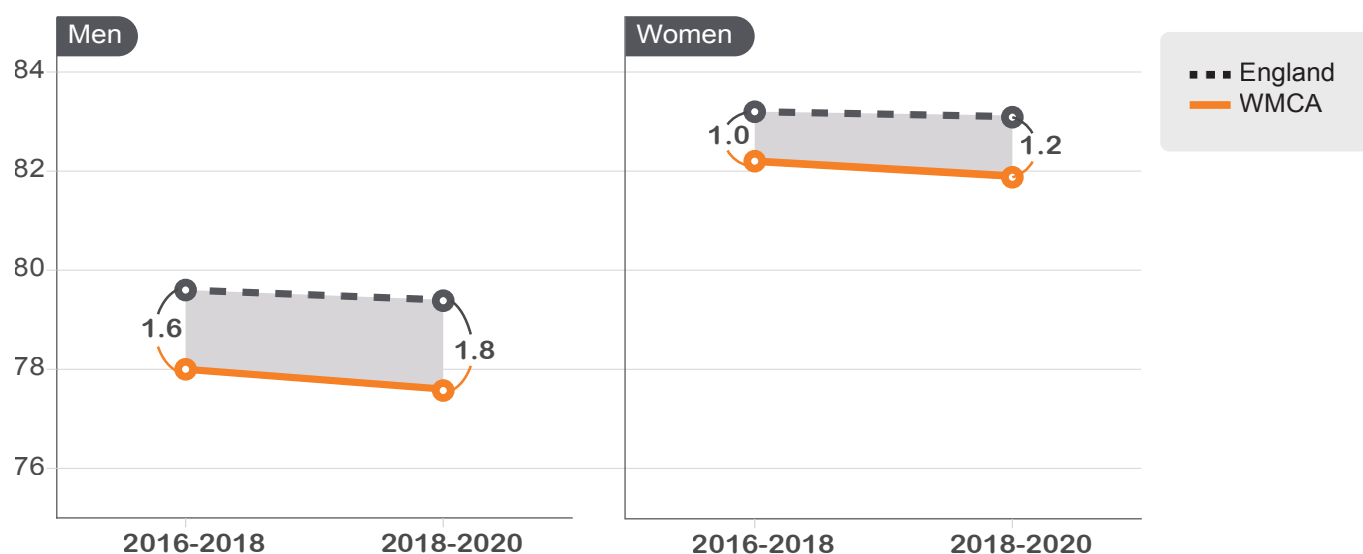


Fig 4. Comparison of life expectancy between England and WMCA.
Data source: Office for National Statistics.

¹⁵ <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-executive-summary.pdf>

¹⁶ <https://www.wmca.org.uk/media/4348/healthoftheregionnov2020-final-2.pdf>

Quality of Life

As life expectancy has increased, the focus has shifted towards improving the quality of life rather than solely looking at longevity.¹⁷

Healthy life expectancy, measured as the number of years lived in good health, has improved for the WMCA, although it remains below that of England. This positive trend bucks the national pattern, where healthy life expectancy tends to remain the same or have fallen.

People in the WMCA area live fewer years in poor health:

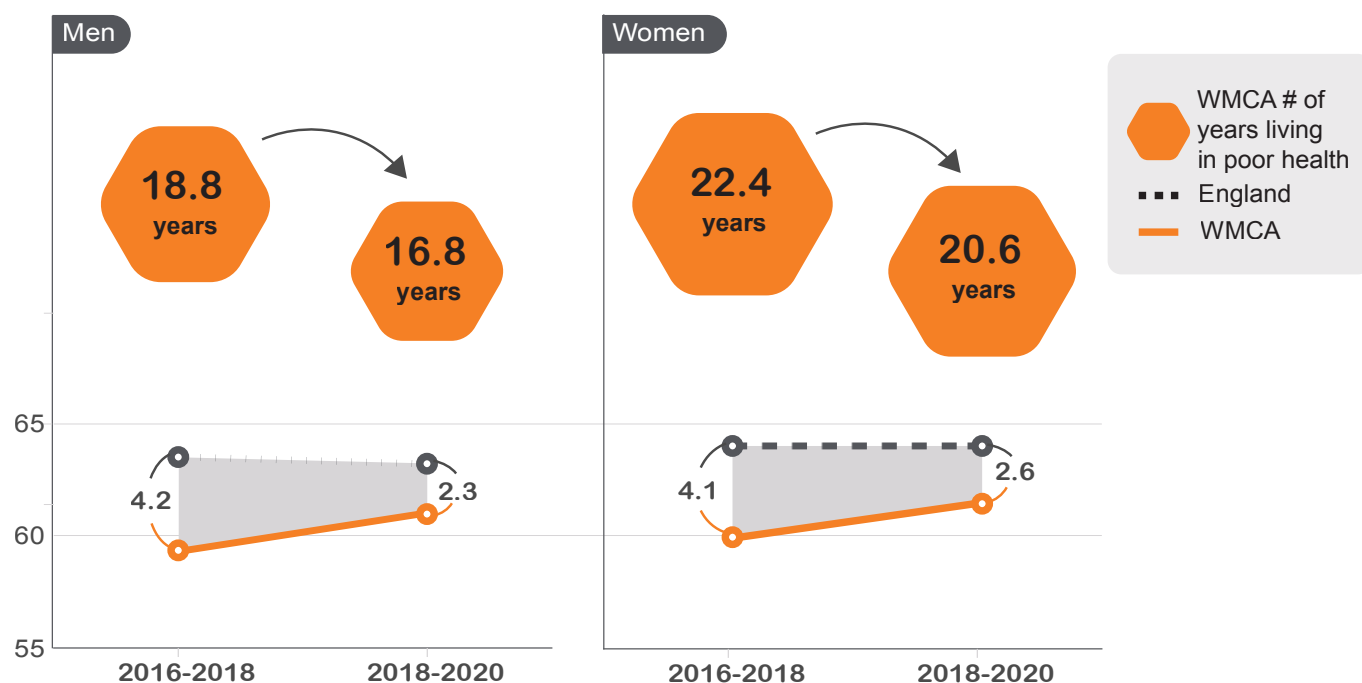


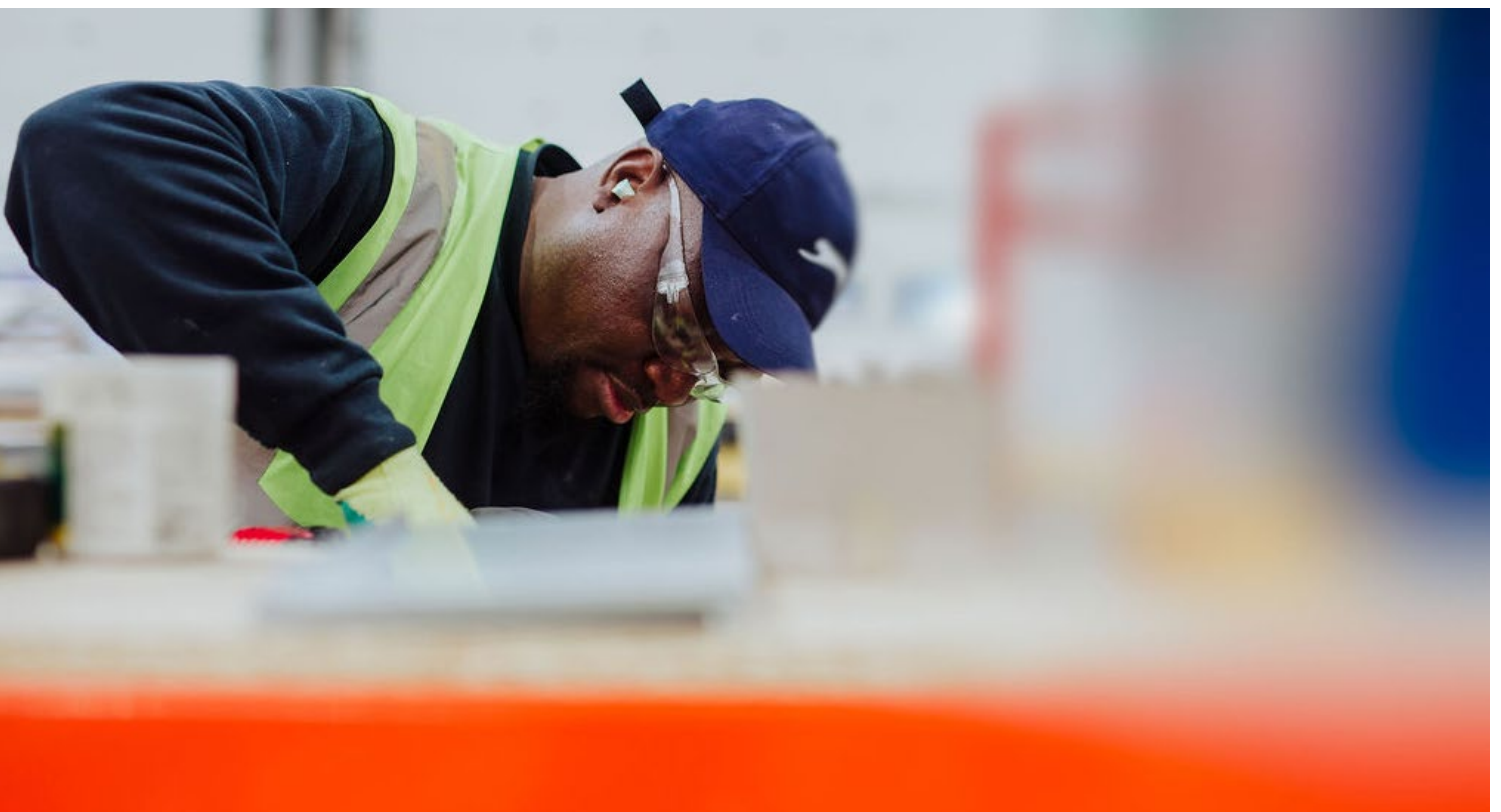
Fig 5. Comparison of healthy life expectancy and years living in poor health between England and WMCA. Data source: Office for National Statistics.

¹⁷ [Chief Medical Officer's Annual Report 2023 – Health in an Ageing Society: Executive summary and recommendations \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

2.3 The conditions that shape our health

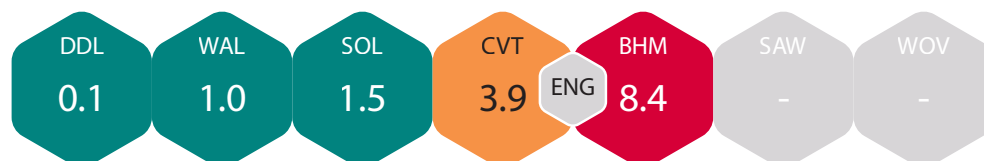
In understanding the health landscape of the WMCA region, it's crucial to examine the conditions that shape the health and wellbeing of our residents. This section shows that some of the key building blocks needed for good health and wellbeing are missing for many members of our community. Things like safe and stable homes or the education and the skills needed to find secure and adequately paid employment have a long-term impact on an individual and their family's health outcomes. The interplay of these elements influence the health outcomes of our region, our lower life expectancy and high rates of preventable avoidable deaths.

These are all factors which through the WMCA's devolved functions the combined authority is able to influence and shape. In chapter 3 we look in more detail at how the WMCA already does this and what more might be possible.



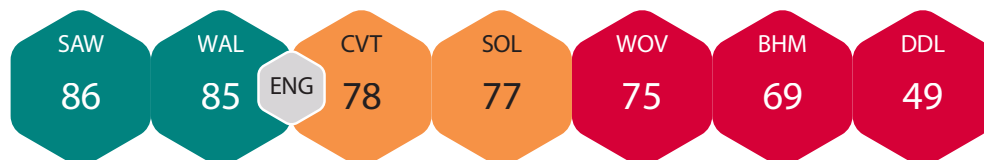
Homelessness

households in temporary accommodation
(per 1,000), 2021/2022



% adults who live in stable & appropriate accommodation

adults with a learning disability, 2021/2022



% adults who live in stable & appropriate accommodation

adults in contact with secondary mental health services, 2020/2021



% fuel poverty

(low income, low energy efficiency methodology), 2021



Average weekly earnings (£)

2021



% children in absolute low income families

(under 16s), 2021/2022



% children in relative low income families

(under 16s), 2021/2022



% 16-17 year olds who are NEET or whos activity is unknown

2022/2023



KEY

Better than England / Lowest quartile

2nd lowest quartile

Similar to England / Middle quartile

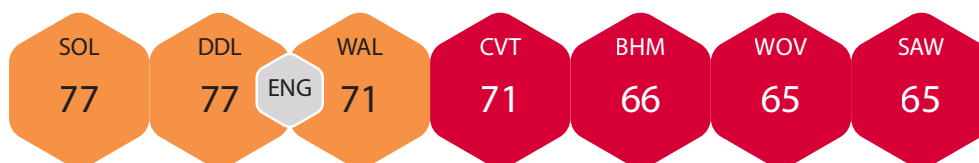
2nd highest quartile

Worse than England / Highest quartile

ENG England average

All indicators are as of the most recent available data

% employment
2022/2023



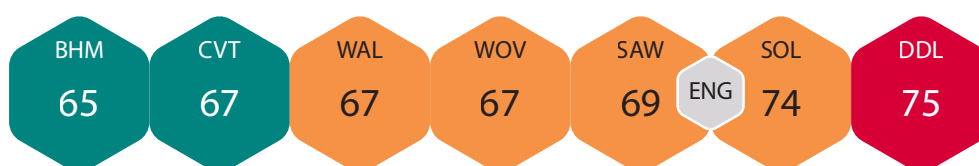
% employment gap

between those with a physical or mental long-term health condition and the overall employment rate, 2022/2023



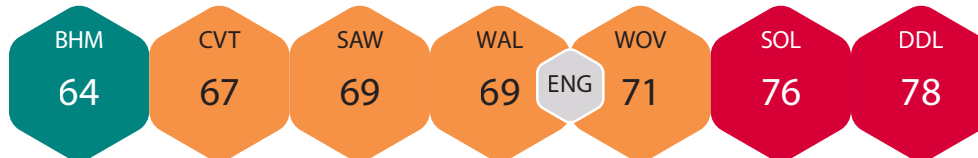
% employment gap

between those in receipt of long term support for a learning disability & overall employment rate, 2021/2022



% employment gap

between those in contact with secondary mental health services and overall employment rate, 2021/2022



Density of fast food outlets
(per 100,000), 2014



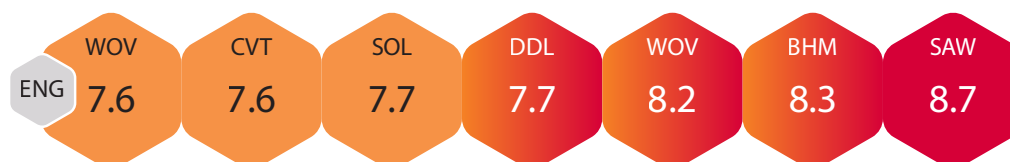
Access to Healthy Assets & Hazards Index

% population living in 20% poorest performing LSOAs, 2022



Air pollution

fine particulate matter (mean: $\mu\text{g}/\text{m}^3$), 2021



% utilisation of outdoor space

for exercise/health reasons
Mar 2015 - Feb 2016



Fig 6. Indicators of the wider determinants of health for the WMCA area compared to national data. Data source: Office for Health Improvement and Disparities.

Housing

The evidence that good-quality housing is critical to health is well established.¹⁸ Houses are more than physical structures providing shelter. They are homes where we bring up our families, socialise with friends, our own space where we can unwind, keep our possessions safe and take refuge from the rest of the world.¹⁹ It is clear that housing conditions can influence our physical health. For example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions. However, housing also has a huge influence on our mental health; children living in crowded homes are more likely be stressed, anxious and depressed, have poorer physical health, and attain less well at school.

People from low-income households often live in poorer quality housing, facing challenges in improving safety and quality. Additionally, the design of neighbourhoods plays a crucial role in influencing our health, determining our ability to be active, connect to communities, and access healthy food and public services.

- In the WMCA area, homelessness and the numbers of people living in temporary accommodation is increasing at a greater rate than the national average. Between September 2022 and March 2023, there was a 24% surge in the number of households assessed as being owed a homelessness duty across the WMCA area, compared to a 7% increase across England.²⁰

- In March 2023, the same dataset showed 5,576 homeless households, including 11,076 children, across the WMCA area living in Temporary Accommodation (TA); representing a 7% increase compared to data for September 2022.
- The affordability ratio for housing has risen to over 6 times the median salary in almost all the WMCA areas and is over 9 times in Solihull. Additionally, 57,362 households in the WMCA are on a waiting list for social housing.
- National data shows that disabled individuals are less likely to own their own home and more likely to live in social housing, while those in social housing are the least likely to be employed.²¹

18 Public Health England (2017). 'New resources to improve health through the home'. GOV.UK website. Available at: www.gov.uk/government/news/newresources-to-improve-health-through-the-home

19 <https://www.health.org.uk/infographic/how-does-housing-influence-our-health>

20 Homelessness data published by the Department for Levelling Up, Housing and Communities (DLUHC)

21 <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023#:~:text=This%20follows%202021%2F22%2C%20where,difference%20of%206.4%20percentage%20points.>

Employment and skills

The link between health and employment is profound. Quality work with fair pay and conditions enhances physical and mental health, supporting overall wellbeing. Skills are crucial for accessing good-quality work, and employment plays a pivotal role in addressing health inequalities. However, certain groups, such as those with disabilities, carers, single parents, or older people face challenges in employment and are more likely to be unemployed or work in part-time positions with lower pay.²²

- The WMCA area faces persistent labour market and skills challenges. While most adults are in work, employment levels are below the national average, and too many people are stuck in low paid or insecure work.
- Although unemployment remains historically low, the West Midlands has one of the highest rates in the UK. Rising youth unemployment is of particular concern, as is the growing number of residents who are economically inactive due to poor health.
- Qualification levels across the WMCA have improved but are still lower than the national average. Around 1 in 10 adults in the region have no formal qualifications, while just two-fifths (59.3%) are qualified to at least level 3,²³ compared with two-thirds nationally (66.7%).

Poor health and mental health among young people are sources of growing concern, both regionally and nationally. Between 2012 and 2021, the proportion of young people classified as 'Not in Education, Employment, or

Training (NEET)' reporting a mental health issue tripled from 7.7% to 21.3% nationally. NEET prevention teams across the WMCA region are increasingly citing mental health as a major barrier to young people's engagement in education and work.²⁴

These challenges vary considerably by place and for different groups of people. While some parts of our region are thriving, others are not. Young people, particularly those with fewest qualifications and with poor mental health, are finding it harder to move into the labour market. Employment and earnings outcomes are poorer for women, for disabled people and for some groups of ethnic minorities.

Research shows that by the age of 30 those with the highest levels of education are expected to live four years longer than those with the lowest levels of education.²⁵

Our employment rates and comparative lower levels of educational achievement in the WMCA area, have an impact on the economic development and productivity of the region, and thereby our collective as well as individual ability to create and protect health in our region.

22 <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023#:~:text=This%20follows%202021%2F22%2C%20where,difference%20of%206.4%20percentage%20points.>

23 WMCA area - Annual Population Survey, 2022

24 (Public Pack)Agenda Document for Economic Growth Board, 16/11/2023 13:30 (moderngov.co.uk) Tackling Rising Unemployment in the WMCA area.

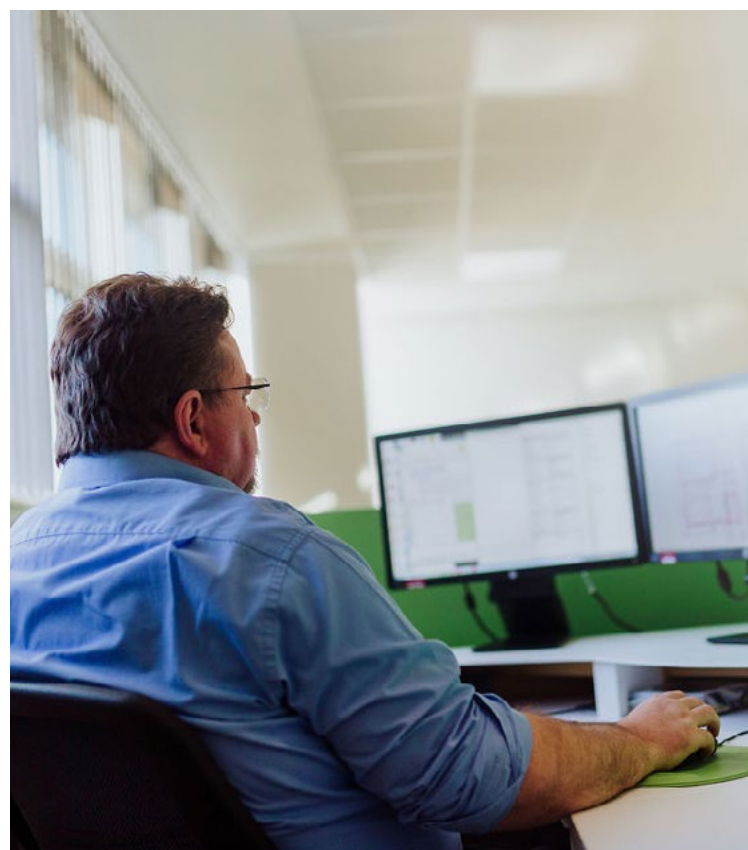
25 The OECD, Health at a Glance 2017: OECD Indicators Gap in life expectancy at age 30 between highest and lowest education level, by sex, 2015 (or nearest year), 2017. Available from: www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm

The “digital divide”

The impact of digital exclusion and the ‘digital divide’ was underscored in HOTR 2020, it was particularly evident when many public service areas switched to digital by default, during the lockdowns responding to COVID-19. Lack of access to the internet has a profound impact on people’s ability to access services; it not only means paying more for essential services but also results in financial exclusion and an increased risk of poverty. The digital divide, therefore, extends beyond the realm of technology, playing a pivotal role in shaping broader socio-economic disparities and health outcomes.

Lack of digital skills affects individuals’ employment opportunities and directly impacts their ability to access healthcare services. According to a survey, 83% of GPs have expressed concern about patients whose access to remote services may be impacted by factors such as digital literacy, disability, language, location, or internet connection.²⁶ Digital tools have the potential to empower individuals to take charge of their own health and make informed choices. Notably, 38% of adults use the internet to manage their physical health, highlighting the role of digital resources in promoting personal wellbeing.²⁷

- Over 526,000 people across the WMCA area have identified a lack of access to the internet as a constraint on their day-to-day activities, with 158,000 of these residing in one of the top 10% most deprived Lower-layer Super Output Areas (LSOAs).²⁸



²⁶ Four in five doctors fear increased remote consultations impact on vulnerable, survey finds | GPonline

²⁷ lb-consumer-digital-index-2022-report (lloydsbank.com)

²⁸ <https://www.wmca.org.uk/documents/levelling-up/west-midlands-levelling-up-prospectus/west-midlands-levelling-up-growth-prospectus/section-c-public-services-pride-in-place/digital-inclusion/>

Environment and energy

The environment in which we are born, grow, work and live is considered one of the fundamental determinants of health. Clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and a preserved nature are all prerequisites for good health.²⁹

Access to green space has been linked to lower levels of obesity in children and a reduction in long-term health conditions. Additionally, residing in areas with green spaces is associated with significantly less income-related health inequality, weakening the impact of deprivation on health outcomes.³⁰

Air pollution and climate change impact our health, but these effects are not uniform across all communities. People living in more deprived areas are more likely to be exposed to air pollution and reside in areas more exposed to the impact of extreme weather caused by climate change. Exposure to air pollution has been associated with various health conditions, including type 2 diabetes, obesity, systemic inflammation, Alzheimer's disease, and dementia. A recent global review found that chronic exposure can affect every organ in the body. Children and young people are particularly vulnerable, given that their bodies, organs, and immune systems are still developing. Research indicates that exposure during childhood can have long-term impacts on health outcomes, increasing the risk of developing certain diseases as they age.³¹

Cold homes can affect or exacerbate a range of health problems, including respiratory and circulatory issues, and increase the risk of poor mental health. It is estimated that 10% of excess winter deaths are directly attributable to fuel poverty, and a fifth of excess winter deaths are attributable to the coldest quarter of homes.³²

- It is estimated that the WMCA area comprises 238,449 fuel poor households, representing the highest rate of fuel poverty in any English region at 20.6%. In some areas within the region, this issue is even more acute, with rates exceeding 50%.³³
- Many areas of the WMCA face significant challenges related to 'green deprivation,' characterised by a low income and inadequate access to green space. Notably, inner city areas of Birmingham and Coventry, as well as parts of Dudley, Sandwell, Walsall, and Wolverhampton, are among the 20% of UK areas worst affected by this issue.
- The Black, Asian, and Minority Ethnic populations in Birmingham, Coventry, and Walsall experience greater population pressures on green space compared to non-racialised populations.³⁴
- WM-Air estimates that annually in the West Midlands, up to 2,300 early deaths are attributable to long term PM2.5 exposure.

29 https://www.who.int/health-topics/environmental-health#tab=tab_1

30 Living in areas with green spaces is associated with significantly less income-related health inequality, weakening the effect of deprivation on health (Mitchell and Popham 2008). In greener areas, all-cause mortality rates are only 43 per cent higher for deprived groups, compared to 93 per cent higher in less green areas.

31 [Air pollution and children's health — European Environment Agency \(europa.eu\)](https://www.euro.who.int/en/health-topics/air-pollution/air-pollution-and-childrens-health)

32 <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

33 [Sub-regional fuel poverty data 2023 \(2021 data\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2023-2021-data)

34 <https://neweconomics.org/2021/01/escaping-green-deprivation>

Air pollution levels in the region surpass the national average, posing additional challenges to environmental quality:

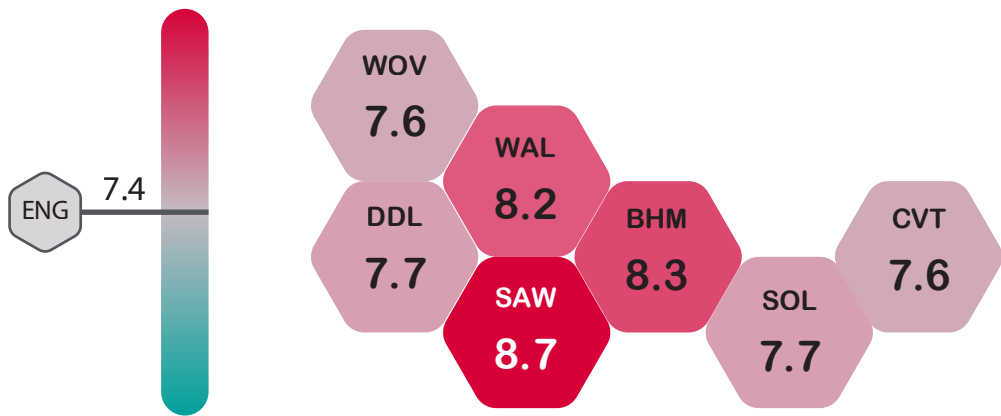


Fig 7. Air pollution: Fine particulate matter - mean: µg/ m3 by WMCA area, 2021. Source: Office for Health Improvement and Disparities. Public health profiles. 2024.

The West Midlands Region has the second highest winter mortality index in England and Wales for 2021 to 2022:

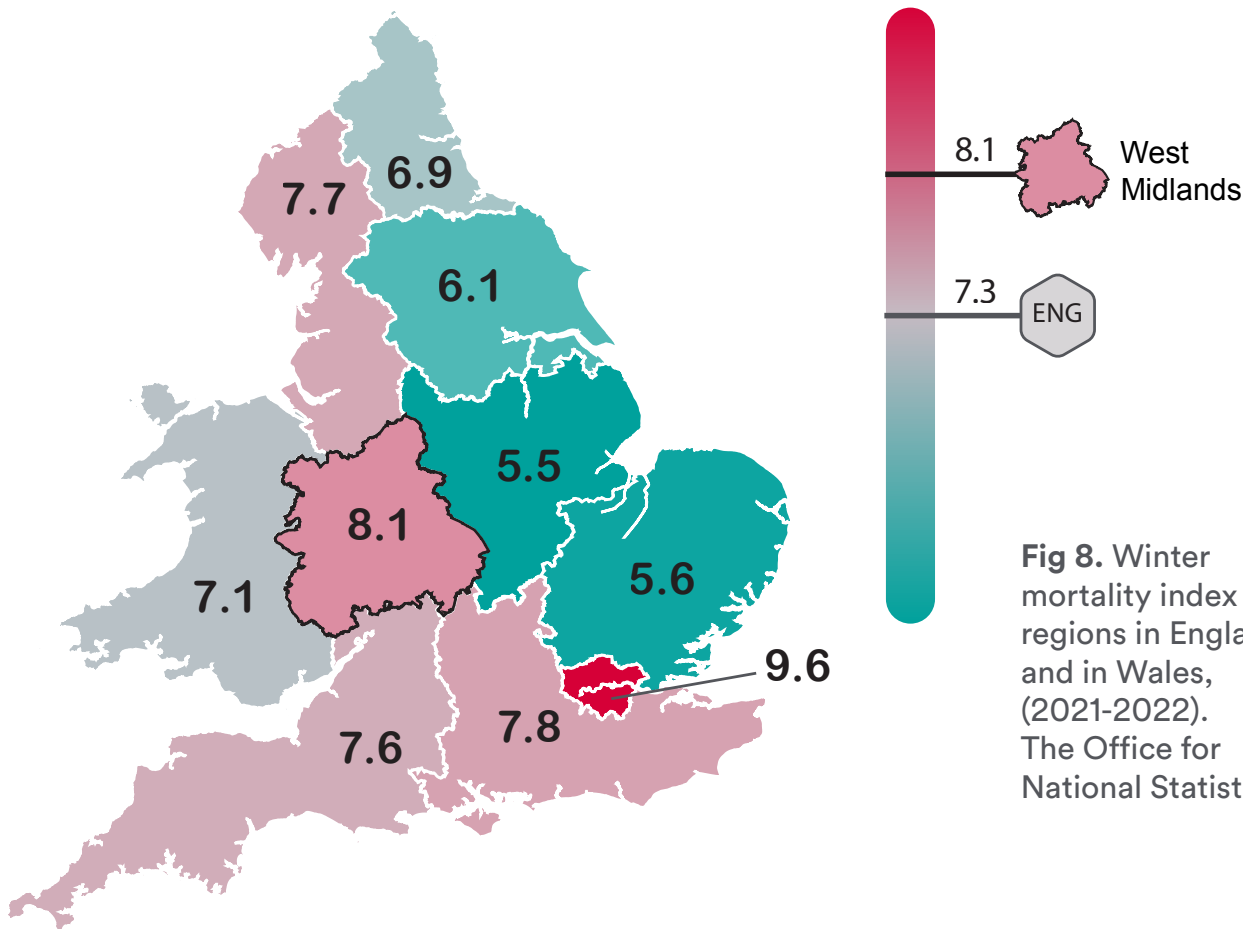


Fig 8. Winter mortality index for regions in England and in Wales, (2021-2022). The Office for National Statistics.

Transport

- Adults in the WMCA exhibit lower levels of physical activity compared to the average in England. 68% of people in the WMCA, nearly 7 out of 10 adults in our region, are overweight or obese, surpassing the national average of 64% in England.
- Transport habits in the WMCA have undergone significant changes since the response to the pandemic, with a notable increase in car usage and a decrease in the number of people using public transport.
- Across the ten combined authority areas, the WMCA had the second-highest rates for car or motorbike use, coupled with the second-lowest public transport use and active travel.

These shifts in transportation patterns have profound implications for both public health and environmental sustainability, emphasising the critical need for policies that encourage active travel and reduce reliance on private vehicles. A robust transport system is essential in supporting a healthy region and stands as one of the most crucial avenues to address the widening health inequalities and regional disparities prevalent across the West Midlands.

While the impact of air pollution on health is well recognised, it is vital to acknowledge that transport also significantly influences both the physical and mental wellbeing of people in various ways. An easily accessible, reliable, and affordable transport system facilitates access to work, friends, family, and health-supporting facilities such as schools, colleges, parks, libraries, and healthcare centres.

Enabling active modes of travel, such as walking and cycling, not only contributes

to significant health benefits and addresses physical inactivity but also plays a pivotal role in reducing road accidents and harmful emissions.³⁴ This holistic approach to transportation planning is key to fostering a healthier, more equitable, and sustainable West Midlands.

2.4 Health trends for the WMCA

As a relatively short time period has passed since the 2020 report, much of the data available to analyse will not reflect recent changes in the way we work, or interventions that have been undertaken in the last three years. Impacts on life expectancy, other measures of health outcomes, and changes to the wider determinants of health take time to manifest in data. As such this section will make some comparisons with the HOTR 2020 report, but will also look at longer term trends, identifying progress and particular areas of challenge for the WMCA in reducing health inequalities and improving health and wellbeing outcomes.

Against a backdrop of challenging external factors, a decade of austerity measures reducing investment in public services, the Covid-19 pandemic, rising inflation, the increased cost of living, and six different Health and Social Care Ministers in five years - making significant progress on reducing health inequalities has been difficult. In this context, it becomes essential to acknowledge that sometimes, simply holding on to progress made, even if reflected in data as a dispiriting 'no significant change,' represents substantial work and investment across systems and partners.

34 Mihaylova, N. (2021), How transport offers a route to better health, The Health Foundation, <https://www.health.org.uk/publications/long-reads/how-transport-offers-a-route-to-better-health>

Despite the challenges, there are signs for optimism as longer-term trends identified by the Office for Health Improvement and Disparities (OHID) Dashboard, show improvement in crucial areas for the region:

- Longer term trends from 2011 to 2021 reveal a reduction in the number of babies born at term with a low birth weight. Notably, this improvement is driven by positive changes in Birmingham, and challenges persist in other local authorities within the WMCA area.
- The under 75 cancer mortality rate is also on a positive trajectory, signalling progress. However, it's crucial to note that rates for the WMCA area still remain higher than the national average, indicating ongoing disparities.

- Since the last HOTR report in 2020 looking at data from 2016-2018, there has been a reduction in infant mortality rates in the WMCA area. Despite this positive shift, overall infant mortality rates in the West Midlands are the highest nationally. Examining longer-term trends since 2011-13, the data suggests a limited significant change.

Overall infant mortality rates in the West Midlands region are the highest nationally:

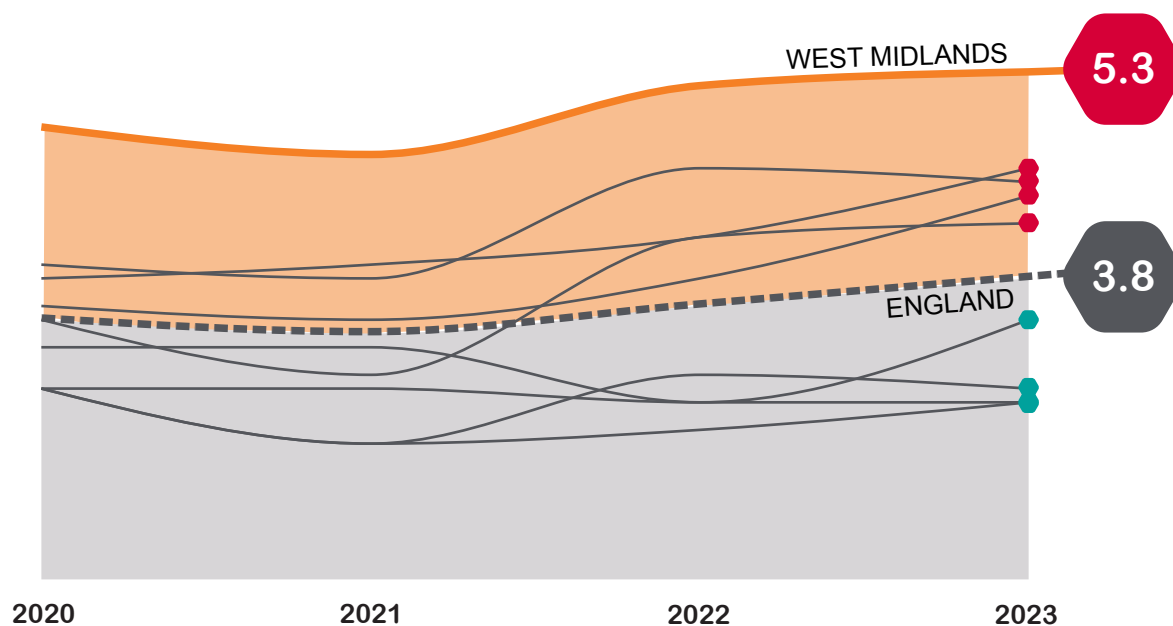


Fig 9. Estimated infant death rate per 1,000 live births. Data source: NCMD, ONS mid-year population estimates, (ONS Census 2021).

Significant differences persist in infant mortality rates based on ethnicity in the West Midlands region (we do not have the data for the WMCA area). The estimated infant death rate is highest for infants of Black or Black British ethnicity, reaching 10.4 per 1,000 live births. This rate is almost three times higher than that of infants of White ethnicity, which stands at 3.7 per 1,000 live births. Furthermore, the death rate of infants of Asian or Asian British ethnicity remains elevated at 8.6 per 1,000 live births. These stark disparities demonstrate the importance of addressing the root causes of health inequalities, particularly within the context of maternal and infant health.

Significant differences persist in infant mortality rates based on ethnicity:

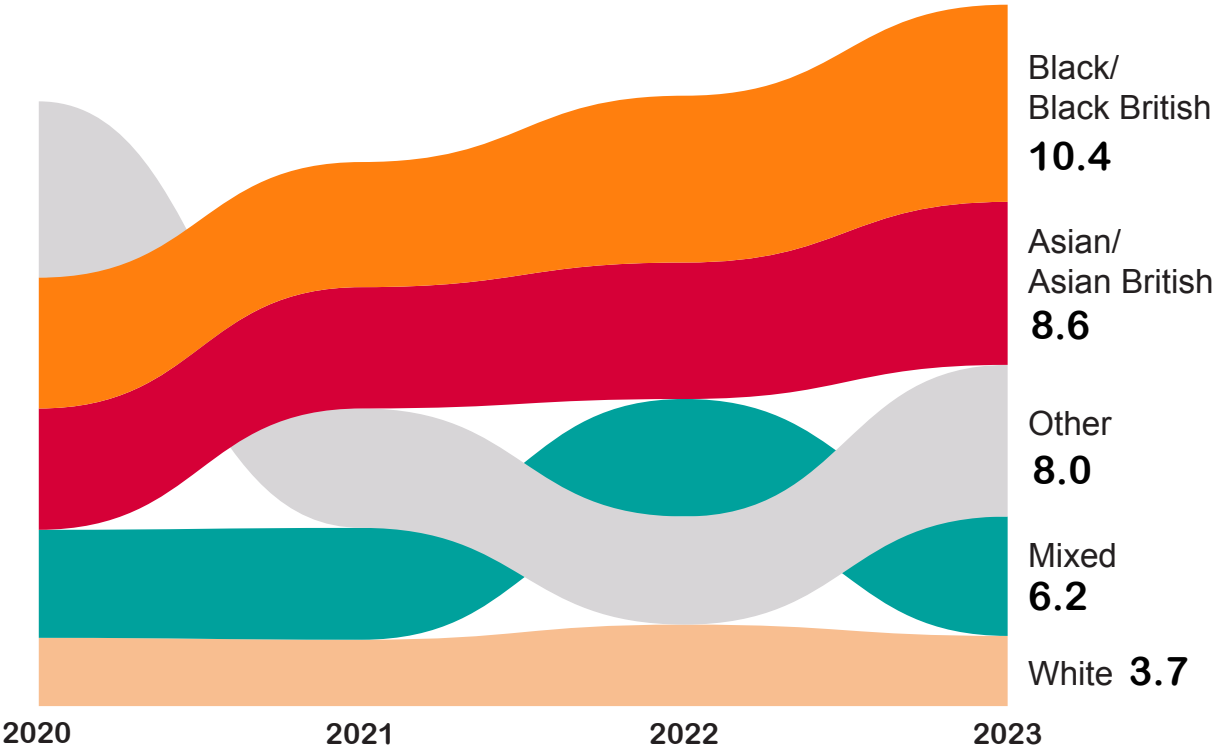


Fig 10. Estimated infant death rate per 1,000 live births in West Midlands.
Data source: NCMD, ONS Census (2021).

Early death and preventable disease

Looking at premature deaths across our region reveals nuanced patterns with both areas of concern and areas showing relative stability.

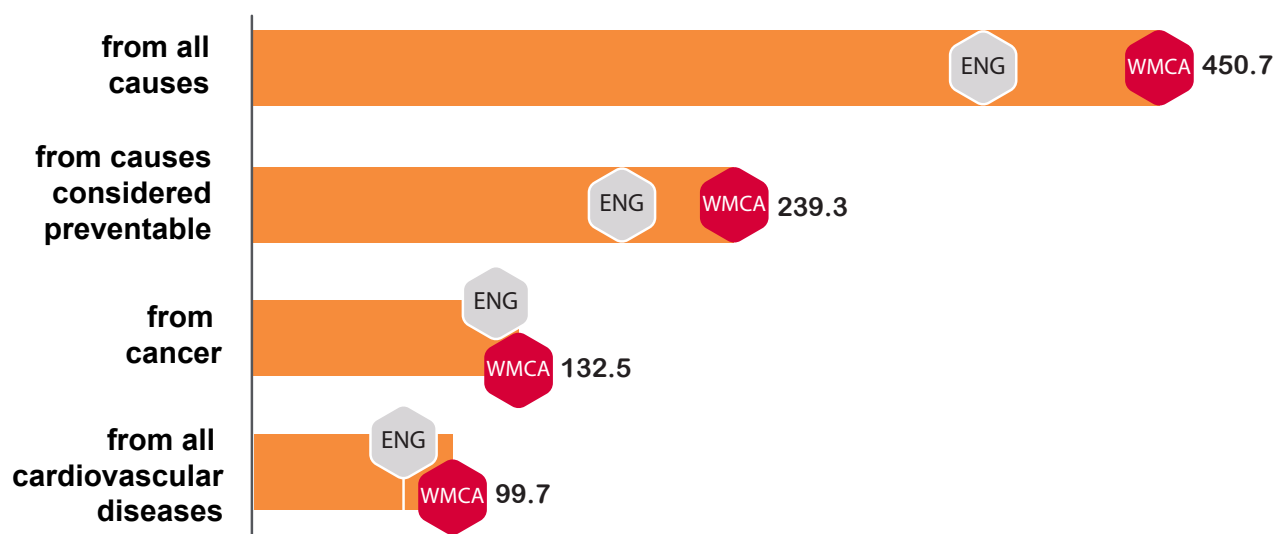


Fig 11. Under 75 mortality rate by cause of death (per 100,000 people), 2021.
Data source: Office for Health Improvement and Disparities.

- There has been no significant change in under 75 mortality rates for all cardiovascular diseases in the WMCA since 2011. The most recent data set indicates that these rates remain higher than the England average.
- Suicide rates in most WMCA constituent authorities are currently below the English average rate or similar. Apart from Solihull, which has seen rates double since 2013, there has not been significant change in the rate for most WMCA areas since 2013, this warrants ongoing attention and targeted interventions.
- In 2021, the WMCA experienced a higher percentage of under 75 mortality from respiratory diseases considered preventable (21.9%) compared to the average in England (15.6%). This emphasizes the need for a focused approach to address preventable respiratory diseases in the region.³⁶

³⁶ Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

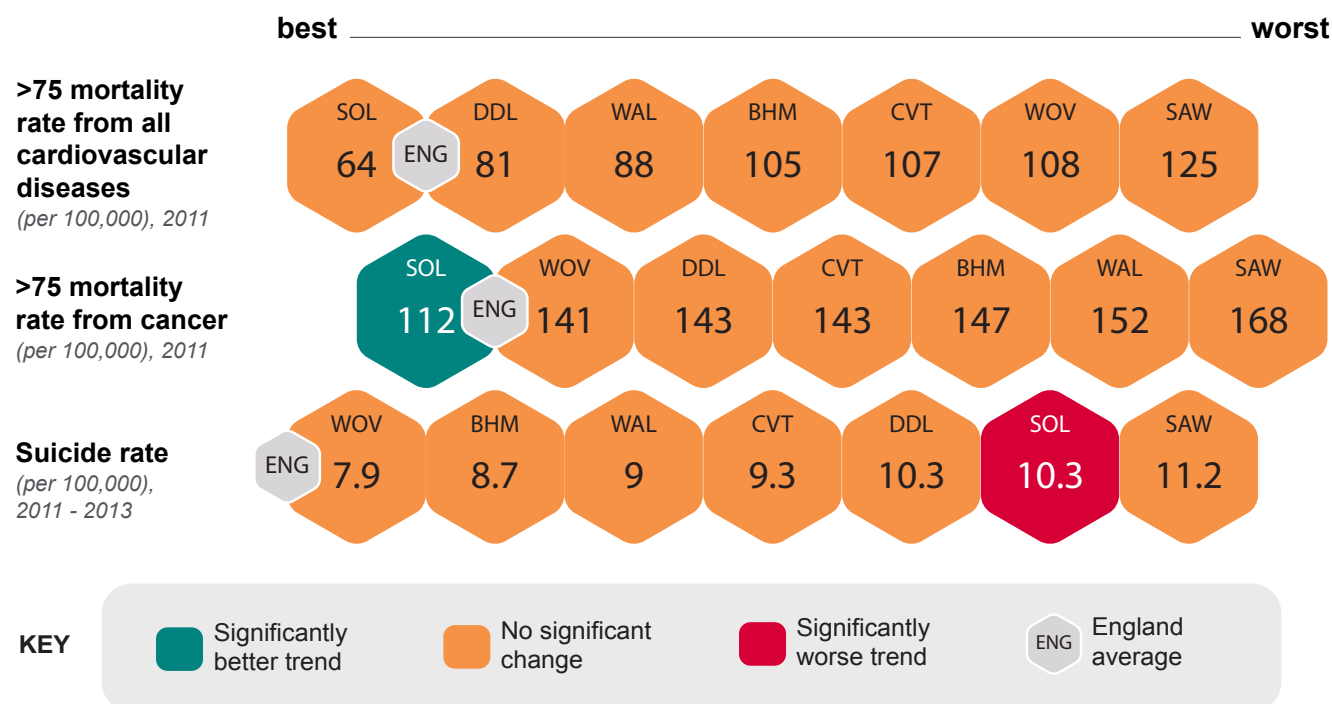


Fig 12. The WMCA trends in early death and preventable disease.
Data source: Office for Health Improvement and Disparities.

Causes of preventable disease

As we delve into the trends in risk factors for ill health, a complex and dynamic picture emerges, reflecting both areas of stability and areas of growing concern.

- While the levels of obesity within the adult population show no significant change since 2015/16, the rates are still higher than the England average; 67.7% of WMCA's over 18 population is overweight or obese in comparison to 63.8% in England, in Walsall it rises to 75.3% of the adult population.³⁷
- There is a notable and concerning trend in rates of obesity for children aged 10 to 11 across the WMCA since 2013/14. Approximately 3 in 10 children in year 6 (age 10 to 11) in the WMCA are now

classified as obese, signifying a significant deterioration that holds implications for our region's health systems in the coming years if interventions are not undertaken promptly.³⁸

- Additionally, our region faces a challenge with particularly low levels of physically active adults. The most recent data reveals that five of the seven WMCA local authorities are among the 15 least active areas in England.

³⁷ Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

³⁸ <https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/> Year 6: Prevalence of obesity (including severe obesity) Obesity Profile

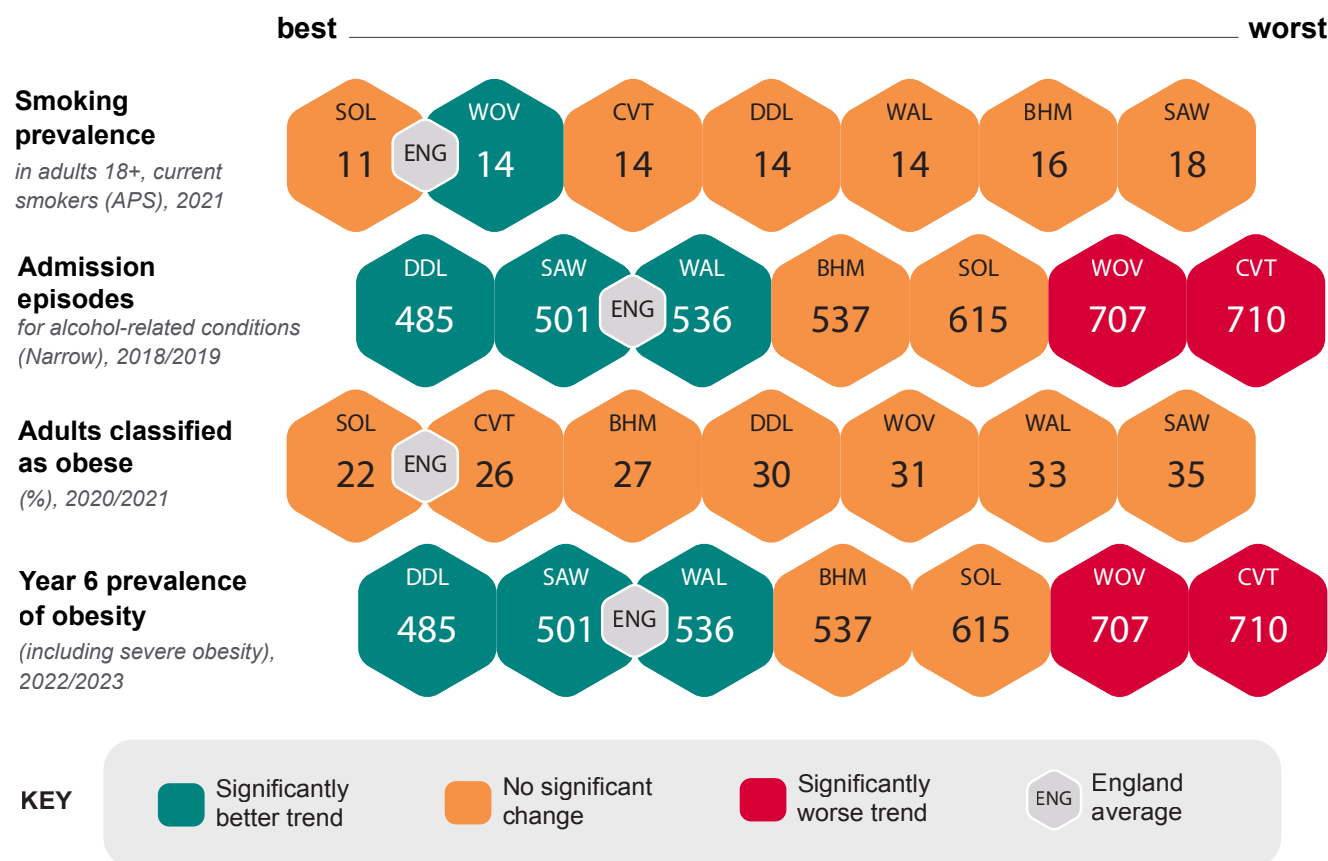


Fig 13. The WMCA area trends in causes of preventable disease.
Data source: Office for Health Improvement and Disparities.

Five of the seven WMCA local authorities are among the 15 least active areas in England:

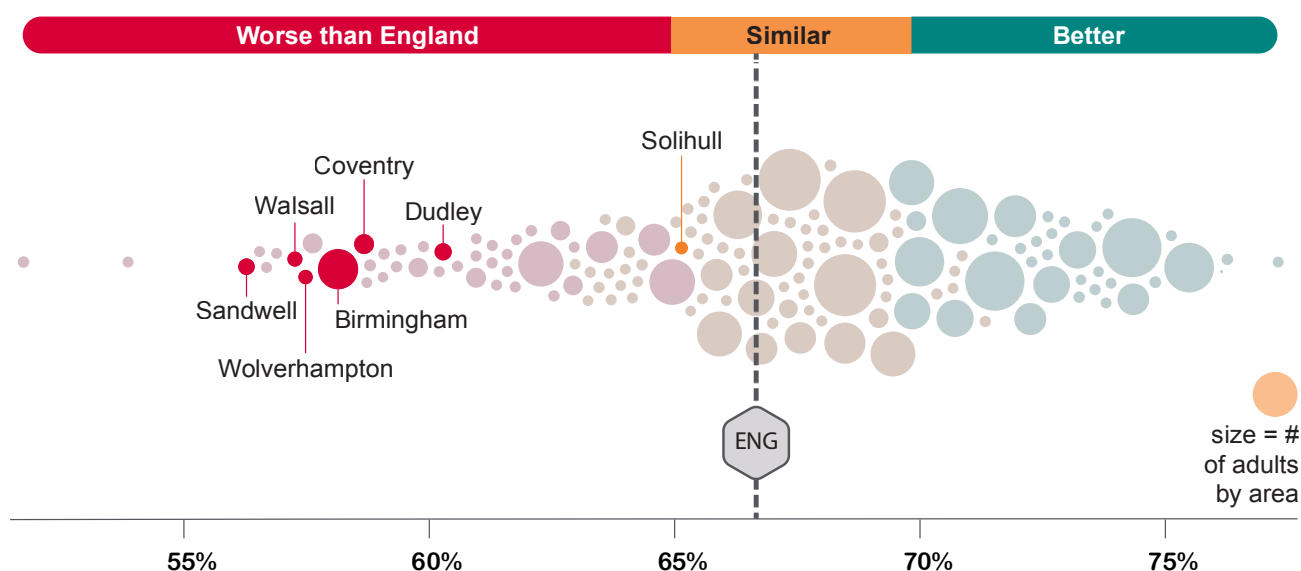


Fig 14. Percentage of physically active adults 2021/22.
Data source: OHID, based on Sport England data.

Causes of the Causes

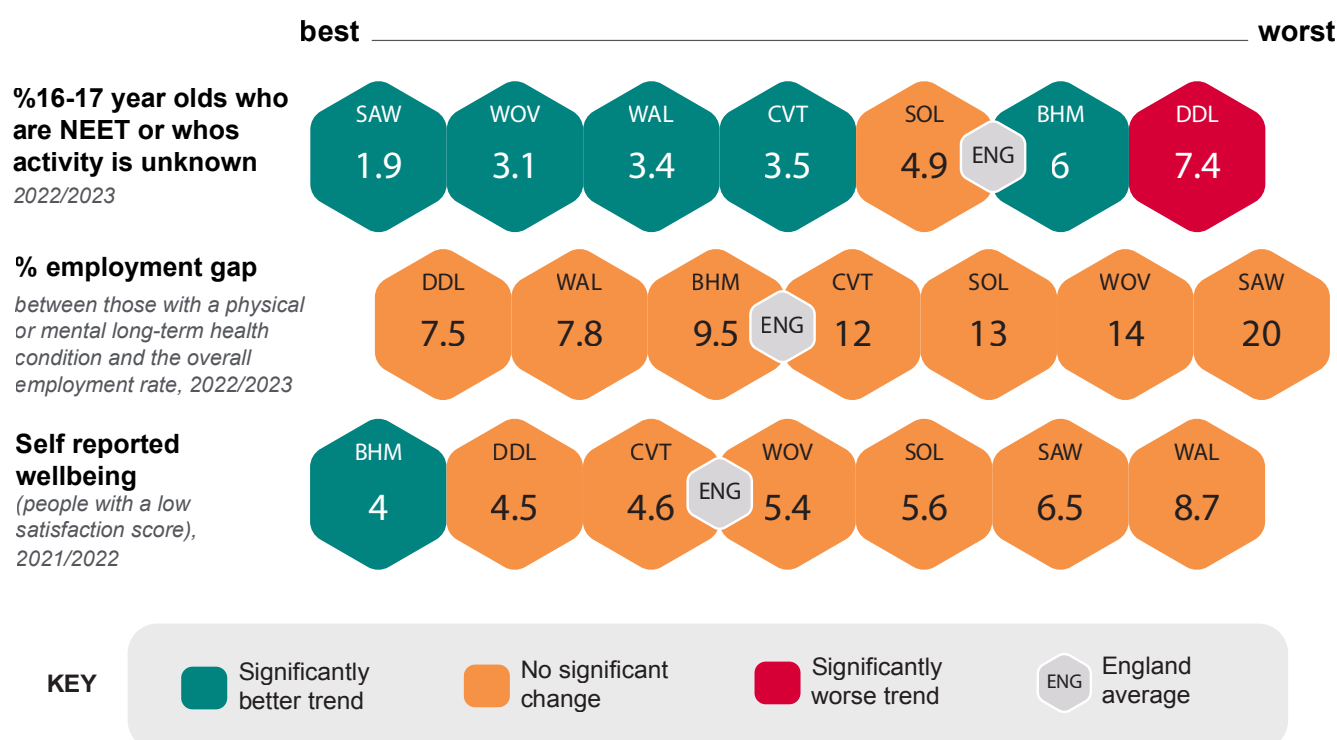


Fig 15. The WMCA area trends in root causes of health outcomes.
Data source: Public Health Outcomes Framework.

Looking at the trends in data for what could be seen as root causes of health outcomes, the foundational conditions that influence the opportunities we have to be healthy and well over our lifetime, there are some positives as well as fundamental challenges for our region:

- There has been a reduction in the number of 16-17 years not in Employment Education or training since 2018.³⁹
- Since 2013/14 there has been progress on reducing the gap between those with a physical or mental long term health condition and the overall employment rate.⁴⁰

- Since 2013/14 there have been improvements in self-reported wellbeing.⁴¹

More concerning is the increase in the number of children living in both relative and absolute low-income families (this refers to incomes below 60% of the median in 2021). (See figs. 16 and 17) The number of children living in relative low-income families has increased substantially across all the WMCA local authorities since 2014. Children living in absolute low-income families has increased in the majority of the WMCA area since 2014. Absolute low income refers to people living in households with income below 60% of median income in the base year, 2010/11. This measurement is adjusted for inflation.

39 <https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/> Wider Determinants of Health: 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known

40 <https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

41 <https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/>

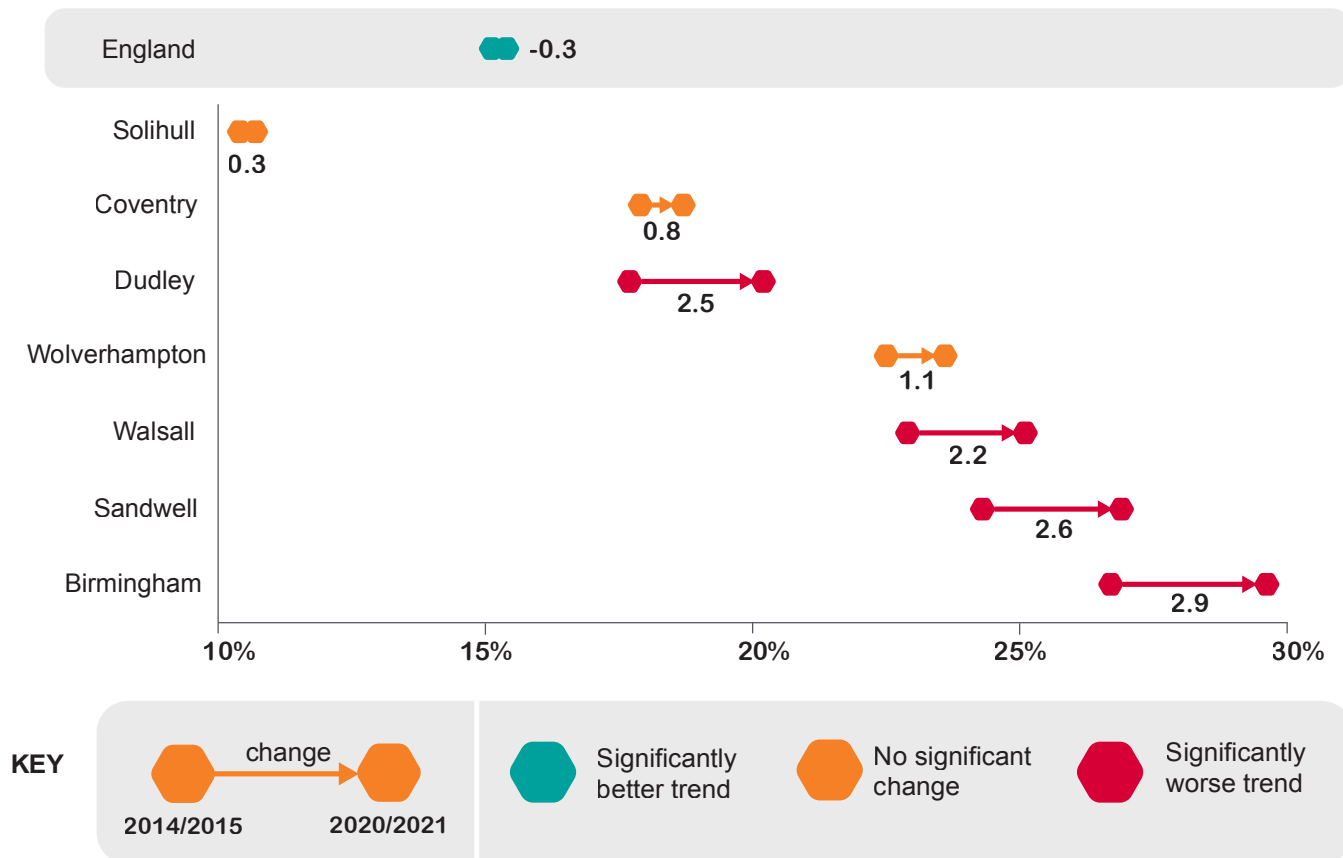


Fig 16. Change in children living in absolute low-income families (under 16s).
Data source: Public Health Outcomes Framework.

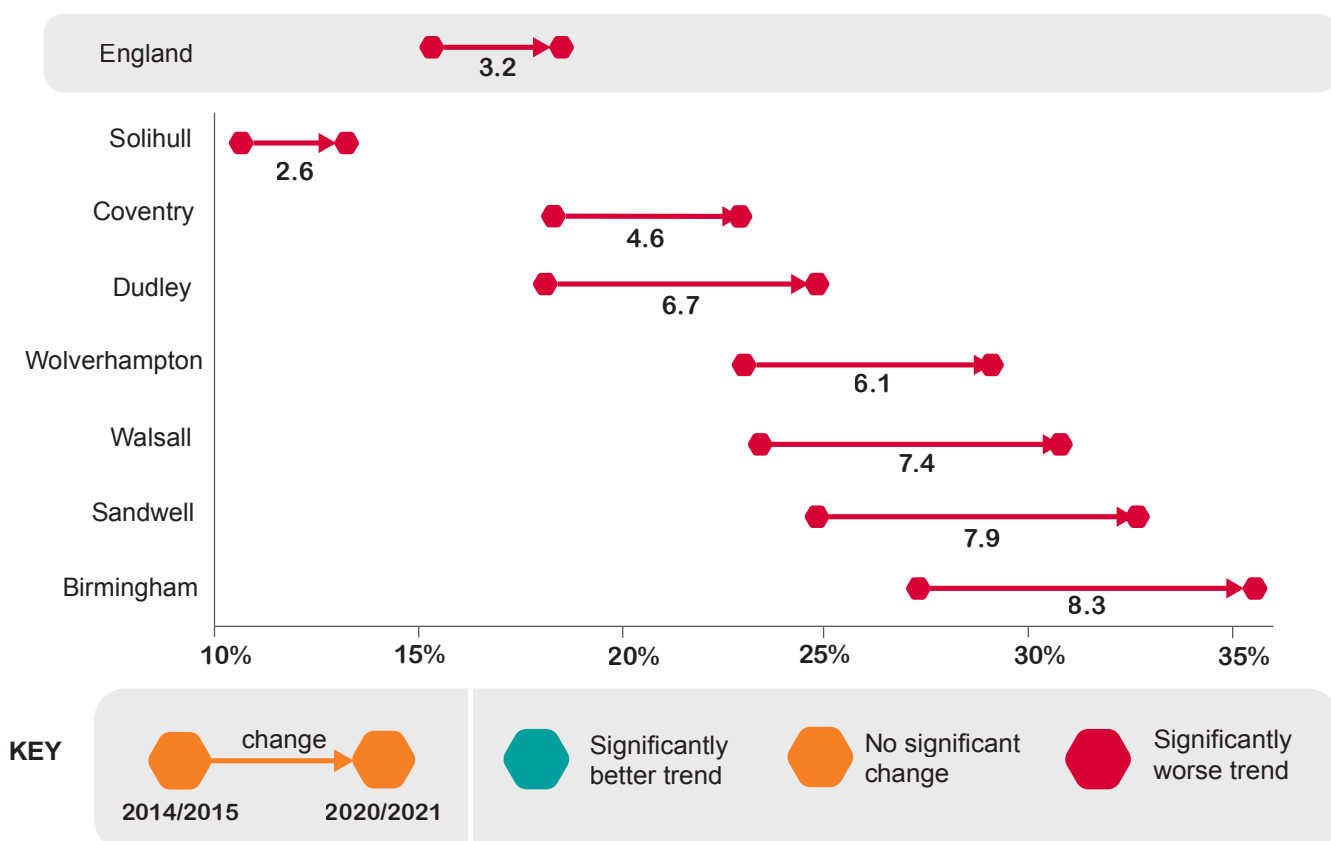


Fig 17. Change in children living in relative low-income families (under 16s).
Data source: Public Health Outcomes Framework.

This trend is consequential for our region, as well as highlighting immediate health inequalities it points to implications for the future health outcomes of our population. Poverty shapes both our physical and mental health, associated with shorter life expectancy and greater number of years lived in poor health. The stress of living in poverty can impact employment opportunities and academic achievement. For example, parents in poverty may struggle to afford healthy food, current data shows a family in the most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government's healthy diet.⁴² This leads families to opt for cheaper, less nutritious food, contributing to obesity and malnutrition in children.

- An estimated 522,218 children in the WMCA region are eligible for Free School Meals.⁴³
- The Trussell Trust supports 34 food banks within the WMCA area, recording the highest level ever of people using the food banks – 270,000 food parcels within the last year.

Research shows us that growing up in poverty can produce immediate poor health outcomes such as poor mental health, respiratory illness, and obesity, it also impacts on a child's potential to do well at school and their earning potential as an adult.

Fewer children are achieving a good level of development at the end of reception year in the WMCA area compared to the national average:

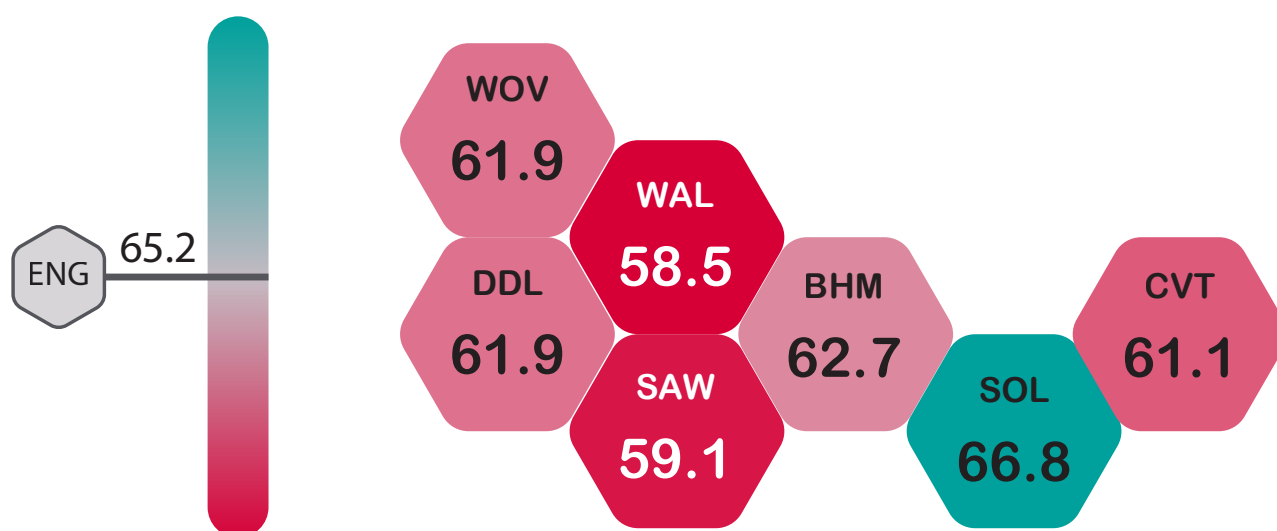


Fig 18. School readiness: % of children achieving a good level of development at the end of reception, 2021/2022. Data source: Public Health Outcomes Framework.

⁴² <https://foodfoundation.org.uk/publication/broken-plate-2023#Affordability>

⁴³ <https://explore-education-statistics.service.gov.uk/data-tables/school-pupils-and-their-characteristics/2022-23?subjectId=238db6cb-6ff8-42d1-a653-08db5b647393>

A childhood lived in poverty creates adults with fewer protective factors to keep them healthy and well, it leads to long term health impacts associated with a shorter life expectancy and a greater number of years lived in poor health.⁴⁴

The life course approach emphasises the interconnectedness of various life stages and societal influences on individuals' health and wellbeing. It adopts a temporal perspective, recognising that each phase of a person's life is intertwined with others born in the same period, as well as with past and future generations. Certain periods in life, such as childhood, are identified as times of increased vulnerability to negative impacts on health. Adverse experiences during these vulnerable times can shape trajectories and have lasting effects on health outcomes.⁴⁵

“If you have to worry about whether you have food for dinner that evening, and for the rent on Friday, you have little space to think about anything else. Such stress can permanently affect the development of your children.”⁴⁶

44 <https://www.health.org.uk/evidence-hub/money-and-resources/poverty/relationship-between-health-and-poverty>

45 <https://www.who.int/europe/publications/i/item/9789289053266>

46 Sir Michael Marmot, <https://www.theguardian.com/commentisfree/2022/apr/08/health-inequalities-uk-poverty-life-death>



Chapter 3 – Maximising leverage on the wider determinants of health

While there has been a collective focus on addressing health inequalities in our region, the reality is that despite some improvements, significant progress in health outcomes remains elusive.

The conditions that contribute to ill health and premature deaths persist, and in certain cases, they are worsening. Understanding the intricate causal chain influencing health outcomes is crucial, as change in this realm often takes a protracted period to manifest in data. For instance, the multifaceted nature of health disparities involves a myriad of interconnected factors, including social determinants, lifestyle choices, and healthcare access. These factors collectively contribute to the complex landscape of health outcomes, making it a challenge to witness immediate and transformative changes.

Given the long-term nature of this endeavor, it becomes imperative to strategically channel our efforts into priority areas where interventions can yield lasting impact. Identifying and focusing on these priority areas is instrumental in effecting meaningful, sustained change in health outcomes for our region.

In this section, there is a re-evaluation of the role of the WMCA in the realm of health, delving into how our organisation can effectively contribute to addressing the challenge of reducing health inequalities. While the WMCA may not have a devolved function in health to directly impact clinical aspects of health outcomes, over the past three years, we have actively utilised our resources, convening powers, and the

influence of the Mayor of the West Midlands to collaboratively drive initiatives with partners aimed at tackling unfair health and wellbeing outcomes.

In our broader system of organisations working towards this shared goal, our NHS partners have identified key groups and clinical priorities through the Core20PLUS5 framework, with each Integrated Care System identifying the top 5 clinical health inequalities that need to be prioritised in their area. Concurrently, our local authority partners possess a profound understanding of their respective populations and priorities and have the statutory responsibility to embed this work into their health and wellbeing strategies.

As we explore how to build on our current work, it becomes crucial to clarify the specific role of the WMCA in the health landscape, highlight the potential of our current work in impacting health, and identify areas where our sustained focus can have the most influence and impact to improve health outcomes. The subsequent overview will delve into concrete actions, levers for change, and priority areas that will contribute to making a significant difference in the health and wellbeing of our residents.

HOTR 2020 identified key groups within our region facing particular health inequalities, including racialised communities, vulnerable children and young people, individuals living with a disability and long-term health conditions, and those in inclusion and vulnerable groups.

3.1 The WMCA has undertaken targeted efforts to address challenges faced by these groups in four main ways:

1 - As convenor

The WMCA played a pivotal role in galvanizing regional focus on racialised groups, shedding light on the impact of structural racism on health outcomes. An annual Health of the Region roundtable was chaired by the Mayor to drive forward actions in this area. The West Midlands Race Equalities Taskforce was launched in 2022, an independent body, created by the WMCA Board to take action that will improve equality of opportunity for all our communities. Its five-year strategy identifies priority actions to improve health and wellbeing outcomes for racialised communities.

2 - As advocate

The WMCA has sought to amplify citizen voice and work towards distributive leadership as a means to reduce health inequalities, ensuring that those most impacted by unfair health and wellbeing outcomes are able to direct policy and interventions to improve health equity.

This work ranges from our Disabled Citizens Panel, the Mental Health Commission, the Young Combined Authority, as well as smaller pilot projects like WayMap.⁴⁶

Citizens Network and IncludeMe Panel have been a clear example of this, instrumental in placing disabled individuals and those with long-term health conditions at the centre of crucial conversations. These initiatives focus on connecting diverse existing groups and individuals, providing a platform for them to share their voices. The valuable insights

⁴⁶ Designed initially for blind and partially sighted individuals, Waymap is a wayfinding tool that enables people to navigate indoors. WMCA has funded the UK's first public trial to be developed and used at Birmingham New Street and University Stations for 1 year to understand the benefit to confidence for moving around.

gathered through these collaborations are actively utilised to drive change at a policy level. By ensuring that the perspectives of disabled individuals and those with long-term health conditions are heard and considered, the WMCA endeavours to enact policies that are more inclusive, responsive, and effective in addressing the unique challenges faced by these communities.

3 - As deliverer and commissioner

The WMCA actively implements the Thrive into Work programme, a comprehensive employment support service grounded in the principles of Individual Placement and Support (IPS). This personalised approach is designed to assist individuals aged 18 and above who face health challenges or have disabilities in maintaining employment or securing new opportunities.

In its role as a commissioner, the WMCA has strategically shaped its bootcamp offerings to address educational and skills inequalities, which in turn support us in our work addressing health inequalities, improving employment, and earning opportunities for groups particularly at risk of health inequalities. This initiative aligns with priority sectors projected for substantial growth, providing ample opportunities for progression. Through our work in adult skills, we have regularly commissioned a diverse range of digital bootcamps, representing intensive skills training programmes primarily focused on higher-level skills and tailored to specific groups. Examples include:

- Black Codher: Targeted support for Black women taking intersectionality into account.
- Ashley Housing Group: Providing training opportunities for ethnic minorities.
- Code Your Future: Offering support to refugees, addressing specific needs.

- Cauldwell Children: Focused on delivering training for learners with special educational needs.

4 - By leveraging investment

Following the success of the Commonwealth Games in 2022, the WMCA has actively pursued leveraging investment to address key health inequalities in the region. Through negotiations, the WMCA secured £70 million underspend from the games, repurposing these funds to invest in the legacy of the games and the future of the region. The Commonwealth Games Legacy Enhancement Fund (CWLEF) has a specific focus on health and wellbeing, with two of the core themes in grant allocations dedicated to improving physical activity and mental health and wellbeing. In July 2023, a significant milestone was achieved with Sport England and WMCA signing a Memorandum of Understanding. This commitment involves an initial financial pledge of £5.5 million, with an investment plan to follow that will cover the partnership over the next 10 years. The overarching goal of the agreement is to facilitate easier access for people from all segments of society to engage in activities such as walking, cycling, exercise, and sports. Additionally, the collaboration aims to capitalise on each other's expertise to reduce inequalities and actively support the implementation of HiAP, particularly focusing on physical activity within policy frameworks.

It is essential to recognise that these initiatives represent significant efforts specifically aimed at improving health outcomes for the region. However, as highlighted in the previous chapter, these actions may not directly address the influence of the broader determinants of health on our residents' wellbeing.

Reducing health inequalities through the life course requires a whole-of-society approach, dealing comprehensively across all health determinants, such as Health in All Policies. This approach recognises the importance of

action needed at every stage of life, including at working and older ages, to improve equity within and between generations.⁴⁷

This is where our unique role as a combined authority comes into play — to add value to the wider system and take action on the interconnected conditions that contribute to poor health outcomes across the lifespan. The devolved responsibilities of the WMCA align with the wider determinants of health. As a combined authority, we have the ability to shape and influence regional policy and action in areas such as transport, employment and skills, the environment and energy, housing, and the economy. This positions us to enhance health and wellbeing outcomes for the region.

To realise this potential, there is a need for an overarching framework to integrate action on health inequalities throughout the WMCA's work. In response, the Health and Communities team has begun collaborating with colleagues within the WMCA to implement a HiAP approach to its decision making.

3.2 The WMCA progress in adopting a HiAP approach

An approach to implementing HiAP was proposed at the WMCA Wellbeing Board in early 2022. It is iterative and aims to enhance our learning and good practices, embedding this methodology across the combined authority. For its success, it is essential to consider health equality and inequalities as integral to WMCA's delivery.

Central to its implementation, is the Health and Equity Impact Assessment (HEqIA) tool which guides WMCA decision making by understanding the health impacts and their distributions. This tool enables the implementation of mitigating actions across all policies and programmes, reducing potential negative impacts and amplifying positive impacts on health inequalities.

We are actively working to shift organisational culture to recognise health inequalities as fundamental to all policy, strategy, and programme development. To facilitate the necessary cultural change for achieving HiAP, health equity needs strategic consideration at the organisational level. While it is now within the single assurance framework, it has not been widely recognised and requires further efforts for thorough embedding. There is also an opportunity for consideration in performance and planning cycles, as well as organisational documents, such as inclusion in project initiation documents.

In this section we explore the actions already being taken across the WMCA directorates that contribute towards improving health outcomes for the region.

⁴⁷ <https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>

3.3 Transport

The WMCA holds devolved responsibility over the region's transport infrastructure in its designation as the Local Transport Authority. This entails a statutory role in co-ordinating investments to enhance the region's transport infrastructure and establish a fully integrated, safe, and secure network. Additionally, it is responsible for assessing and planning for the region's future transport needs to ensure the network can meet the demands of businesses and a growing population. The production, review, and publication of the plan constitute core statutory duties.

Since the last Health of the Region Report, Transport for West Midlands (TfWM) have developed a new Local Transport Plan (LTP). Titled 'Reimagining Transport in the West Midlands,' this plan aims to strike a balance between providing access and mitigating the harmful impacts of transport on people and places. The goal is to develop a transport system that is fair for everyone, ensuring that the region's transport infrastructure better supports residents' daily lives now while leaving a positive legacy for the future.

Health and wellbeing impacts have been assessed through HEqIA as part of the plan's production. With an explicit motive for change, the plan incorporates several features aimed at addressing health inequalities:

- **Fair access:** This involves improving social mobility by enhancing equity of access, ensuring that everyone, regardless of personal circumstances, has safe, usable, and affordable travel choices that enable them to prosper.
- **Fair impacts:** The plan aims to reduce the negative external effects of transport on people's health and wellbeing. This includes improving road safety, reducing air pollution, and minimising noise.

- **Physically active:** The plan focuses on enabling safe, convenient, and accessible walking and cycling opportunities to promote active travel for entire journeys or as part of journeys. This initiative aims to improve the health, wellbeing, and productivity of people today while leaving a healthy legacy for future generations.

Since the HOTR 2020, substantial progress has been achieved in the field of transport, beyond the plan itself. In 2022 the City Region Sustainable Transport Settlement (CRSTS) offered a new, consolidated fund for local transport investment in England's eight large metropolitan areas. The WMCA CRSTS programme has embedded healthy streets and places as a key theme, while other themes such as supporting inclusive growth, delivering a green revolution and making behaviour change easy will support the delivery of improved health and wellbeing. There has been notable success in delivering programmes that offer significant health benefits to the region. These outcomes encompass interventions to alleviate loneliness, increase physical activity, and enhance mental health and wellbeing.

Encouraging active travel:

The **West Midlands Cycle Hire Scheme**, launched in March 2021, provides bikes and docking stations across all 7 West Midlands Constituent Local Authorities. Since its inception, riders have collectively cycled an impressive 850,000 miles—equivalent to circling the globe 30 times. Notably, the offer of free cycle hire during the Birmingham 2022 Commonwealth Games was a tremendous success, with thousands of riders covering an astonishing 49,000 miles in just 12 days.



Using public transport to reduce loneliness:

The **Let's Chat** project, jointly funded by TfWM and the WMCA, has a primary goal of reducing loneliness by facilitating connections between individuals and community groups. This is achieved through drop-in sessions located at three bus stations in the WMCA. These sessions have proven highly effective, with approximately 1,300 attendees experiencing a significant reduction in feelings of loneliness or exclusion after connecting with their communities and learning about local services.



Social prescribing promoting cycling and walking:

For the past three years, the WMCA has collaborated with TfWM to ensure that the Department for Transport's (DfT) Active Travel fund aligns with joint health and transport outcomes. The initial pilot of 'physically active' social prescribing in Birmingham and the Black Country engaged 79 GPs, benefiting over 560 patients through targeted support tailored to their individual needs. Although our bid as a region to become one of the DfT's social prescribing walking and cycling pilots was not successful, the feasibility study generated valuable insights. It highlighted the importance of creating greater knowledge within the healthcare system regarding active travel and building trust in walking and cycling providers.

In response to the evidence and impact of the feasibility study, the WMCA, in partnership with TfWM, is now funding a project in collaboration with Solihull MBC. The project aims to encourage more people living with MSK, pre-diabetes, and hypertension in North Solihull to embrace walking and cycling for health and active travel. This initiative is closely linked to the development of new cycling and walking routes in the area.



Inclusive access to public transport:

The **Ring and Ride** service currently assists approximately 4,500 active users, facilitating around 185,000 journeys annually. This service plays a crucial role in supporting individuals in making essential journeys, whether for leisure and wellbeing, shopping trips, or visiting family and friends. Funded through a grant provided by TfWM, the service subsidises journeys, helping to keep costs low for elderly and disabled individuals who rely on the service for their independence. Without this support, those unable to use conventional public transport, particularly older people, and disabled groups, might find it challenging to undertake journeys, potentially leading them to forgo travel altogether or depend on friends and family for assistance.



Through the collaborative efforts of the Health and Communities team with TfWM, there is now a heightened awareness of the link between transport and health. This has led to an increased appetite to work more closely, aiming to secure mutual benefits in the delivery of the Local Transport Plan.

3.4 Housing

The WMCA's Housing and Land team is responsible for over £10 billion in investable funds and has carved out a strategic role in transforming challenging sites into development opportunities. This includes identifying land for new homes and creating better places to live and work. The team is particularly focused on regenerating brownfield land, with hundreds of acres already brought back into use. Their collaborative leadership removes barriers to ensure that land is utilised for public benefit. People, and their connection to communities, are at the heart of this initiative. The WMCA, through several taskforces involving a range of partners, ensures that new homes are built close to public transport services. The organisation also encourages schemes to employ local people and businesses, contributing to the revitalisation of local centres.

Linking net-zero to improved health outcomes

Sustainability is a key driver behind the work in this area, particularly through the utilisation of new innovations to construct sustainable homes and reduce carbon emissions. There are implicit health benefits aligned with these motivations. Therefore, for the HOTR 2020 report, a commitment was made to capture tangible health outcomes in 'zero carbon' initiatives. Subsequently, the West Midlands' Zero Carbon Homes Charter was launched in early 2021, outlining the WMCA and its partners' aspirations to deliver zero carbon homes as a long-term objective. This initiative aims to drive zero carbon development and innovation, future-proof the region's economy, and enable communities to prosper for years to come.

The Charter establishes principles for designing and building homes fit for the future. These include being climate-responsive and resilient, maximising thermal comfort, health, and wellbeing. Furthermore, the homes are designed for the life cycle, making them multi-functional and flexible to meet residents' changing needs over their lifelong occupation



The quality of the housing conditions described here alone would have a positive impact on health and wellbeing. In January 2020, the WMCA became one of the first regions to establish its own definition of affordable housing, centred on the principle that local residents should spend no more than 35% of their salary on mortgages or rent. The goal is to provide genuinely affordable homes for the local community and to encourage the introduction of new types of affordable

housing into the market. This initiative specifically benefits key workers, including nurses, police, and teachers.

This definition holds significance, as any development schemes receiving investment from the WMCA's devolved housing and land funds must ensure that a minimum of at least 20% of the homes in their scheme are affordable.

Embedding health outcomes in spatial planning design

The WMCA Regional Design Charter, co-designed with local authority members and launched in 2020, actively promotes, inspires, and encourages excellent design initiatives and quality placemaking across the region, grounded in 12 principles. The charter recognises the crucial role of the built environment in addressing health inequalities, embedding action on health and wellbeing in two key principles:

Building Active Communities: Proposals should support healthy living environments and address health inequalities by providing access to nature and spaces for physical activity.

Promoting Wellbeing: New developments should promote wellbeing and good mental health by fostering community, identifying opportunities to reduce social isolation, and minimising loneliness.

The Charter serves as an additional tool for local planning authorities to ensure good design and quality development. Additionally, it functions as a guidance document for developments funded through the WMCA's single commissioning framework





Housing developments that consider health and wellbeing

WMCA's investment played a pivotal role in the redevelopment of the MG Rover site into the **West Longbridge housing development**. The collapse of the business in 2005 left a site seven times the area of King's Cross and 6,500 people unemployed. WMCA's intervention resulted in the leveraging of additional affordable housing (20%, where only 10% was deemed viable) and private sector investment at an impressive ratio of 50:1. More importantly, this initiative supports the development and growth of an economically and ecologically sustainable community in one of the most deprived areas of the region.

Twenty percent of these new homes meet the WMCA's affordable definition for key workers, who will benefit from new jobs and amenities either on their doorstep or through excellent connectivity to major bus and rail roads within 400m, connecting to Birmingham, the wider region, and beyond to Worcester.

Former brownfield land is being transformed into green corridors and pocket parks, with 10.9 hectares of public realm and green spaces delivered on-site, including 2.5 km of new walking and cycling routes. St Modwen has committed to achieving a 10% biodiversity gain across their development activity but is exceeding this target at West Longbridge (23%) and across the wider site.

3.5 Employment and skills

Fundamental to employment and access to employment are skills, and the opportunity to acquire them. Improving skill levels and qualifications has a proven positive economic impact. It has been estimated that the lifetime return on investment of Level 1 courses for those aged between 19 and 24 can save £21.60 for every £1 invested.⁴⁸ Adult learning can also have significant indirect health benefits, such as improving social capital, connectedness, and general health behaviours.

The WMCA holds devolved responsibility over the region's Adult Education Budget (AEB), amounting to approximately £140 million per year. A proportion of this budget supports Adult Community Learning (ACL) provision via our constituent Local Authorities, while the majority is used to commission provision from further education (FE) colleges and independent training providers (ITPs). The AEB funds residents' statutory entitlement, covering basic English, Maths, and Digital Skills, as well as a range of provision aligned with regional priorities based on current skill gaps and projected future needs in priority growth sectors. This aims to create more flexible and responsive models of delivery, ultimately improving employment outcomes from training.

The WMCA has taken significant strides in shaping AEB-funded provision to meet regional needs and address inequalities. Participation data regularly shows that a substantial proportion (approximately 65%) of those enrolled in AEB-funded courses are from a minority ethnic background, reflecting an 'over-representation' of this group relative to the regional population.

Embedding mental health training into upskill programmes

Telford College, delivering the WMCA-funded skills boot camp to upskill local heating engineers, integrated mental health training into the five-day programme. Participants simultaneously worked towards a Level Two Certificate in Mental Health First Aid in the workplace, enhancing their installation and maintenance skills on new air source pump technology.



The direct link between employment and health and well-being is recognised by the WMCA in the flagship **Thrive** programmes, ranging from skills training to improve access to jobs to employer support for workforce well-being. These programmes aim to reduce health inequalities by supporting specific groups into work and assisting employers in promoting their employees' well-being. Recognising the lasting impacts of the pandemic on both employers and employees, the WMCA has committed to developing and amplifying these programmes.

Thrive at Work, our programme empowering employers to enhance their wellbeing offer and thereby earning accreditation and marking them as employers of choice in the region, developed:

⁴⁸ https://assets.publishing.service.gov.uk/media/5a7edeb440f0b6230268c0ea/Review4_Adult_learning_health_inequalities.pdf

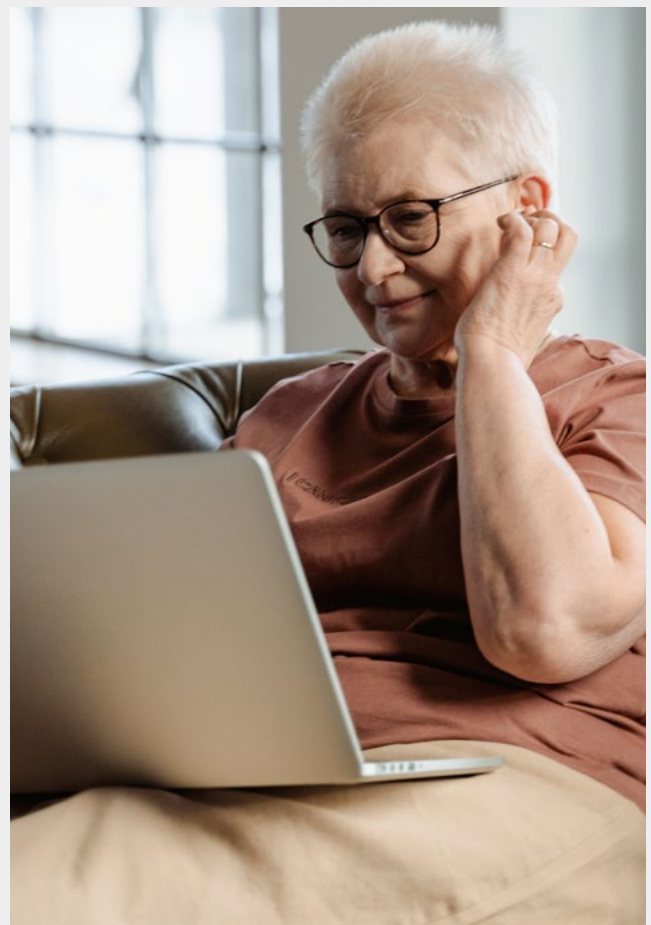
- **Thrive at Home** - initially a rapid response to employees transitioning to remote work due to Covid-19 restrictions and lockdowns, it has been seamlessly integrated into Thrive at Work's toolkit to adapt to changing workplace practices.
- **Foundation level** - serving as a steppingstone towards accreditation at Bronze, it provides additional support for employers starting their journey toward accreditation.
- Currently, 574 organisations are participating in Thrive at Work, with an estimated reach of potentially 274,000 employees.

- Over 100 organisations have achieved Foundation level accreditation.

Thrive into Work, our Individual Placement and Support (IPS) programme, and part of the nationally commissioned health-led trials⁴⁹, an intensive employment support initiative integrated with the health system, has developed and launched specialised pathways specifically designed to assist neuro-diverse individuals and people with mild learning disabilities in securing employment.

Digital Inclusion to improve access to healthcare

As part of the WMCA's strategy to address Digital Exclusion, we secured £4 million to tackle two key themes: accessibility and connectivity. A total of 17,000 devices, including Chromebooks, laptops, and Mifi units, were obtained with the goal of supporting 20,000 residents in the most deprived wards. The distribution of these devices ensures that our most vulnerable residents can access crucial services, such as booking appointments at their doctors' surgeries. Notably, over 30% of the devices issued to residents were allocated to individuals with long-term health conditions. Additionally, digital devices aimed at promoting physical activity were distributed through existing programmes.



49 <https://www.gov.uk/government/publications/health-led-employment-trials-evaluation>

There is ongoing effort to articulate the health and wellbeing outcomes of our broader employment and skills initiatives. The goal is to ensure that all our work in this area has a clear link to improving health outcomes or addressing health inequalities. We are piloting additional programmes that embed wellbeing outcomes at their core. For instance, ‘Thrive into College,’ which was launched as our commitment to implement the recommendations of the West Midlands Mental Health Commission, is designed to support Further Education colleges in adopting a whole-school approach to mental health. This initiative aims to yield co-benefits, including improved educational attainment and better mental health for students.



3.6 Environment and Energy

In 2019, the WMCA declared a climate emergency and established our vision to achieve net zero in the West Midlands by 2041. The original WM2041 plan, published in January 2020, emphasised that achieving zero carbon must consider broader social, economic, and environmental principles. These principles include:

- Change our economy without leaving anyone behind
- Invest in the resilience of our places
- Use our industrial past to create a new future

- Create places and connections that help us meet the climate challenge
- Decouple prosperity from the consumption of energy and resources.

Various aspects of the supporting plans and programmes have direct links to health inequalities and improving health outcomes. The [Natural Environment Plan](#), launched in 2021, aims to protect, restore, and enhance the region's natural environment, ensuring everyone can enjoy its physical and mental health benefits. Specifically, the plan strives to ensure that everyone can access high-quality green space within a 300m walk of their home.

Improving access to nature and green spaces for mental and physical wellbeing

As part of the Natural Environment Plan, the **Community Green Grants** programme was launched in January 2022 with the aim to:

- Increase or improve green spaces close to where people live.
- Connect people to nature, especially communities experiencing green deprivation.
- Enhance the local environment (e.g., tree planting, increasing biodiversity).

Projects in areas of deprivation and green deprivation were prioritised. In the first year, the programme significantly improved health outcomes in various ways:

- Over half of the funded projects included a community food growing element, helping alleviate food poverty and provide healthy, local, and organic food.

- Committed to planting over 2000 trees, positively impacting temperature reduction and improving mental well-being..
- Increased access to over 20 acres of green space, with the access to green space and nature having a positive impact on mental and physical wellbeing.

The newly launched Community Environment Fund in October 2023, a legacy of the Commonwealth Games, continues to support access to green and blue spaces. Additionally, it aims to fund communities to become more resilient to the impacts of climate change, thereby helping to reduce the health impacts of extreme weather events.

Taking action on air quality for better health outcomes

Air pollution has been linked to various health impacts, and WM-Air estimates that up to 2,300 early deaths annually in the West Midlands are attributed to long-term PM2.5 exposure. The WMCA Air Quality Framework was developed in collaboration with local authorities within

the WMCA Region. This document outlines strategies for the WMCA, local authorities, and partners to reduce pollutant levels and public exposure, aiming to achieve improved health outcomes for residents and workers in the West Midlands.



These plans and programmes already demonstrate alignment with a HiAP approach. Through further collaboration, we aim to better capture and amplify the positive impacts of successfully implementing these plans and programmes, ultimately contributing to closing gaps in health inequality.

Similar successes are anticipated in the WMCA's work on energy. Hosting Energy Capital, the West Midlands' smart energy innovation partnership, the WMCA explores new models of regional energy governance and delivery. Comprising energy infrastructure

providers, forward-thinking local authorities, academic experts, leading businesses, and energy entrepreneurs, Energy Capital collaborates to position the West Midlands as one of the most attractive locations for developing and delivering innovative clean energy systems. The WMCA is actively implementing programmes focused on carbon reduction in homes through retrofitting.

Retrofitting: reducing fuel poverty and creating healthier homes

Energy Capital have secured £25.2m in Social Housing De-carbonisation funding, to support projects “delivering warm, energy-efficient homes, reducing carbon emissions and fuel bills, tackling fuel poverty, and supporting green jobs.”

The second wave of the programme will deliver fabric-first retrofit measures to 2076 properties across the West Midlands by March 2025, reducing fuel bills for tenants whilst further cutting the region’s carbon emissions.

The objective is to provide support and guidance to consortium partners in implementing energy performance improvements for over 600 homes across the region. Additional funding from the Sustainable Warmth Competition has been secured, allowing the WMCA to target up to 300 owner-occupied homes with low energy efficiency in two areas. Homeowners in these areas will be eligible for various measures, leading to lower energy bills and the creation of healthier, more comfortable homes.



Net Zero Neighbourhood Demonstrators

Working towards the WM2041 target, this programme aims to demonstrate how low carbon energy communities can offer residents an attractive place to live, work and play. This programme will collaborate with each neighbourhood in turn, co-investing in retrofit, low carbon heating and other neighbourhood level measures on a street-by-street or small area basis. The community co-production approach will ensure that the programme results in a range of benefits extending beyond just carbon reduction and including warmer, healthier, and happier homes and neighbourhoods.



Whilst it will inevitably take time for these programmes to be fully implemented and targets to be fully met, the eventual impacts will directly address some of the key issues that were set out regarding the current cost of living and high rates of fuel poverty within the region. Improving housing stock to ensure greater warmth for its residents will have a direct and immediate impact on physical health, whilst alleviating fuel poverty will undoubtedly provide relief from financial insecurity and associated anxiety.

3.7 Economic investment

The Combined Authority has successfully set investment priorities that reflect the diverse needs and opportunities across the region. This approach has proven effective in providing long-term direction and building confidence for the region, while also addressing immediate issues such as the

response to the pandemic, EU withdrawal, and managing energy price increases. The authority has actively pursued initiatives that combine economic development with positive health outcomes through various investment projects.

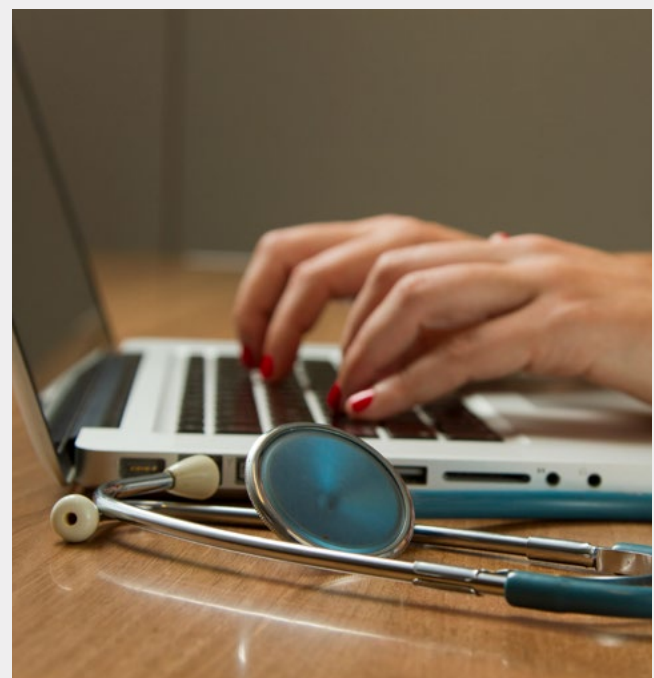
Investing in scaling health innovation for improved health outcomes:

The **Smart City Region Health, Care, and Connectivity Programme (SCR)** aim to scale up successful technology trials pioneered in the West Midlands. The goal is to deliver more effective and efficient health and social care services, boosting productivity. The programme focuses on five key spending objectives: Remote Monitoring, Diagnostics, Preventative Healthcare, Exemplar Hospital, and a Learning Network to share findings and build the region's knowledge base.

These objectives directly align with the Government's mission to level up health, crucial in addressing economic inactivity linked to poor health and wellbeing. The SCR aims to enhance existing initiatives and plans, collaborating with health and social care partners in the region. Key deliverables include:

- **Remote Monitoring:** Providing sensor-based remote monitoring services for up to 5,000 adults requiring ongoing care, improving patient care, and reducing hospital admissions.
- **Diagnostics:** Complementing NHS initiatives to expedite diagnoses, with an initial focus on bowel cancer. Services will be delivered at home and through mobile units, leveraging advanced connectivity.

- **Preventative Healthcare:** Complementing Thrive programmes, offering digital solutions to 200,000 employees in the West Midlands, focusing on improving wellbeing and productivity.
- **Exemplar Hospital:** Launching a smart hospital in partnership with local teams, enhancing connectivity to reach and serve more people.
- **Learning Network:** Supporting health and care staff in the WMCA to benefit from scaling and accelerating the innovative solutions mentioned above.



Investing in health tech innovation for improved health outcomes and economic growth:

The WMCA with funding from UK Research and Innovation (UKRI) has launched a number of Innovation Accelerator funds. These are designed to bolster the region's innovation and research and development capability, as well as sparking commercial growth and investment. The **6D-Innovation Accelerator** focuses on Health and Medical Tech and is led by the University of Birmingham. It brings together key stakeholders (universities, hospitals, industry and government-funded 'Catapults' for manufacturing innovation) to supercharge the region's ability to accelerate new health and medical technologies. Its aim is to deliver a streamlined programme to help companies navigate "pinch-points" in the process of medical translation. Aligned with the West Midlands Plan for Growth, the Innovation Accelerator will build on our Manufacturing and Engineering strengths and be focused on two key areas:

- **Health Tech:** prevention, monitoring of wellbeing, mental health, and telehealth. Which includes wearables, software applications, data, connectivity, AI (Artificial Intelligence) and in practice management.
- **Med Tech:** equipment, medical devices, machines, diagnostics, software, and tools. Better treatments and improvements on things like laser surgery and managing patient health journeys.

These initial stages are crucial to ensure that investment in our region directly impact health and wellbeing in the WMCA. We must continue working to embed alignments with our inclusive growth framework, ensuring that the impacts of these investments are felt by those in the region with the greatest needs. Additionally, we aim to explore how WMCA finances can work harder to improve health outcomes. This includes examining our supply chains and applying social value priorities to our procurement of goods and services, leveraging more impact on activities that we know make a difference to health outcomes in our region.



Chapter 4 – Measuring our impact on health

Measuring the impact on health within the WMCA involves a multi-dimensional approach, considering various factors and indicators.

The WMCA's Inclusive Growth Framework sets out a defined set of indicators aligning with the combined authority's goals and objectives, featuring several metrics for health and wellbeing. These indicators offer a fundamental overview of the health and wellbeing of the WMCA. However, examining smaller health measurements beyond major indicators like life expectancy is crucial for a more nuanced and comprehensive understanding of the region's wellbeing.

While measurements like life expectancy provide an overall snapshot of regional health, smaller measurements offer detailed insights into specific aspects of health and the influencing factors. Tracking more granular health measurements provides a detailed perspective on changes over time, enabling the monitoring of intervention and policy effectiveness with timely adjustments based on ongoing evaluation. Additionally, these smaller measurements contribute to a more holistic assessment of health by encompassing mental health indicators, social connectedness, and other dimensions beyond physical health.

In addition, these more granular measurements are often highly actionable for policymakers. They offer specific data points that can inform the development of targeted policies to address particular health concerns within the WMCA. By focusing on smaller, specific metrics, policymakers can tailor their decision making to the unique needs and challenges present in different aspects of the

region's health, ultimately leading to more effective and targeted interventions.

The importance of evaluating policy processes to achieve health equity is well recognised but such evaluation encounters methodological, theoretical, and political challenges.⁵⁰

Changes in population health can be difficult to measure as they are influenced by numerous factors that may be challenging to disentangle and can take a considerable amount of time to change. Therefore, it is crucial to identify short-term, intermediate, and long-term health outcomes that can help demonstrate progress, particularly in the context of HiAP.

4.1 Developing Logic Models

A logic model is a systematic and visual representation that outlines the logical relationships between the various components of a programme, initiative, or intervention. It serves as a roadmap to articulate the inputs, activities, outputs, and outcomes of a project, helping stakeholders understand the theoretical underpinnings and expected results.

Logic models have become a standard tool for planning and evaluation, primarily used to set out the thinking behind a programme of work and clarify thought at the outset. This brings two main benefits: better design and increased ability to evaluate.⁵¹ Logic models play a crucial role in planning, implementing, and evaluating intricate initiatives like HiAP. However, it's important to recognise that these models inherently incorporate assumptions that can affect their integrity. Despite these challenges, logic models continue to be invaluable for planning, designing, and evaluating HiAP initiatives by facilitating the connection of policy efforts to longer-term health and equity outcomes.

4.2 Measuring HiAP in the WMCA

The co-development of a series of logic models serves as a foundational framework, to both bolster and evaluate the impact of the WMCA's adoption of a HiAP approach to policy development. This systematic process enables us to formulate a sequence of educated conjectures regarding the implementation of HiAP across the WMCA, establishing critical connections between policy objectives and the region's longer-term health and health equity.

It is important to acknowledge that the outlined logic models incorporate various assumptions, adding a layer of complexity to the overall integrity of the models. These assumptions fall into distinct categories:

Context

Policy areas operate within dynamic environments marked by shifting political landscapes and operational contexts. These changes involve numerous diverse actors, including policymakers, stakeholders, and the general public. Acknowledging this is crucial for comprehending how external factors may influence and shape the effectiveness of the HiAP approach within the WMCA. This recognition allows for a more nuanced understanding of the challenges and opportunities that arise due to evolving circumstances.

Inputs

Each policy programme necessitates a well-defined set of inputs to function effectively. These inputs encompass a range of elements, such as evidence, insight, best practice, adequate funding, essential resources,

50 Walt G, Shiffman J, Schneider H, Murray SF, Brugha R, Gilson L. 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health Policy Plan.* 2008;23(5):308–317. doi: 10.1093/heapol/czn024.

51 <https://www.strategyunitwm.nhs.uk/sites/default/files/2018-03/Logic%20models%20and%20complex%20programmes%20-%20a%20brief%20guide.pdf>



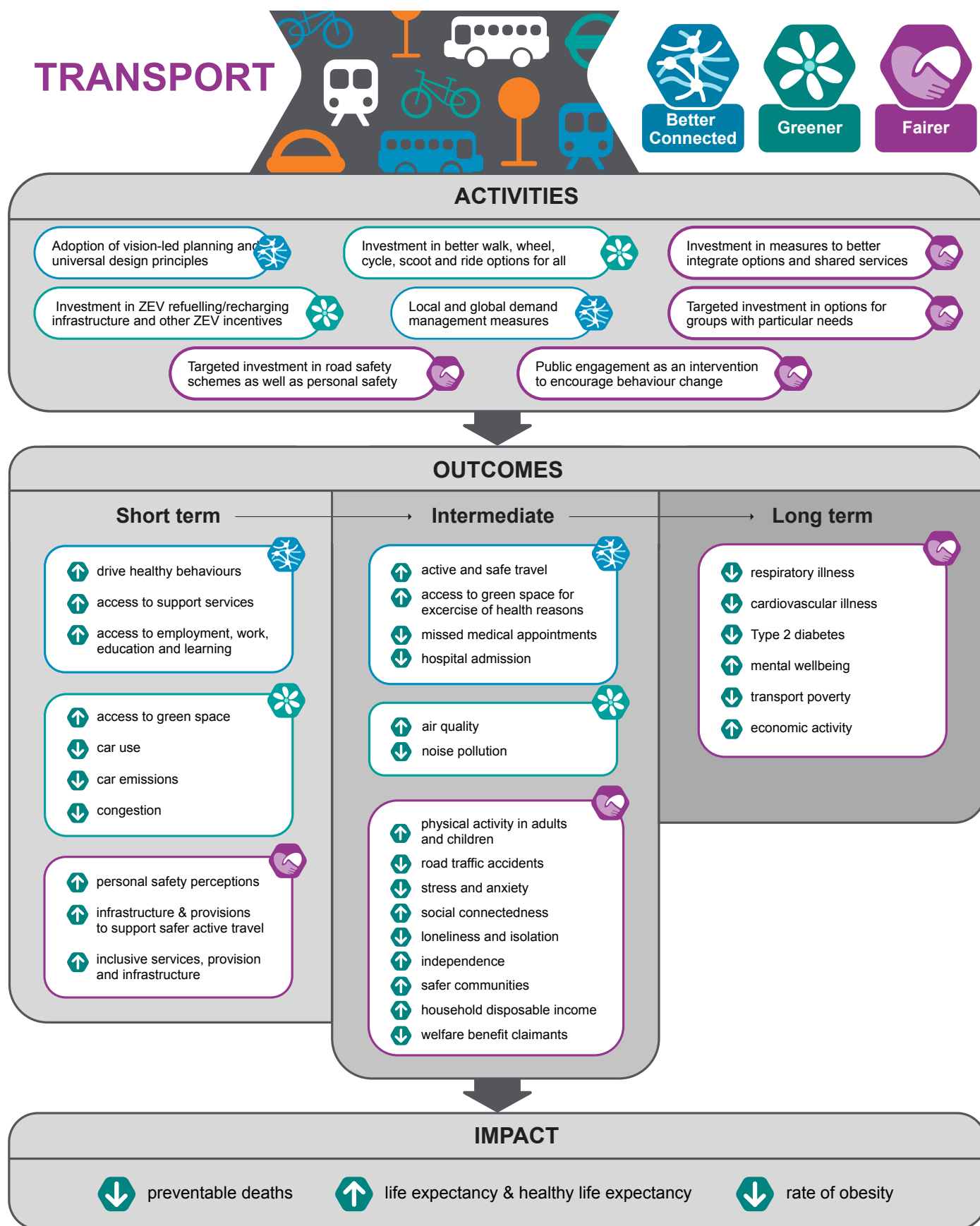
specialist capacity, and dedicated time. These presumed inputs serve as the foundational components of the logic model, laying the groundwork for the HiAP initiative's success. Recognising the importance of these inputs allows for strategic planning and resource allocation, ensuring that the necessary prerequisites are in place for the programme to achieve its intended outcomes. For the purpose of this report, these inputs have been kept generic, recognising they will be different for each programme of work within the policy area.

Causality

Establishing direct causal links in the context of HiAP poses considerable challenges, particularly when relying on statistical testing alone. The multifaceted nature of health outcomes and equity necessitates a more nuanced approach. Instead of traditional statistical methods, the logic models seek causality through a burden of evidence. This entails gathering a comprehensive body of evidence that supports coherent chains of relations. By synthesising findings from various relevant forms of evidence, including qualitative and quantitative data, the models aim to construct a robust narrative of causality. This approach recognises the complexity of health determinants and aims to capture the interconnected and context specific nature of health outcomes in the WMCA region.

These assumptions acknowledge the intricacies of policy development and implementation, emphasising the need for flexibility, comprehensive inputs, and a nuanced understanding of causality to effectively navigate the challenges associated with adopting a HiAP approach in the dynamic context of the WMCA. The models serve as a foundation but will be largely iterative, supporting the ever-changing needs of the population's health.

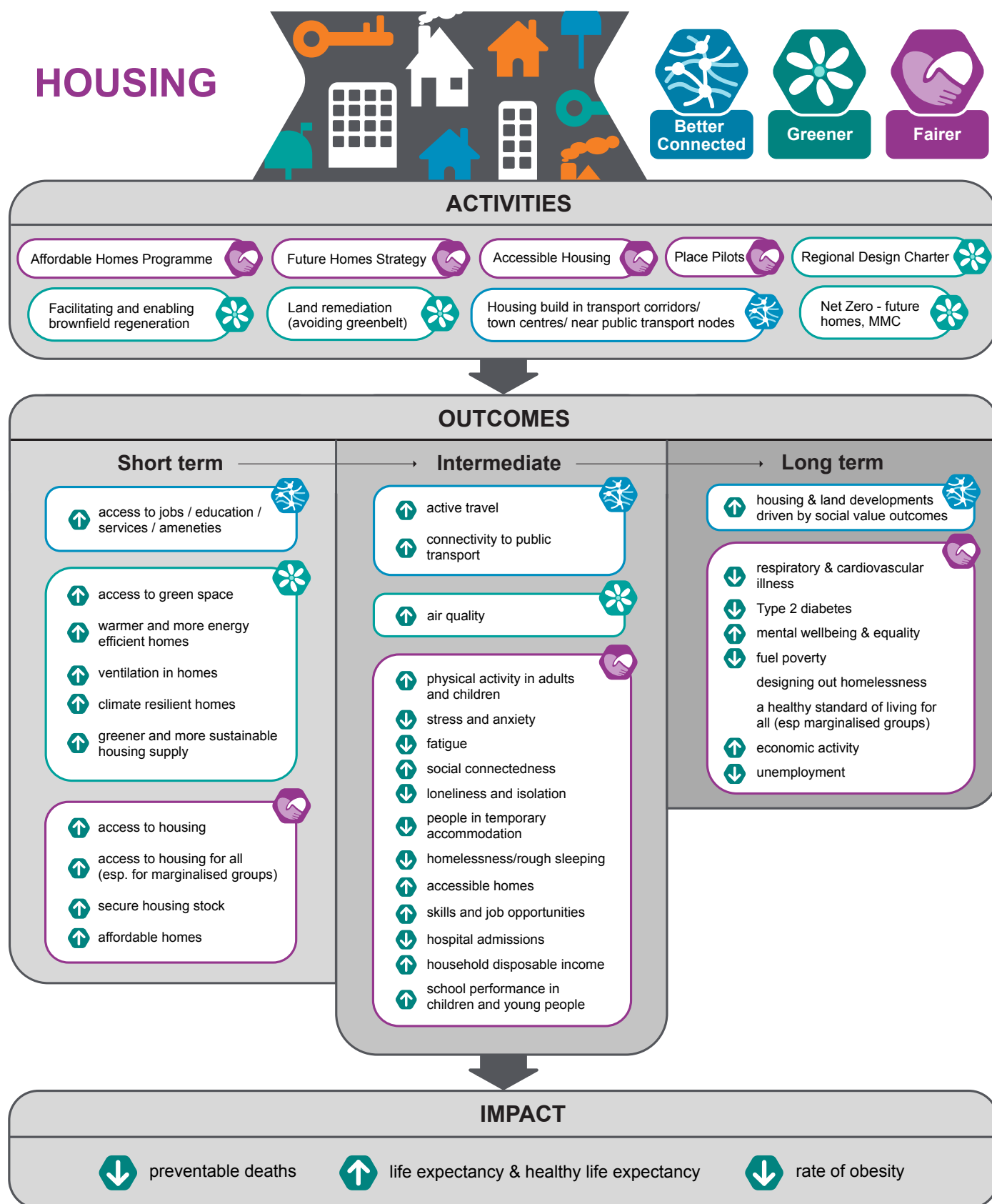
How can the WMCA improve regional health by targeting transport policy?



Causality is underpinned by a range of evidence sources:

[Transport, health and wellbeing](#); [How transport offers a route to better health](#); [New evidence for the role of transportation in health](#); [Transport, health and environment](#); [Towards a global framework for transport, health and health equity](#)

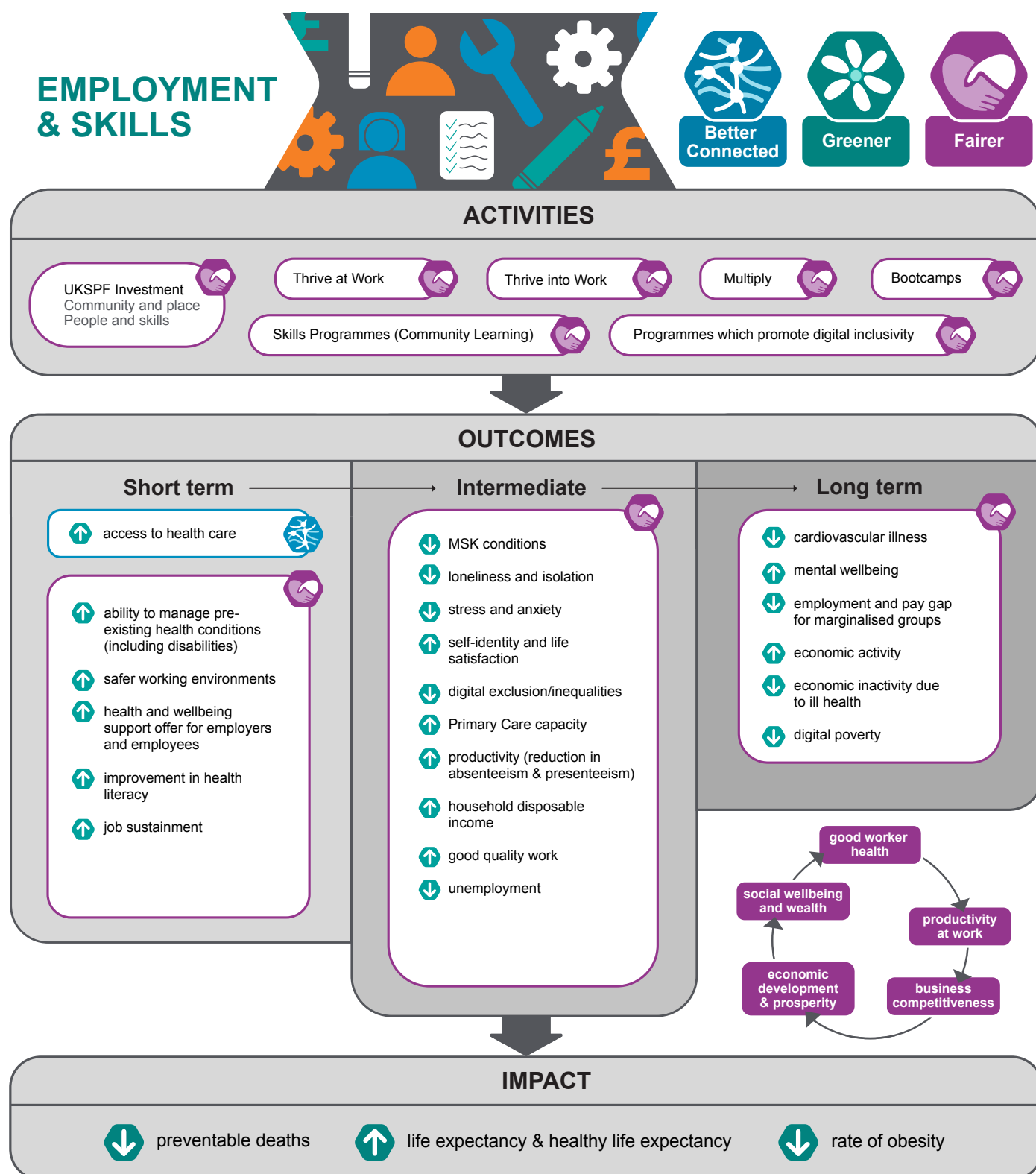
How can the WMCA improve regional health by targeting housing policy?



Causality is underpinned by a range of evidence sources:

[Housing insecurity and mental health](#); [The impact of homelessness on health](#); [Is housing a health insult?](#); [Generation COVID-19](#); [How does housing influence our health?](#)

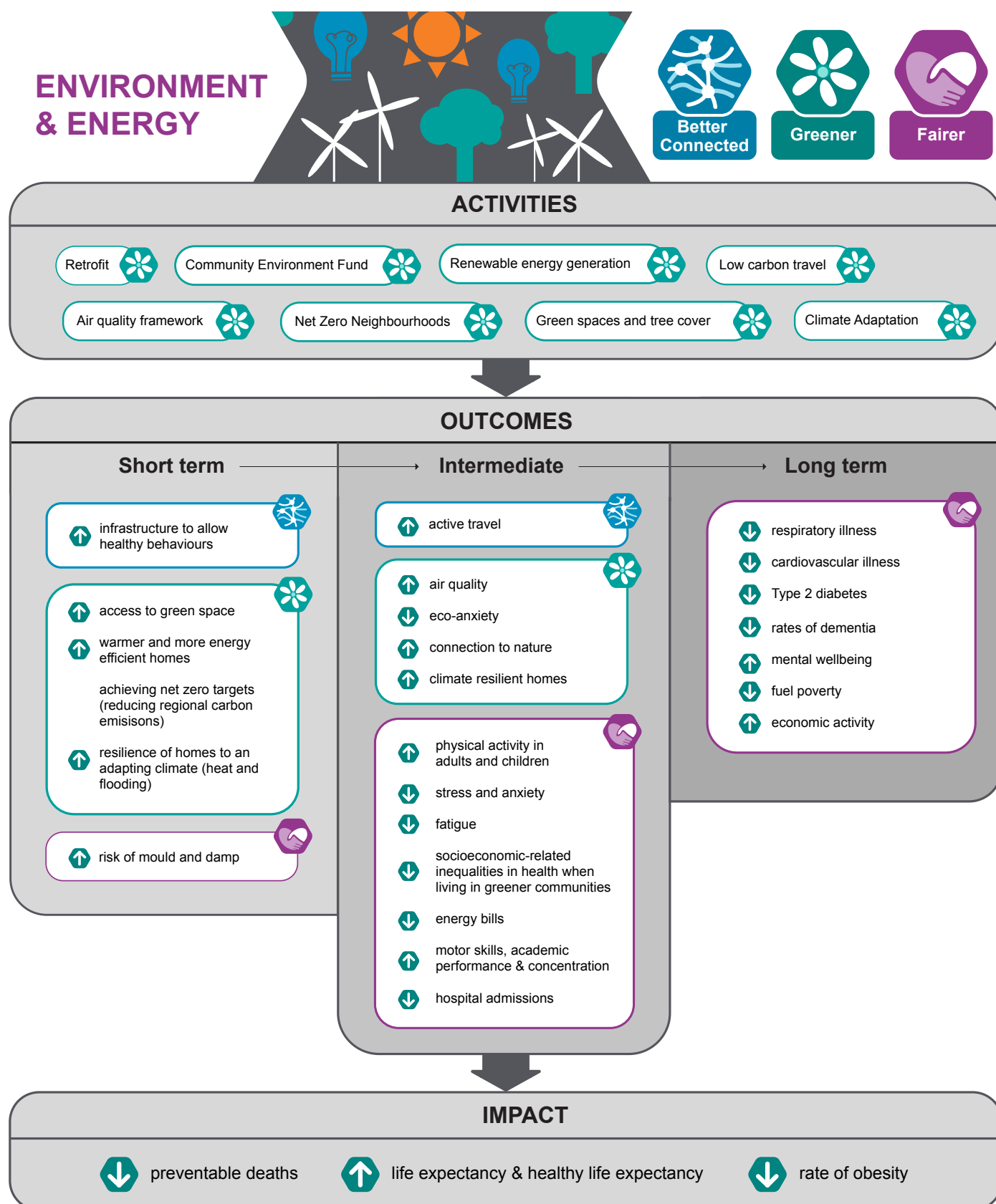
How can the WMCA improve regional health by targeting employment and skills policy?



Causality is underpinned by a range of evidence sources:

[Movement into employment](#); [physical environments and employee wellbeing](#); [Health, work and health related worklessness](#); [Improving Lives: the future of work, health and disability](#); [Thriving at Work](#); [Health matters: health and work](#)

How can the WMCA improve regional health by targeting environment and energy policy?



Causality is underpinned by a range of evidence sources:

[Associations between Nature Exposure and Health](#); [Heat, energy efficiency, smart technology and health](#);

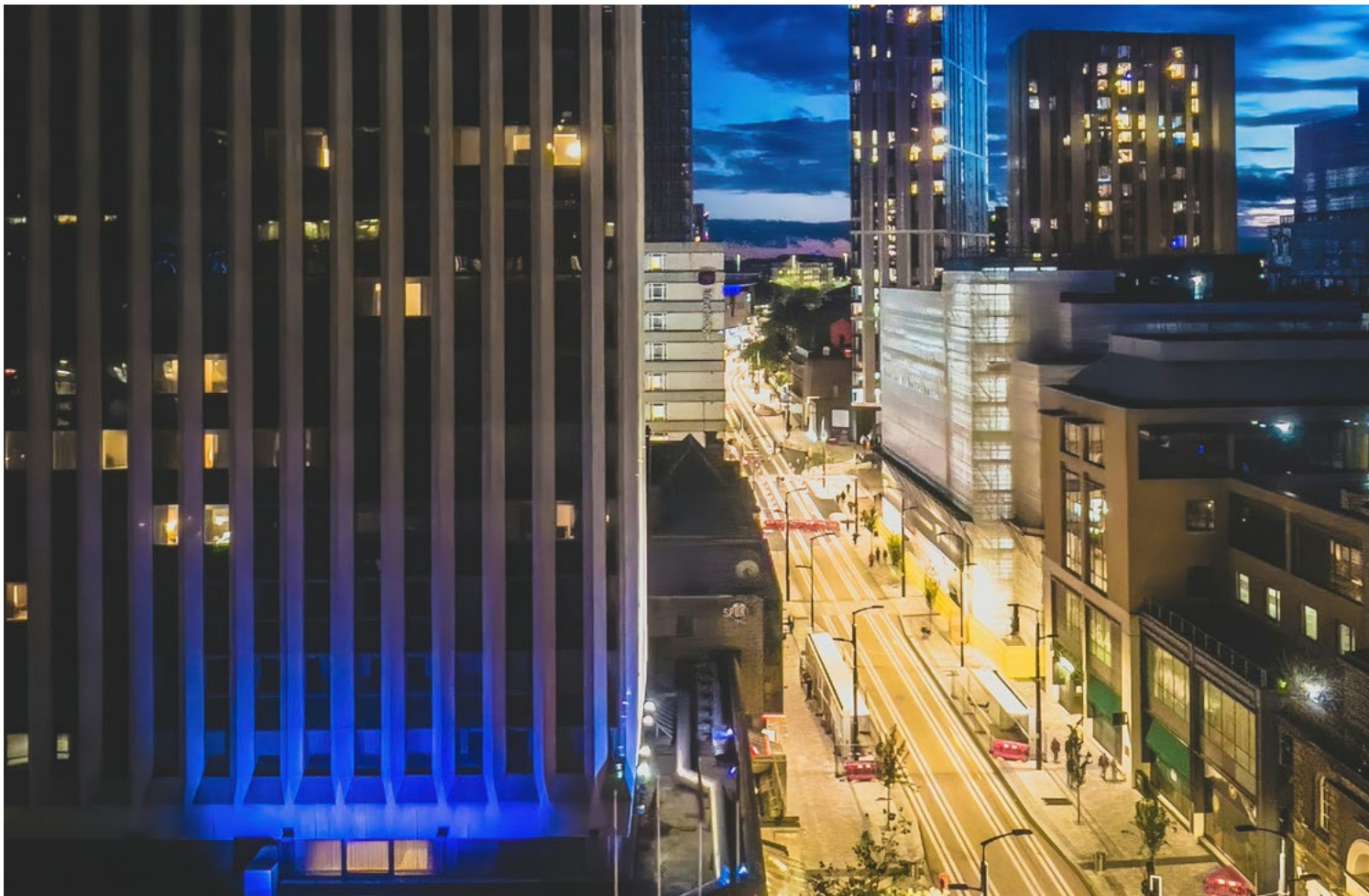
[Estimating environmental health impacts](#); [State of the environment](#); [Health Matters: air pollution](#); [Improving access to green space](#)

Economic Investment

Economic investment assumes a pivotal role in enhancing health outcomes, demonstrating significant impacts, particularly when directed towards improving health infrastructure.

Despite the absence of a specific logic model in this report, we acknowledge the necessity of extending our efforts beyond the inclusive growth fundamentals. It is imperative that we target resources such as the Smart City Region and the Innovation Accelerator to amplify the effects of our investments. Economic investment significantly contributes to creating stable employment opportunities, thereby improving individual financial security and alleviating the socioeconomic disparities highlighted in this report. As employment rates increase, communities gain improved access to essential resources like education,

healthcare, and social services, establishing the groundwork for a healthier region. These investments often catalyse the development of vital infrastructure, encompassing healthcare facilities, recreational spaces, and public transportation, integral components for nurturing a thriving community. Moreover, economic prosperity can lead to increased funding for public health initiatives, disease prevention programmes, and social welfare services, effectively addressing determinants of health at both individual and community levels. By integrating economic development with health focused strategies, we have the potential to build resilience, empower individuals, and create a sustainable framework for improved population health outcomes.



4.3 What does the logic tell us?

The logic models demonstrate that implementing HiAP across all policy areas within the WMCA can lead to wide-ranging and interconnected health outcomes. Key themes were identified throughout and broadly sit in seven categories:

Enabling Healthier Lifestyles:

Creating environments that facilitate healthy lifestyles is a fundamental aspect of HiAP, with policy development playing a crucial role in encouraging behaviours that promote health. For instance, urban planning policies that prioritise the accessibility and development of green spaces offer residents opportunities for outdoor activities, fostering physical wellbeing. Additionally, policies that support the establishment of parks and green areas contribute to improved mental health by providing spaces for relaxation, recreation, and community engagement. These initiatives within HiAP aim to cultivate environments that actively promote and enhance the overall health and wellbeing of the community.

Improved Physical Health:

A clear line of causality emerges across all policy areas, contributing to various improved physical health outcomes in the West Midlands. A prime example being the promotion of active transportation modes, such as walking and cycling. Policies advocating for pedestrian-friendly infrastructure, cycling lanes, and accessible public transit can stimulate regular physical activity. This not only addresses issues like our low levels of physical activity and high rates of obesity but also supports cardiovascular health, reducing the burden on healthcare partners. Moreover, such initiatives create positive feedback loops by reducing reliance on private car use, leading to lower air pollution and better respiratory health.

Enhanced Mental Health:

Positive mental health outcomes result from environments conducive to wellbeing. Policies prioritising the creation of supportive environments, both in workplaces and communities, play a significant role in fostering

mental wellbeing. For instance, promoting work-life balance and ensuring access to green spaces in urban planning positively impact mental wellbeing. Reducing stress levels and fostering resilience through policy initiatives can lead to a healthier and more mentally resilient population in the West Midlands.

Reduced Health Inequalities:

Striving for equal opportunities to good health is paramount in policies aimed at addressing health inequalities. Ensuring all communities have equal access to essential resources, including healthcare facilities, quality education, and employment opportunities, can significantly contribute to reducing disparities in health outcomes.

Safety and Injury Prevention:

Directly addressing safety concerns in policymaking, including those related to transportation, workplace safety, and community design, can lead to a reduction in injuries and accidents, contributing to overall community safety. For example, HiAP initiatives can integrate safety considerations across various sectors, including transportation. Initiatives that prioritise pedestrian-friendly infrastructure, implement traffic calming measures, and enhance public transportation safety contribute to reducing injuries and accidents. Community design policies that prioritise safe public spaces and reducing anti-social behaviour and environmental hazards also contribute to overall community safety.

Access to Healthcare:

Policies that ensure equitable access to healthcare facilities have a direct impact on health, particularly for vulnerable populations. HiAP helps to identify policies that ensure all residents, including vulnerable populations, have equitable access to healthcare facilities. This involves planning and implementing infrastructure that connect communities to medical facilities. Additionally, considering the

needs of individuals with mobility challenges and creating accessible options contributes to improving overall access to healthcare services.

Environmental Health:

Policies considering environmental sustainability and adaptation, such as those addressing air quality, can have direct implications for our health. HiAP can contribute to mitigating environmental factors that affect health. For example, prioritising policies focused on environmental sustainability, particularly those addressing air quality. Policies to reduce emissions, promote green spaces, and encourage sustainable transportation methods contribute to mitigating environmental factors that directly impact population health. By improving air quality, the WMCA can reduce the prevalence of respiratory illnesses, cardiovascular diseases, and other health issues associated with poor environmental conditions.

While HiAP presents a significant opportunity, it is essential to recognise that its impact unfolds over the long term and is shaped by factors like policy comprehensiveness, inter-sectoral collaboration, community engagement, and the specific health determinants under consideration. Acknowledging the time and complexity inherent in achieving meaningful health outcomes through HiAP is crucial for sustaining commitment throughout the policy implementation process. Success in HiAP depends on a comprehensive, collaborative, and long-term approach that addresses the multifaceted nature of the wider determinants of health. By addressing health determinants comprehensively, the WMCA can pave the way for a region that supports physical wellbeing, prioritises mental health, reduces inequalities, and fosters a safe and supportive environment. This holistic approach sets the stage for a healthier, more equitable, and sustainable future for the residents of the West Midlands.

4.4 Recommendations for the WMCA

The WMCA has a central role in shaping the conditions for good health for everyone in the WMCA area. The WMCA's remit, and scale mean its focus will be most effective in driving change on the conditions that shape our region's health, rather than the downstream impact on health outcomes.

We need to acknowledge this is a longterm project that requires sustained action and focus to achieve results. The actions we will take to achieve this are:

A systemic adoption of health in all policies across the WMCA: this report shows mixed take up in adopting a health in all policies approach across the WMCA, the next step is to ensure there is a robust process embedded within the organisation and that all policies developed by the WMCA are scrutinised for their impact on people's health. This is the first step, in a maturity model moving towards our ambition that desired health outcomes will begin to inform and shape policy creation across all directorates. This approach is geared towards delivering practical actions that contribute to healthier individuals, enabling them to make more significant contributions to the economy and their communities, thereby reducing demand pressures on health and care services.

Clarify and communicate how the work of the different WMCA directorates impact on health and wellbeing outcomes for the region: logic models for four departments of the WMCA have been co-designed to clearly articulate the link between their work and health and wellbeing improvements, and to begin to understand how

we might measure and monitor our progress. This allows us, as a combined authority, to comprehend the difference we might be making to the health and wellbeing of our residents as well as communicate to external partners how we seek to improve health outcomes for the WMCA region

Embed Health metrics within our monitoring, reporting and impact measurement frameworks, including the Inclusive Growth Framework and Single Settlement functional strategies: HiAP has a key role to play in transforming our regional economy and contributes to creating a more inclusive economy. We need to pursue a more rigorous approach to HiAP within our Inclusive Growth Framework, integrating the two systematically will enable the WMCA to drive forward a regional economy which is more inclusive in its benefits, places a strong emphasis on addressing health inequalities and improves overall health outcomes. This report sets out how HiAP can support the delivery of the key fundamentals and drive inclusive growth, building a stronger and fairer economy which fosters health and wellbeing.

Strengthen governance, oversight and collaboration of WMCA and system wide initiatives to tackle health inequalities: Working with the newly formed Governance Panels of the WMCA and the WMCA Executive Board and the Health Equity Advisory Council (HEAC) system partners will be proactively linked in, consulted and authorise joint pieces of work to take forward.



Chapter 5 – Working towards health equity

In the previous section we have outlined the role that WMCA can play in tackling the region's health challenge, but we know that is only one part of an intricate jigsaw. We now look to the wider system, our NHS, Local Authority and VCFSE partners, to examine how we can work together to drive change for our residents.

We know this is not something any one of our organisations can achieve alone. We know that success will be the cumulation of our combined actions at many levels from local communities to region wide, focusing both on creating the conditions for good health to preventing illness and accidents, as well as identifying and treating those who are already ill.

Though system partners in the WMCA area are keen to build on joint and collaborative working and explore the opportunities that it will provide, they are also realistic about some of the challenges and potential barriers that may make progress difficult. There are elements that are beyond local and regional control that would benefit from national engagement and action.

There is a need to get the basics right to enable time and capacity to focus on shifting the dial on entrenched inequalities. Along with other areas in the country, the region needs adequately staffed health and social care services to meet the needs of our population. Our health and social care partners are facing workforce issues, with high vacancy and low retention rates in both NHS and Social Care which ultimately translates into the quality of care that can be provided. While we continue to address this in the region, both through our health partners working within the ICS, and in partnership with the WMCA Adult Skills function to support workforce constraints, there would be a huge benefit from a fully funded long-term workforce plan for both the NHS and Social Care providers.

The WMCA area contains some of the most deprived areas in the country and we know that funding formulas for healthcare spending do not always reflect where the need is greatest. The latest report from the Institute of Health Equity “England’s Widening Health Gap” neatly illustrates the inverse care law, that the shorter the life expectancy, the greater the need; more over demonstrates that the greater the need, the greater the reduction in funding since 2010⁵². In the NHS funding has often historically been weighted towards older patients, meaning that areas with lower life expectancy miss out. People living in areas of greater deprivation are more likely to have co-morbidities and are often less able to engage in protective health activity which is more resource intensive. We need the right funding formulas to help us focus our efforts and be able to invest in the changes that our population needs. The Hewitt Review identified a number of financial barriers ICS’ encounter when attempting to shift their focus to preventative interventions, it recommends greater payment mechanism flexibility to enable ICS’ more freedom to determine allocations for services and appropriate payment mechanism. It also called for more re-current funding across multiple years to enable ICS’ to lift their heads from annual fire-fighting to consider more preventative interventions over the long term⁵³.

Over the last decade or so there has been a lack of central government attention on or clear direction on the importance of health and on tackling health inequalities. NHS England has more recently developed a framework to support the health service to begin to focus their work on health inequalities, but there has been a lack of structure to address the conditions that shape our health (the fourth purpose of the ICS is loosely being used for this reason) and the role that central government can play in creating health across its departments. A national focus on the importance of health, not just to individuals and their families but to the regional and national productivity and economy,

would support the work that is being driven locally and regionally. Central government must be clear about the role health can play and understand that investment in prevention, and that all government departments can have a role in creating positive co-benefits for health, with the right incentives. Clear central messaging on this would support regional and local work, while central targets and clear ambitions across government departments would motivate and encourage similar work at a regional level.

To shift our focus on the upstream, addressing our populations, health needs at the earliest possible stage and concentrating on creating the conditions that promote good health will require disruption to the existing systems and mechanisms that treat ill health. We will need a permissive culture that supports new ways of working and new models of partnerships, which enable money and capacity to move to the places and people where the most difference will be made.

The launch of the Mayor’s Health Equity Advisory Council (HEAC), which brings together leaders from the region’s NHS Integrated Care Boards (ICBs), Integrated Care Partnership (ICP), OHID, NHS England and local authority public health teams, chaired by the Mayor of the West Midlands, has served as a regional effort in establishing a pragmatic approach to system alignment in the region. It also capitalises on mayoral leadership in this space, something which has been suggested as being a powerful ally in driving forward regional change in health⁵⁴. The HEAC intends to serve as the cross-reference group on health system alignment of the WMCA work on health that has a direct impact or overlap with healthcare services, with a special focus on system wide alignment on health inequalities.

52 <https://www.instituteofhealthequity.org/resources-reports/englands-widening-health-gap-local-places-falling-behind/read-the-report.pdf>

53 <https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf>

54 https://assets.kingsfund.org.uk/f/256914/x/4a73fc5983/role_of_cities_in_improving_population_health_2018.pdf
<https://reform.uk/wp-content/uploads/2024/04/Close-enough-to-care.pdf>
<https://www.nhsconfed.org/publications/prevention-population-prosperity-devolution>

5.1 New ways of working together

This requires equal, open and coordinated collaboration between system partners, acknowledgement of the different roles our organisations can play in tackling health inequalities, and ensuring our priorities and actions align to deliver impact that is greater than the sum of our parts.

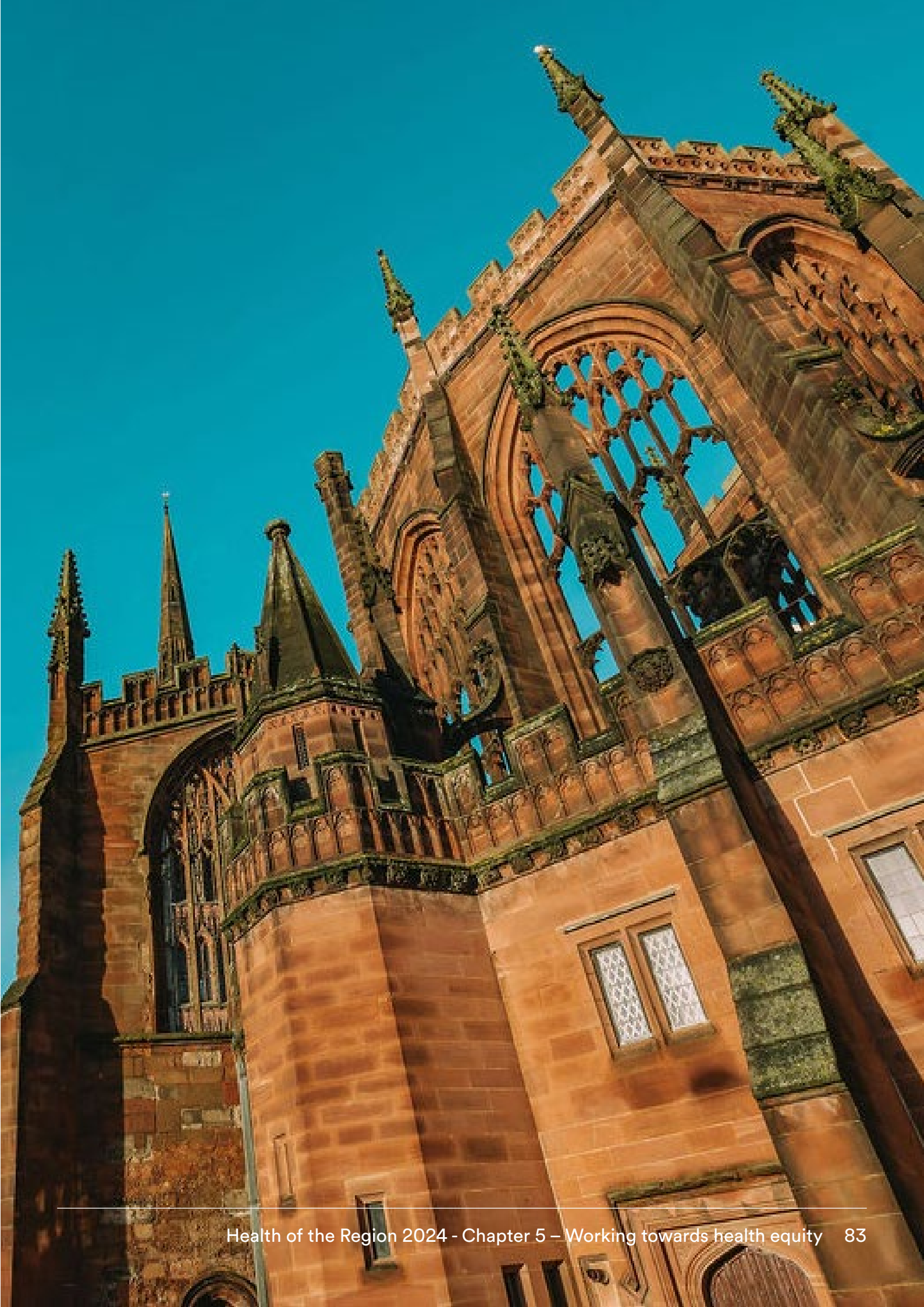
If we have not been able to drive forward sustained change in the last decade, we cannot expect a different outcome if we continue to take the same actions and work in the same way. Collaboration through the Health Equity Advisory Council has enabled us to begin to collectively explore new approaches to our shared challenge. There are opportunities to drive our partnership work further, to test new models and ways of working.

Utilising the opportunities within trailblazer devolution deal, especially around future single settlement considerations for actions on multiple disadvantage and aligned budgets with NHS and partners for collective action, will be key to shifting the dial on long-standing health inequalities.

There is also scope to learn from and build on each other's successes. For example, Coventry's success in becoming a Marmot City, which could be replicated on a regional level.

Through the HEAC we have begun to explore areas where regional and focused collaborative action can have greater impact when combined with existing work and strategies. The first stage has been to establish an understanding of where our system's priorities align and what issues would benefit from collective focus and identify ways we can take this forward. Findings from this report (HOTR 2024), have been mapped against the priorities outlined in the ICB joint forward plans and outcomes framework, as well as local authorities Health and Wellbeing Strategy priorities.

In 2013 Coventry decided to become a 'Marmot City' using the Marmot Review as a framework for tackling the city's health inequalities. By being a Marmot city, all policies and services commissioned across Coventry, such as housing and transport, will take into account the impact they will have on health equity before they are implemented. This has led to reductions in inequalities: In 2015, Coventry was ranked the 60th most deprived local authority, and this dropped to 81st in 2019. The proportion of people considered the most deprived in the local authority reduced from 18.46% in 2015 to 14.36% in 2019, with this drop in percentage points being higher than the trend seen elsewhere across the country.



5.2 Priorities

Black Country ICB Joint Forward Plan Priorities

- Improving access and quality of services
- Care closer to home
- Preventing ill health and tackling health inequalities
- Giving people the best start in life
- Best place to work
- Fit for the future

Local Authority Health and Wellbeing Strategy Priorities

Sandwell

- Improving outcomes for children and young people
- Improving mental health
- Reducing unplanned, emergency hospital admissions
- Reducing morbidity from respiratory disease
- Reducing morbidity from cardiovascular disease
- Improving care for older adults

Walsall

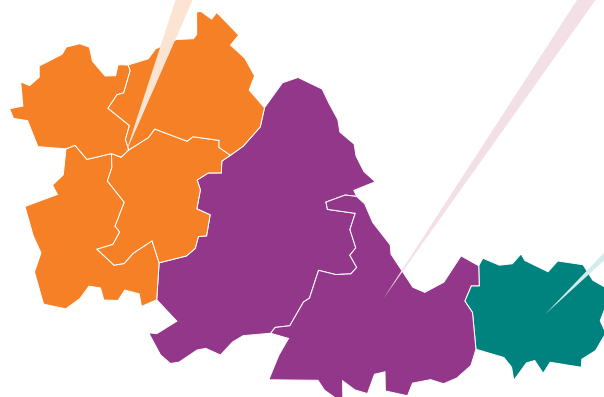
- Mental Wellbeing
- Children and young people
- Digital approach

Wolverhampton

- Starting and growing well
- Getting Wolverhampton moving
- Reducing addiction and harm

Dudley

- Children ready for school by the age of 4
- Fewer people die of circulatory disease
- More women screened for breast cancer



Birmingham and Solihull ICB Joint Forward Plan Priorities

- Reduce inequalities
- Deliver integration for people
- Be there across the life course
- Protect people from harm
- Build develop, and retain a great inclusive workforce
- Contribute to the wider determinants of health

Local Authority Health and Wellbeing Strategy Priorities

Birmingham

- Healthy affordable food
- Mental wellness and balance
- Active at every age and ability
- Contributing to a green and sustainable future
- Protect and detect

Solihull

- Support parents, families and communities to make sure that all babies have the best possible start in life
- Employment and training which maintains and improves physical and mental health
- Develop the early intervention approach across Solihull with older people

Coventry and Warwickshire ICB Joint Forward Plan Priorities

- Prioritising prevention and improving future health outcomes through tackling health inequalities
- Improving access to health and care services and increasing trust and confidence
- Tackling immediate system pressures and improving resilience

Local Authority Health and Wellbeing Strategy Priorities

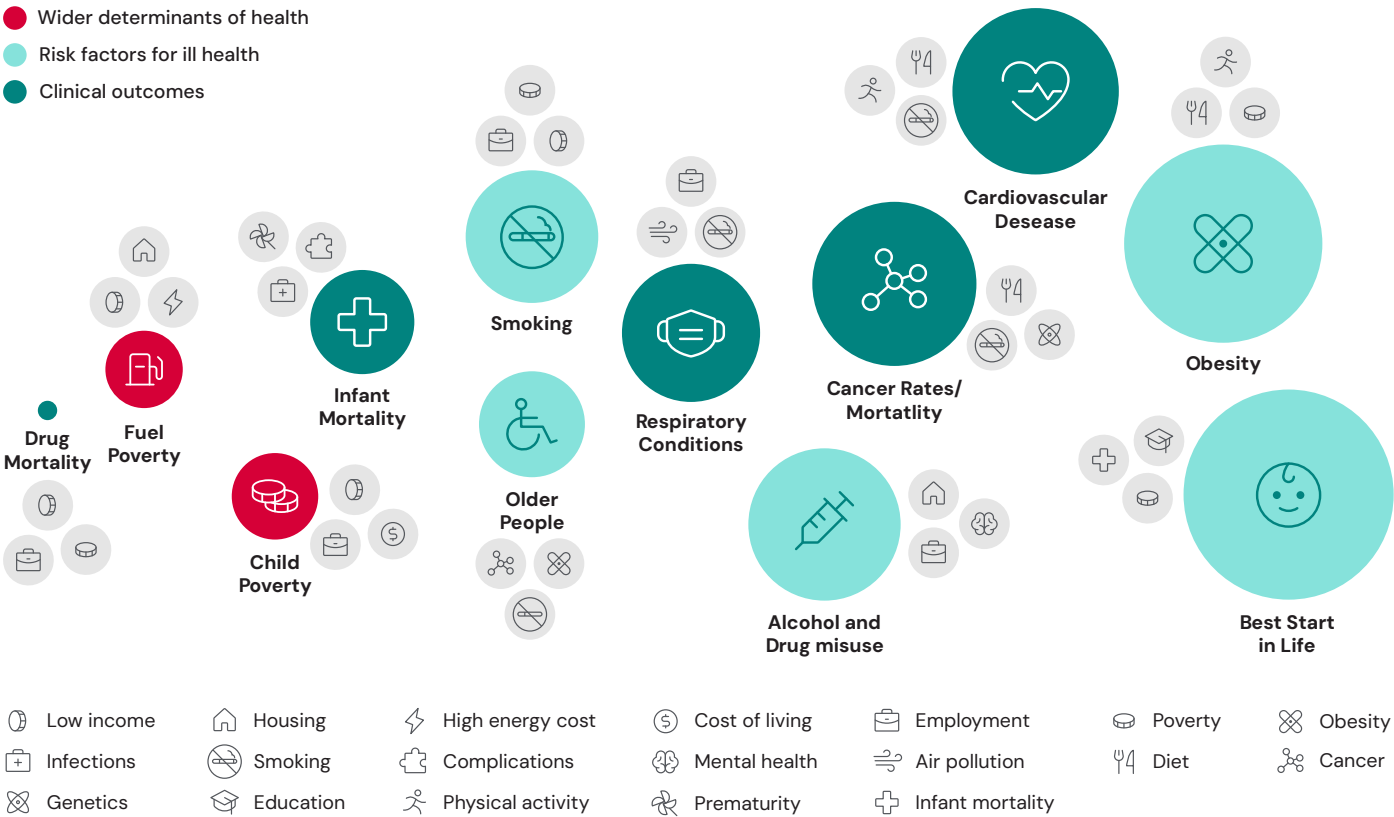
Coventry

- Loneliness and isolation
- Young people's mental health and wellbeing
- Working differently with our communities

5.3 Agreeing a ‘north star’

Mapping our shared priorities against the data, presented earlier in this report, helped to illustrate where we collective as a system might want to focus our efforts, and prompted discussion by HEAC members as to how we might go about doing it.

Mapping system priorities



(Mapping potential North Stars, size of circles represents number of times issue raised across the strategies, annotated with top three drivers for that priority)

During a workshop hosted by the Centre for Thriving Places the HEAC members developed a proposal to identify a single ‘north star’, a foundational priority focus for the group: driving up **Physical Activity (PA)** across the region. The grounds for this decision included:

- The potential significance of impact in increasing physical activity for the region’s population, on a range of different clinical health outcomes, including obesity, cardiovascular disease, mental health and cancer, across the whole life course.

- The ability of local decision makers and stakeholders to meaningfully influence this driver of health, and how collective action through our different spheres of influence could increase impact and likelihood of systematic change.
- The specific ways in which stakeholders the HEAC represents can work collaboratively at regional level, in the WMCA area, to add value on this issue, recognising that this 'north star' does not detract from existing priorities, strategies and workplans and should be an enabler for delivery of those plans.
- To act as a test bed for closer working to model best practice for future collaborative work (such as the pursuit of a Marmot Region), allowing partners to test and pilot new approaches and new ways of working for a more aligned system that can tackle issues across the spectrum of prevention.
- The region continues to have one of the highest levels of physical inactivity and inequalities in those who take part in England.

Having agreed on a single focus, the HEAC identified a series of priority action areas that are most relevant to driving forward progress on increasing physical activity in the WMCA area, these included:

- The drivers (including health behaviours, but also the structural drivers of wider social determinants)
- How different levers across the system could most effectively be pulled to drive change (around active travel, investment in green and blue spaces, investment in community capacity etc).

This work has established an emerging structure for the strategic action plan that can now be developed to drive work forward on this shared priority. Agreed aims to work towards are:

1. **All members of all communities in the region are undertaking a minimum of 30 minutes physical activity each day**
2. All health services have **meaningfully integrated physical activity into relevant clinical pathways** across the primary and secondary care system
3. That the **physical, social and economic** environment in the region **actively facilitates** all communities to undertake a minimum of 30 minutes of physical activity each day.
4. There is a collective evaluation framework to evaluate the impact and learning of this test bed approach.



Members of the HEAC have committed to working in the following areas to deliver these ambitious aims:-

Influence health behaviour to be more physically active by:

- Strengthening community capacity
- Investing in school partnerships
- Building on Housing Associations/ health innovation
- Developing employer capacity and action

Embed physical activity into health and social care pathways by:

- Developing practice in clinical care
- Connecting public health, primary and community health and leisure sector providers

Create a physical, social and economic environment in the region that facilitates all residents to be physically active by:

- Developing a holistic action plan for connecting transport, active travel and planning approaches
- Reducing poverty
- Ensuring existing and new green, blue and grey spaces, housing and regeneration promote physical activity

5.5 Our next steps are to

1. Establish a HEAC working group to develop a detailed strategic action plan for physical activity, building on previous and existing activities and actions, map priorities and investment as a test case to establish structures and approaches for regional joint working.
2. Explore additional funding streams to support community led activity on physical activity across the region – to include a focus on how to ensure the region realises the benefit and impact of the WMCA Sports England MOU and connected institutions.
3. Work specifically through Integrated Care Partnerships, as the key forum through which ICBs, LAs and VCFSE infrastructure partners can interact structurally, to identify practical approaches to delivering infrastructure support to the VCFSE / community organisations to deliver programmes of work to increase physical activity.

5.6 Recommendations for system partners

- **Use HEAC as a forum to share learning from successes and failures** of partners to address health inequalities, to support other partners to build on the learning and experience of peers and colleagues.
- **Use the collective focus on physical activity to explore and evaluate new ways of joint working.** To drive the positive change we are seeking for better health outcomes and reduced inequalities; we cannot do more of the same and expect different outcomes. Along with Greater Manchester Combined Authority, the WMCA has the ability to maximise the benefits from the trailblazer devolution deal from government, which includes future single settlement considerations for work on multiple disadvantage, bringing additional funds into the region. We should utilise this opportunity to work with NHS on alignment of budgets through section 75 arrangements, maximising joint efforts where partners from the NHS and local authority agree there is most need for collective action.
- **Review the impact becoming a Marmot Region could have on addressing health inequalities for the region:** the Health of the Region 2020 report called for the WMCA to pursue a Marmot Region, this was not seen as a viable option at the time, however given the latest report from the Institute of Health Equity and the learnings from Coventry, one of the first Marmot Cities in the country, it now seems an opportune moment to re-consider our focus and jointly consider becoming a Marmot Region. We will call on the newly formed Health Equity Advisory Council, to set this as a goal for us as a region and system partnership.

5.7 Recommendations for Central Government

In order to support our work at regional and local level as a system we need sustainable and fair funding to invest in prevention and health improvement:

- Recommend **review of the current formula for health funding allocation to ensure it reflects the reality of tackling health inequalities.** Areas of multiple deprivation with lower life expectancy often receive lower funding levels and yet have higher healthcare costs, while areas with older 'healthier' population receive more. We would like funding allocations to reflect the poorer health our population exhibits, and the additional costs that this places across our systems.
- Recommend **central government commits to fully funding the NHS workforce plan and matching funding for the social care workforce** to ensure local systems can deliver the health and social care services that are needed.
- Recommend **central government deliver on its commitment within the trailblazer devolution deal with WMCA to better join-up funding related to population health improvement and prevention** and where possible relevant new future, funding streams relating to population health improvement and prevention are under consideration, government will engage with WMCA and its constituent local authorities to discuss whether the WMCA' allocation could be included as part of the department-style single settlement, ensuring that new funding streams do not include new allocations from existing funds.

A consistent national focus on health improvement and prevention will support regional, and local work to improve health outcomes.

- National government should be **explicit about the role health plays in creating a more productive economy** as well as understand that investment in a basic level of public service provision will have positive health benefits, and lead to savings in downstream health care.
- Recommend further shift in national focus from simply treating illness to actively promoting health and wellbeing, reducing inequalities and tackling the wider determinants of health, and supporting the public to be active partners in their own health across all central Government's work. This could be **achieved through a "Whole Government Approach to Health"**, which would sit across government departments putting prevention at the heart of policy making, with all national spending assessed for health impact, and include robust targets and monitoring linked to health outcomes, which will be reflected at a regional and local level.
- Recommend that **central government and national bodies should enable and support the disruption needed to make intervening in care upstream a mainstream model** is not an add-on project but a re-invention of the status quo. This requires the creation of a permissive environment to test and trial new structures, approaches and activities, it might require new funding or partnership models and holding a greater appetite for risk.

Conclusion

This report shows that over the last decade despite our best efforts we have not seen the progress we would have liked on our region's health outcomes. Residents in the WMCA are likely to die earlier than the national average.

There are significant factors at play, some of which are beyond the control of the WMCA, but this report has made progress in exploring and examining how we can shift the dial in our work as a Combined Authority on the wider determinants of health. Additionally, it discusses how, together with our system partners (NHS ICBs, Public Health, and VCFSE), we can collectively adopt new approaches and pilot initiatives to achieve long-term improvements in regional health outcomes and reduce health inequalities.

The report identifies the importance of focusing on the wider determinants of health for our region, it highlights that the share of preventable deaths in our region has not shifted in a decade, and the unique and specific role that the WMCA can play in shaping the broader conditions that shape the regions health and wellbeing. The sheer scale of opportunity in embedding health into our policy making in the WMCA has been evidenced by causality within our logic models and outlines the potential we have to build environments that give people in the

WMCA region the opportunities to achieve good health, no matter their socio-economic circumstances. Working to consider the impact of all our policies on the WMCA's populations' health – from housing, to transport, the environment and energy, to education and skills – will help to ensure that people are healthier, happier, and able to contribute more to the economy and their communities, as well as reduce the burden on local health and social care services. Albeit, doing so without any statutory requirement or additional resources that would have been afforded through a formal health duty, remains a challenge.

The WMCA has instigated new governance models to drive this work forward. The Mayor of the West Midlands will continue to play a key role in our drive to reduce health inequalities in the region, through the Health Equity Advisory Council (HEAC). Working with the HEAC, we've identified the imperative to work collectively and collaboratively as a partnership to deliver significant change for our region. We have agreed to focus initially on **physical activity** as our 'North Star' to drive forward change on shared health challenges such as high rates of obesity and mortality from cardiovascular disease. There is much work to be done, and to sustain momentum, we have set out clear next steps to be undertaken by HEAC.

We look forward to capitalising on this approach which aspires to build a strong foundation for future collective action, as well as reaping the benefits of a single priority area to focus our collective efforts on.

We recognise each of our unique organisational strengths and limitations, to ensure our cumulative efforts add up to more than the sum of our actions and drive real and positive change for the health and wellbeing of the people living in the WMCA Region.

Our ambition, shared by our system partners, is to shift the dial to improve health outcomes for all our residents living in the WMCA area, to shape our region into one that promotes health and wellbeing, this report sets out the blueprint for these ambitions and asks for shared sustained focus and determination to make the difference that the residents of the WMCA deserve.



