

# Public Document Pack



**West Midlands  
Combined Authority**

## Wellbeing Board

**Date:** Wednesday 6 March 2024  
**Time:** 10.00 am **Public meeting** Yes  
**Venue:** Room 116, 16 Summer Lane, Birmingham, B19 3SD

### Membership

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Jasbir Jaspal (Vice-Chair)	City of Wolverhampton Council
Councillor Karen McCarthy (Vice-Chair)	Birmingham City Council
Mark Axcell	Black Country Integrated Care Board
Councillor Margaret Bell	Warwickshire County Council
Councillor Ian Bevan	Dudley Metropolitan Borough Council
Councillor Kamran Caan	Coventry City Council
Councillor Tony Diccico	Solihull Metropolitan Borough Council
Councillor Gary Flint	Walsall Metropolitan Borough Council
Councillor Julian Gutteridge	Nuneaton and Bedworth Borough Council
Councillor Suzanne Hartwell	Sandwell Metropolitan Borough Council
Philip Johns	Coventry & Warwickshire Integrated Care Board
Sarah Marwick	NHS England General Practitioner Representative
Jo Pitman	West Midlands Police
Sean Russell	Universities West Midlands (Coventry)
Lisa Stalley-Green	Birmingham & Solihull Integrated Care Board
Dr Justin Varney	West Midlands Association of Directors of Public Health Representative
Mike Wade	Office for Health Improvement & Disparities / NHS England
Pete Wilson	West Midlands Fire Service

Quorum for this meeting shall be the Portfolio Lead for Wellbeing *and* three other voting members (those appointed from constituent and non-constituent authorities).

If you have any queries about this meeting, please contact:

**Contact** Craig Evans, Governance Services Officer  
**Telephone** 07584 009024  
**Email** [craig.evans@wmca.org.uk](mailto:craig.evans@wmca.org.uk)

# AGENDA

No.	Item	Presenting	Pages	Time
<b>Items of Public Business</b>				
1.	Apologies for Absence	Chair	None	10:00
2.	Declarations of Interest Members are reminded of the need to declare any disclosable pecuniary interests they have in an item being discussed during the course of the item being discussed during the course of the meeting. In addition, the receipt of any gift or hospitality should be declared where the value of it was thought to have exceeded £25 (gifts) or £40 (hospitality)	Chair	None	10:05
3.	Chair's Remarks (if any)	Chair	None	10:10
4.	Minutes - 12 December 2023	Chair	1 - 6	10:15
5.	Combined Authorities Programme and Learnings from other Combined Authorities - Cover Note	Claire Humphries	7 - 24	10:20
6.	Implementing Health in all Policies and Joint Reporting: Discussion	Simon Hall	25 - 30	10:50
7.	Thrive Programmes: Update	Dr Tatum Matharu	31 - 56	11:20
8.	High Level Deliverables Update	Dr Mubasshir Ajaz	57 - 68	11:40
<b>Date of Next Meeting</b>				
9.	To be confirmed	Chair	None	11:55



## West Midlands Combined Authority

### Wellbeing Board

Tuesday 12 December 2023 at 10.00 am

### Minutes

#### Present

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Karen McCarthy (Vice-Chair)	Birmingham City Council
Sean Russell	Universities West Midlands (Coventry)
Rebecca Howell-Jones (Substitute)	Birmingham City Council
Giri Rajaratnam (Substitute)	Office for Health Improvement & Disparities

#### In Attendance

Mubasshir Ajaz	West Midlands Combined Authority
Rachael Clifford	West Midlands Combined Authority
Craig Evans (Secretary)	West Midlands Combined Authority
Helen Frost	West Midlands Combined Authority

#### In Attendance via MS Teams

Julia Cleary	West Midlands Combined Authority
Simon Hall	West Midlands Combined Authority

#### Item Title No.

#### 54. Apologies for Absence

Apologies for absence were received from Mark Axcell (Black Country Integrated Care Board), Councillor Margaret Bell (Warwickshire County Council), Councillor Ian Bevan (Dudley Metropolitan Borough Council), Councillor Kamran Caan (Coventry City Council), Councillor Tony Dicccico (Solihull Metropolitan Borough Council), Councillor Julian Gutteridge (Nuneaton & Bedworth Borough Council), Councillor Suzanne Hartwell (Sandwell Metropolitan Borough Council), Councillor Jasbir Jaspal (City of Wolverhampton Council), Lisa Stalley-Green (Birmingham & Solihull Integrated Care Board), Peter Wilson (West Midlands Fire Service), Justin Varney (West Midlands Association of Directors of Public Health Representative) and Mike Wade (Office for Health Improvement & Disparities / NHSE Midlands).

The substitutes attending the meeting on behalf of Mike Wade was Giri Rajaratnam (Office for Health Improvement & Disparities) and for Justin Varney was Rebecca Howell-Jones (Birmingham City Council).

The meeting was inquorate and therefore the decisions contained within the recommendations of the reports would be ratified at the WMCA Board on 12 January 2024.

**55. Chair Remarks (if any)**

The Chair welcomed attendees of the Wellbeing Board to the meeting and encouraged future in person meetings to improve on inqorate meetings to enable attendees the ability in getting to know each other better in person during discussions and to share ideas together.

**56. Minutes - 3 July 2023**

The minutes of the meeting were approved as a correct record, subject to an amendment of Mike Wade's dual representation which was noted incorrectly as NHS England and to amend to Office for Health Improvement & Disparities / NHSE Midlands.

**57. Governance: Wellbeing Board Development Day**

The board considered a report from the Head of Health & Communities, Mubasshir Ajaz, to note the key discussion points from the Wellbeing Board development session held on 5 October 2023 that was facilitated by the West Midlands Combined Authority's (WMCA's) Governance team to outline the proposed changes to the Wellbeing Board governance and to organise the board in a way which was more meaningful and utilised the considerable leadership qualities of members from local authorities to be able to align itself to the health in all policies approach being promoted from within the Wellbeing Board. The changes included the introduction of new sub-groups and the new Mayor's Health Equity Advisory Council, as well as consideration to on-going Wellbeing Board membership and consideration for hybrid meetings to continue to increase engagement with members.

The Head of Corporate Support & Governance, Julia Cleary, noted the feedback from the development session that focussed on the purpose of the Wellbeing Board to highlight key discussion points and the importance in understanding the added value of the board in which ideas and best practices were shared between local authorities, health organisations and partners for the West Midlands region, improved engagement with communities, consistency of approach, effective leveraging and ensuring that the passion from a local level was not lost.

Furthermore, the establishment of the new Mayor's Health Equity Advisory Council would bring together expert advice feeding into the Wellbeing Board to enable a more strategic approach to be built into the Wellbeing Board Terms of Reference and approved at WMCA Board to support the health in all policies due to an overarching approach and better connection internally with other directorates within the WMCA, as well as external work being carried out at local levels.

Councillor McCarthy noted the importance in member engagement, whether in person or virtually, was vital to the success in the changes, to which the Chair agreed and outlined her preference in at least one or two in person meetings per year as opposed to hybrid meetings.

The Head of Health & Communities noted that in-person meetings would continue to be encouraged, however as proposed within the report to continue to provide a hybrid meeting option to encourage more engagement and to take advantage of broader engagement with the health system through the Mayor's Health Equity Advisory Council and through the sub-groups, led by Wellbeing Board members, which aligned to the health in all policies area. The Chair responded to note that the sub-groups would prove extremely valuable in bridging across the different board meetings.

In response to Councillor McCarthy who noted that as there was no health duty, the context of work needed to focus on the role of the WMCA, particularly as some of the functions around hyper local working within communities still sat with relevant local authorities and health organisations. The Chair agreed and noted that the Wellbeing Board's focus had always been to provide additionality for approval at WMCA Board rather than to reinvent what had already been achieved in member organisations.

The Head of Corporate Support & Governance noted that by submission of items to the Wellbeing Board following sub-group meetings and by updating the Terms of Reference, should improve attendance levels of board members and engagement due to the additionality in making a difference and impact to communities across the West Midlands.

The Head of Health & Communities referred board members to the Terms of Reference within the report to note the proposed Mayor's Equity Advisory Council, Health & Employment Advisory Group, Physical Activity Advisory Group and the Disability Exemplar Working Group. The Chair noted and the board agreed following scrutiny of each sub-group to commence initially with establishing the Disability Exemplar Working Group first as the Terms of Reference neared completion, followed by the Physical Activity Advisory Group and then finally the Health & Employment Advisory Group.

The Strategic Lead for Wellbeing & Prevention, Simon Hall, agreed with the Chair's sequencing of the sub-groups commencement and noted in regard to disability in particular, that the establishment of the Disability Exemplar Working Group would demonstrate the value of work undertaken by the Wellbeing Board over the past couple of years to strengthen disabled systems and voices through a connected multi stakeholder relationship, where there was now a platform to begin to explore those areas around being an exemplar region following identification of key members within the system and to build out with citizens, accompanied by local authority, Office for Health Improvement & Disparities and Integrated Care Board representation to drive that work forward and to report back to the Wellbeing Board.

The Head of Health & Communities introduced the Senior Programme Lead - Commonwealth Games Legacy (Inclusive Communities), Helen Frost, who shared a presentation and provided board members with an overview of the Inclusive Communities Grant Programme of £9million, administered by the Heart of England Community Foundation, which was part of the Commonwealth Games Legacy & Enhancement Funding for sport, physical activity, mental health and wellbeing, and arts, culture and creativity investments that Constituent and Non-Constituent Authorities in the region could apply for.

Following the presentation, the Chair noted that it would be beneficial for the board to have the ability in receiving the locations and projects of the grant allocations across the West Midlands and outcomes over time that the Senior Programme Lead - Commonwealth Games Legacy (Inclusive Communities) confirmed would be presented to the board at a future meeting. The Head of Health & Communities suggested that it would also benefit and prove valuable to board members in the identification of any projects that were funded and aligned to the West Midlands Mental Health Commission findings and recommendations to include within the future Inclusive Communities Grant Programme update to the board.

Resolved:

- (1) The key areas of discussion from the Wellbeing Board development day on 5 October 2023 as provided in the report be reviewed.
- (2) The Terms of Reference for the Mayor's Equity Advisory Council be noted.
- (3) The revised Terms of Reference and governance of the Wellbeing Board which would be approved by the WMCA Board be endorsed.

#### **58. Health of the Region Report 2023**

The board considered a report from the Head of Health and Communities who noted that the Health of the Region 2023 report was due to be published by the WMCA in January 2024 and that his team had been drafting the report and would present the emerging findings to the Wellbeing Board during the meeting.

The report was supplemented by a presentation that was introduced by the Head of Health & Communities and to note that the WMCA had a pivotal role to play in shaping the conditions that create unfair differences in health outcomes for the West Midlands region and provided an update on the key outcomes from the previous Health of the Region 2020 report where Covid-19 highlighted the extent of the region's health inequalities, the WMCA fostered collaboration between partners in the region to address health inequalities and also established a Health of the Region roundtable.

The Senior Delivery Manager – Healthy Communities & Mental Wellbeing, Rachael Clifford, continued the presentation to note the key health issues and impacts for the region following the previous report iteration in 2020 and comparative data used.

The presentation noted that life expectancy in the region had decreased and was falling at a faster rate than the national average, which was further broken down in to the seven Constituent areas within the region that had the greatest impact dependant on where a person lived. The causes of preventable diseases as a contributing factor for the WMCA area were noted as higher levels of being overweight and obesity in adults and children, the lowest levels of physical exercise in England, increased alcohol related deaths and adult smoking rates that had remained unchanged across the region, apart from Wolverhampton that had seen a significant reduction since 2014. The presentation noted the causes of preventable diseases was further exacerbated by an increasing number of children living in poverty and that the WMCA area had some of the highest rates of fuel poverty in the country.

There had however since the previous report been some positive outcomes in that there had been a reduction in the number of 16-17 years not in employment education or training since 2018, that since 2013/14 there had been progress on reducing the gap between those with physical or mental long term health conditions and the overall employment rate, and that since 2013/14 there had been improvements in self-reported wellbeing for the WMCA area.

The presentation further noted the WMCA's role in improving health outcomes to shape the conditions that influence residents' health outcomes across the region, through the WMCA's devolved responsibilities and role as convenor, as advocate, as commissioner and in delivery across its core responsibilities and by leveraging investment in transport, housing, energy, environment, skills, employment and economy to support the existing collaborative approach and effort between NHS and local authority partners who had a statutory focus on clinical inequalities (Core20PLUS5) and the specific needs of their population (Health and Wellbeing Strategies).

The Senior Delivery Manager – Healthy Communities & Mental Wellbeing noted that the Health of the Region report was due for publication in January 2024 with a roundtable scheduled in March 2024 and to use the report to set the context of the health landscape and highlight some of the work that supported good health. The report itself was still in draft form and the Head of Health & Communities encouraged and welcomed further comments from board members prior to finalisation.

The board discussed some of the current and imminent health issues across the West Midlands and noted in particular concern regarding smoking cessation, increase in opioid drugs and obesity rates in children.

The Head of Health & Communities acknowledged the health issues were very concerning; however the responsibility of such health concerns was the responsibility of Integrated Care Boards and local authority public health teams and that the WMCA would continue to play a convening role to identify health issues facing the region, with a focus on influence, collaboration and seeking opportunities for delivering on health improvements through its devolved powers.

The Chair thanked attendees for their valuable contributions and requested for the Governance Services Officer to draft a letter to be sent to all Wellbeing Board members to be given a further week to provide feedback and comments to the Head of Health & Communities on the draft Health of the Region 2023 report, prior to the report being finalised. The Head of Health & Communities further noted the next steps to publication of the report once further comments had been received from board members to note that the report would be submitted to the WMCA Executive Board on 10 January 2024 for approval to WMCA Board in February 2024, as well as to the WMCA's Overview & Scrutiny Committee. The Health of the Region 2023 report would then be presented in conjunction with the State of the Region report, which was very much focussed across the inclusive growth fundamentals in each of those areas.

Resolved:

- (1) The outline of the Health of the Region 2023 report be noted.
- (2) The draft of the report that had been shared with members be reviewed, with comments and feedback provided.
- (3) The launch of the final report and to promote its implementation through the role of Wellbeing Board members as local leaders be supported.

**59. High Level Deliverables Update**

The board considered a report from the Head of Health & Communities to provide an update on the progress made against high level deliverables for 2023/24.

Resolved:

- (1) The progress against high level deliverables for 2023/24 be reviewed.
- (2) Brief updates against key delivery programmes aligned to the high level deliverables be noted.

**60. Date of Next Meeting**

Wednesday 6 March 2024.

[The meeting ended at 12.01pm].





## Wellbeing Board

<b>Date</b>	6 March 2024
<b>Report title</b>	Combined Authorities Programme and Learnings from other Combined Authorities – Cover Note
<b>Portfolio Lead</b>	Wellbeing – Councillor Izzi Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority e-mail: Laura.Shoaf@wmca.org.uk
<b>Accountable Employee</b>	Dr Mubasshir Ajaz, Head of Health and Communities e-mail: Mubasshir.Ajaz@Wmca.org.uk  Dr Claire Humphries, Delivery Manager, Combined Authorities Programme e-mail: Claire.Humphries@wmca.org.uk
<b>Report has been considered by</b>	None

**Recommendation(s) for action or decision:**

**The Wellbeing Board is recommended to:**

- (1) Note the overview, updates and insights regarding the Improving Health and Reducing Inequalities Combined Authorities Programme as set out in this paper.
- (2) Review the approach being taken by the Combined Authorities Programme central team to sustain capacity within the West Midlands Combined Authority and other participating combined authorities to prioritise work and make tangible progress on improving health and reducing inequalities.

## 1.0 Purpose

- 1.1 The Combined Authorities Programme commenced delivery in October 2023 and the Combined Authorities Programme Delivery Manager will be presenting an overview of the programme and emerging insights to the Board at this meeting. This paper outlines the aims, delivery, and some initial updates and findings from the Combined Authorities Programme.

## 2.0 Background

- 2.1 Following devolution agreements, combined authorities are in a unique position to change the dial on intra-regional inequalities, improve health and tackle health inequalities, as their responsibilities impact upon the economy and the underlying causes of ill health.
- 2.2 The Combined Authorities Programme follows on from the success of the predecessor Cities Inequalities Project (2019-2022), which investigated combined authorities' levers and approaches to improving health and reducing inequalities; This was led by the Greater London Authority in Partnership with the West Midlands Combined Authority and the Greater Manchester Health and Social Care Partnership. The project identified the ways in which regional tiers have potential for significant impact in improving population health and built a learning network across CA regions to facilitate peer learning and collaboration.
- 2.3 In March 2023, the West Midlands Combined Authority was awarded £1.3 million by The Health Foundation to oversee the 3-year Combined Authorities Programme and work with a consortium of 8 other English combined authorities to deliver it. The aim of the programme is to build on previous work to: a) sustain capacity within combined authorities to prioritise work on improving health and reducing inequalities, b) make tangible progress on combined authorities activity to improve health and reduce inequalities, c) extend the evidence base on how combined authorities can add value in improving health and reducing inequalities and increase combined authorities understanding of the levers available to them, and d) strengthen collaboration and peer learning across Combined authorities.

## 3.0 Combined Authorities Programme Delivery

- 3.1 Combined Authorities Programme delivery is being driven by the following components:
  - 3.1.1 **Governance Board:** The Governance Board is overseeing and monitoring delivery of the Combined Authorities Programme and advising on strategy, policy and funding allocations for impact project work that contributes to the delivery of programme aims. It is made up of representatives from The Health Foundation and each participating combined authority Dr Mubasshir Ajaz (Head of Health & Communities, West Midlands Combined Authority) is the Combined Authorities Programme Governance Board Chair and programme Senior Responsible Officer. The Vice Chairs are appointed on a yearly rotation basis, currently, the Vice Chair of the Governance Board is Vicky Hobart, the Group Director of Public Health and Deputy Statutory Health Advisor to the Mayor at Greater London Authority.
  - 3.1.2 **Central Team:** The Combined Authorities Programme central team is hosted within the West Midlands Combined Authority and manages the operation and delivery of the Combined Authorities Programme; 70% of the team's time is focussed on providing capacity to combined authorities & 30% of their time is focussed on building the evidence base and disseminating findings. Team members include a Consultant in Public Health, Delivery Manager, Project Manager, Senior Policy Officer and two Policy Officers.

- 3.1.3 **Embedded Posts:** The Combined Authorities Programme will include 2-5 embedded posts, each hosted by a different combined authority; one embedded post is currently in place in Greater Manchester Combined Authority. These posts will be embedded into specific projects identified by host combined authorities and aligned with programme aims and are supported by the Central Team.
- 3.1.4 **Impact Project Work:** Impact projects will be undertaken in priority areas within or across combined authorities to understand and capitalise on opportunities to improve health and reduce inequalities. These will be delivered through the central team or embedded posts, ensuring that value is added to combined authorities' business as usual activities. Central resources (a Combined Authorities Programme central funding pot and central team capacity) are accessible to participating combined authorities to support this work.
- 3.1.5 **Learning Network:** The Central Team are developing a peer learning network and related communities of practice to facilitate sharing of key learning/resources and support collaboration amongst combined authorities and wider partners. An online platform will also be established to host this network.
- 3.1.6 **Research and Insights Partner:** A Research and Insights Partner has been commissioned by The Health Foundation to distil key insights from the programme and explore research and learning from regional devolution in relation to improving health and reducing inequalities. This partner will have a close working relationship with the Combined Authorities Programme central team.

#### 4.0 Updates and emerging insights

- 4.1 The embedded post within Greater Manchester Combined Authority was onboarded in September 2023 and is leading on a project aiming to mobilise a **system-wide approach** to address increasing levels of **economic inactivity resulting from poor health** amongst those aged **50-64 yrs**. They are currently working with combined authority and system colleagues to understand existing inequalities, establish a project team consisting of key stakeholders and scope key contacts and data sources.
- 4.2 The Combined Authorities Programme central team based within the West Midlands Combined Authority was fully onboarded and commenced delivery in October 2023. Since then, two Governance Board meetings have taken place and a year one delivery approach and the following priority thematic work areas have been established, based on discussions regarding key cross-regional challenges:
  - 4.2.1 **Developing relationships with Integrated Care Systems**
  - 4.2.3 **Work and health**
  - 4.2.4 **Political landscapes and devolution**
- 4.3 In January 2024 a process was launched enabling participating Combined Authorities to request central programme resources to support the delivery of impact project work; two applications have been received and are currently under review. Further impact project requests are under development by the West Midlands Combined Authority Health and Communities colleagues.
- 4.4 Opportunities are being identified to connect colleagues working across key health-related policy areas to facilitate collaboration and peer learning; A cross-regional discussion regarding **climate adaption and health** has taken place and arrangements are being made for discussions regarding **employment and health** and **housing and health**, which West Midlands Combined Authority colleagues will be involved in.

- 4.5 Policy briefings regarding **economic inactivity and health** (see Appendices A & B) have been developed and disseminated to combined authority colleagues and further learning sessions aligning with the priority thematic work areas are under development.
- 4.6 Engagement sessions with colleagues from each of the participating combined authorities have been held to build on previously gathered intelligence and distil key insights regarding regional structures, processes, partnerships, priorities and challenges, as well as to scope impact project work and formulate tailored combined authority support plans. Emerging themes and impact work areas from these conversations include **building the narrative for health and inequalities**, implementation of **health in all policies** and learning from other combined authorities regarding **key structures and capacity**, as well as **devolution asks and experiences**.
- 4.7 The central team are in the process of further mapping and synthesising the learning developed from engagement sessions and wider Combined Authorities Programme activity so far. Key insights regarding the West Midlands Combined Authority and other combined authorities will be shared and discussed with board members at the meeting on 06.03.24.

## **5.0 Financial Implications**

- 5.1 There are no direct financial implications arising from this paper as the West Midlands Combined Authority will only provide support from existing budgets and resource within the £1.3 million programme.
- 5.2 Should any future financial implications arise, they will be resolved through the West Midlands Combined Authority governance routes and demonstrate value for money.

## **6.0 Legal Implications**

- 6.1 There are no direct legal implications arising from this paper.

## **7.0 Single Assurance Framework Implications**

- 7.1 There are no Single Assurance Framework implications arising from this paper; The Single Assurance Framework process has been completed for this programme.

## **8.0 Equalities Implications**

- 8.1 Key aims of the Combined Authorities Programme are to sustain capacity and support combined authorities to prioritise and make tangible progress on combined authority activities to improve health and reduce inequalities. Therefore, it is anticipated that the programme's targeted work across various combined authority levers affecting economic and health outcomes will have a positive impact on a range of population groups that are disproportionately affected by health inequalities (e.g., ethnic minority groups, people in lower socio-economic groups and people living in areas of higher deprivation).
- 8.2 Given that the Combined Authorities Programme remains in the early stages of delivery, it is not yet possible to precisely capture each of the inequalities that will be reduced and for which groups across all participating combined authority regions. The Central Team are currently working with combined authority colleagues to establish priorities and support needs, which will facilitate evolving clarity regarding targeted inequalities and means of capturing impact.

8.3 Regarding the West Midlands region, the Combined Authorities Programme central team are working with West Midlands Combined Authority Health and Communities Team colleagues to develop impact project proposals, which are planned to support the implementation of a Health in All Policies approach across the combined authority. The aim of this is to assist with optimising the health and wellbeing impact of each combined authority lever, via facilitating effective consideration of health implications of decisions, seeking synergies, and avoiding harmful health impacts to improve health and health equity. Given this, it is anticipated that this work will help to have a positive impact on key regional health inequalities, including (compared to national average) higher rates of preventable deaths and deaths in adults with serious mental illness, higher levels of deprivation and poorer health-related quality of life for older people.

## **9.0 Inclusive Growth Implications**

9.1 The focus on inequalities as a key element of the Combined Authorities Programme is aligned to the inclusive growth purpose and direction.

9.2 The programme is also helping to addressing issues that align with inclusive growth fundamentals; For example, the embedded post project in Greater Manchester Combined Authority is addressing increasing levels of economic inactivity resulting from poor health in those aged 50-64yrs, which links to “inclusive economy” and “health and wellbeing”. In addition, the Combined Authorities Programme central team are facilitating cross-regional discussions regarding climate adaption and health, and housing and health, which link to “affordable and safe places”, “climate resilience”, “inclusive economy” and “health and wellbeing”.

## **10.0 Geographical Area of Report’s Implications**

10.1 The work of the Combined Authorities Programme covers the West Midlands, as well as the regional footprints of the following participating combined authorities: Greater London, Greater Manchester, Liverpool City Region, North of Tyne, South Yorkshire, Tees Valley, West of England and West Yorkshire.

## **11.0 Other Implications**

11.1 None.

## **12.0 Schedule of Background Papers**

12.1 None.

## **13.0 Appendices**

13.1 Appendix A – Combined Authorities Programme economic inactivity briefing

13.2 Appendix B – Combined Authorities Programme Over 50s economic inactivity briefing

## Appendix A – Combined Authorities Programme economic inactivity briefing

### Economic Inactivity

#### Policy Briefing – Combined Authorities Programme Central Team (Updated)

February 2024

#### Summary

Economic inactivity refers to people who are neither working nor looking for work. There has been a UK rise in economic inactivity since the COVID-19 pandemic, and as of September 2023, the number of **those who are economically inactive because of long-term sickness increased to a record high** of 2.58m, up 460k since the start of the pandemic.

This briefing explores the issue of economic inactivity by examining its drivers and recommendations on ‘what could work’ to tackle the issue, it then considers major government policy to address the issue and concludes with exploring the potential role that Combined Authorities might play in this space.

Please note that due to the unexpected and novel nature of economic inactivity (given that historically significant unemployment has typically followed a recession/financial crisis), there is limited evidence and analysis available on ‘what works’ to tackle this issue. Consequently, the literature predominantly offers recommendations on ‘what could work’.

Version control: This briefing is an update to its previous iteration (November 2023), including an update on the Back to Work plan and Autumn statement.

#### The issue and drivers of economic inactivity

##### **Health**

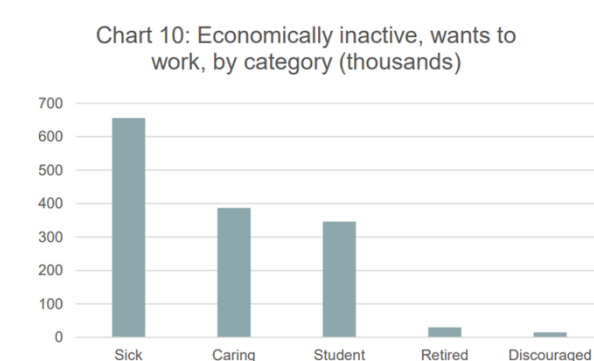
Research conducted by Lane Clark & Peacock (LCP) in February 2023 looked at the data on labour market, benefits system and NHS activity to provide an enhanced understanding of the rising challenge of economic inactivity and effective interventions. This focused on England and identified<sup>1</sup> 4 main findings:

- 1. Large growth in long-term sick-** the rise in working age inactivity now stands at 516,000 people; however, there are fewer working age retired people than there were at the start of the pandemic; by contrast, well over half (353,000) comes from a growth in the long-term sick.
- 2. Persistently high inflows into long-term sickness are a key problem-** one growing group are those who were previously categorised as ‘short-term sick’; this suggests that failure to address short-term sickness, including through clinical intervention, could have contributed to the increase in long-term sickness. Indeed, the majority of those newly classed as long-term sick were not in-work three months earlier. This means that initiatives targeting employers (with a view to reducing flows from work into sickness) are unlikely to have a quick impact on the level of long-term sickness.
- 3. Many are persistently on sickness-related benefits-** there are over 1 million people who have been on Employment Support Allowance for five years or more; over half of these are categorised as having ‘mental or behavioural’ disorders.
- 4. Long waiting lists for benefits, particularly in the West Midlands-** the West Midlands has the greatest percentage increase of all the regions in England in the number of sickness-related benefits recipients claims waiting more than 52 weeks; however, the West Midlands has only the fifth highest number of total sickness benefit recipients in England.

The following chart shows, for each group of working age economically inactive people, how many ‘would like a job’ at some point:

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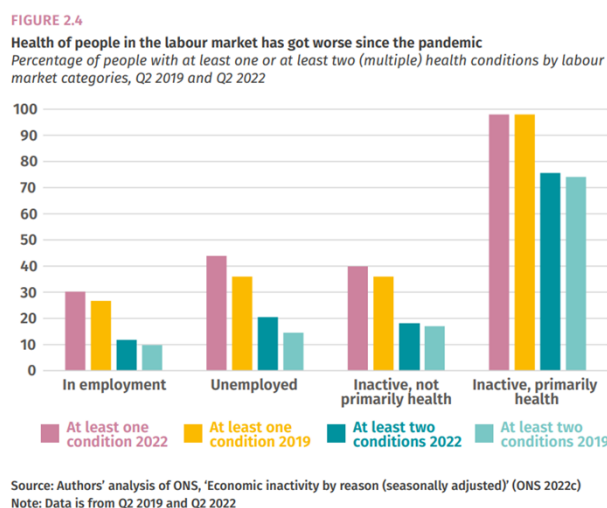
<sup>1</sup> [LCP ‘The Great Retirement or the Great Sickness’ \(Feb 2023\)](#)



LCP recommends that **policy needs to focus on helping those who are sick but want to work to return to work**. The median person in this group is in the 50-54 age group. Successful intervention to support this group of people has great fiscal potential in being able to reduce the number of people being economically inactive for more than a decade before reaching state pension age. By contrast, the working age 'retired' population tend to be closer to state pension age and so interventions focussed on this group may only result in a few additional years of economic activity.

The Institute for Public Policy Research's (IPPR) Commission on Health and Prosperity published a report in Dec 2022<sup>2</sup> regarding health and the labour market, which identified that the underlying cause of rises in economic inactivity is due to ill health. Their findings indicate that policy can either look to improve health overall – by preventing illness entirely/ by providing more access to more effective treatments – or it can aim to reduce the societal barriers faced by people living with health conditions or impairments. This might be through more tailored routes to work, more inclusive employment practices, or more empowering employment and welfare support. Well-evidenced effective employment support interventions include access to specialist advisors, supported work placements and internships, and positive role models.

Further, analysis within the IPPR report found that people in employment are, on average, increasingly in worse health. Compared to 2019, in 2022 people in employment were 13% more likely to have a health condition and 30% more likely to have multiple health conditions (as demonstrated by Figure 2.4 below). This is a worrying outlook for the health of future workforce, as more people who are currently in employment could become economically inactive because of poor health.



A total of 60% of people who are economically inactive because of long-term illness are living with a mental health problem. While issues such as anxiety and depression are affecting people of all ages, young adults (20-29 yrs) out of the labour market because of sickness are 50% more likely to report a mental health problem than older working-age adults (60-65 yrs). The Resolution Foundation's report (Oct 2022)<sup>3</sup> on labour market outlook also found that the number of disabled workers reporting a mental health issue has tripled since 2013, up to 1.1m workers in 2022 (equivalent to 3% of the total working-age population).

<sup>2</sup> IPPR 'Getting Better? Health and the labour market' (Dec 2022)

<sup>3</sup> Resolution Foundation Q3 Labour Market Outlook 2022

The pandemic has been described as the “tipping point” for the health crisis in the UK following a lack of spending on healthcare, in comparison to other G7 countries<sup>4</sup>. Phoenix Insights’ report (Nov 2022)<sup>5</sup> on the drivers of “the Great Retirement” found that people who suffer from long-term health conditions found it harder to access treatment after the pandemic in the UK (47%), compared to people in Germany or the USA, where it is less than 20%.

However, analysis from the Institute for Fiscal Studies (IFS - Oct 2022)<sup>6</sup> on the drivers of economic inactivity found that the rise in health-related inactivity during the pandemic was concentrated amongst those who have been out of the labour force for at least five years. The analysis notes that “of the 1.1 percentage point increase in the fraction of 50–64-year-olds who are inactive for health related reasons, 73% of that rise has been amongst people who have not worked in at least five years. An additional 0.7% of the 50–64-year-old population is economically inactive due to being retired compared to the end of 2019. The same story is true when looking at the whole working-age population”.

## **Disabilities**

The Resolution Foundation published a briefing in February 2023<sup>7</sup> exploring labour force participation and how to move people from economic inactivity into employment in the UK. In this, they argue policy should focus on groups that saw significant improvements in the 2010s - including those with disabilities - instead of solely focussing on the newly inactive, as policy will not reach many of them since they’re in early retirement. The employment gap between those with or without a disability fell by 5pp between 2013 and 2022. Resolution Foundation make the following recommendations:

### *Benefits system*

- **The Government improves its communication with benefit claimants**, to clarify that Personal Independence Payment is a non-means-tested benefit that will not be withdrawn if people move into employment.
- **Remove decision makers’ ability to apply an earlier-than-scheduled Work Capability Assessment**, so that people with illness and disabilities can move into employment without fearing an immediate hit to their finances.

### *Outside the benefits system*

- **Increase funding for the Access to Work scheme** to increase awareness and **reduce waiting times for people who have made applications**.
- **Improve people’s attachment to work**, for example by a ‘right to return’ period, during which employers must keep jobs open to workers who are away from work due to sickness or disability.

## **Gender**

The February 2023 Resolution Foundation<sup>7</sup> briefing also looked at building on the increasing economic activity of women. The labour force participation rate for women aged between 20 and 50 yrs has increased between 2019 and 2022, up by an average of 2pp from 80% to 82%. The report makes 3 main recommendations to support women into work:

- **Support low-income households with childcare costs outside of monthly UC payments** – for example through a system like Tax Free Childcare where parents have an online account in which they receive government support which is earmarked for childcare payments. However, what is not mentioned here is the digital exclusion this could cause; research conducted by the West Midlands Combined Authority (WMCA) in Walsall has identified that many economically inactive individuals resort to using the bus stop or McDonalds’ Wi-Fi to apply for jobs<sup>8</sup>.
- **Eliminate other barriers to work that affect women from low-income households**. For example, introduce a work allowance for second earners (i.e., the employed partner of the primary earner) within UC.
- **Improve low-paid work**- low-paid jobs often do not offer the flexibility that parents in higher-paid jobs have, e.g., a guaranteed shift schedule or the ability to work flexibly around childcare commitments.

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<sup>4</sup> [Andy Haldane \(2022, Ex Chief Economist of Bank of England\) REAL Challenge Annual lecture and report](#)

<sup>5</sup> [Phoenix Insights ‘What is driving the Great Retirement?’ \(Nov 2022\)](#)

<sup>6</sup> [IFS ‘Is worsening health leading to more older workers quitting work, driving up rates of economic inactivity?’ \(Oct 2022\)](#)

<sup>7</sup> [Resolution Foundation ‘Post-pandemic participation’ \(Feb 2023\)](#)

<sup>8</sup> [Walsall Pathfinder Research \(March 2023\), WMCA](#)



## **Good Work**

Timewise are a social enterprise that look at how flexible jobs and part-time opportunities can help boost labour market participation. A report they published in November 2022<sup>9</sup> on market failure in flexible and part-time jobs for low paid workers makes the following recommendations:

- **Central government:**
  - Fund flexible hiring pilots within Department for Work and Pensions in-work progression trials and through its 50Plus initiatives for older workers.
  - convene employers to undertake flexible hiring trials at a sector level with a focus on part-time work.
  - commission analysis of the positive financial return of investing in flexible hiring.
- **Employers:**
  - Provide training and guidance for managers that includes how to design flexibility into jobs which is compatible with the business needs of the role
  - Adapt recruitment practices to proactively consider flexible working from the point of hire and offer it overtly in job adverts wherever possible.
  - Pilot flexible hiring first, in one department or in one type of role, to give other departments the confidence to follow suit.
- **Combined authorities, local authorities, and local enterprise partnerships:**
  - Align action on flexible hiring with the delivery of inclusive growth strategies.

## **Government policies**

### **The Spring Budget (March 2023)<sup>10</sup>:**

The Spring Budget saw reforms to childcare with several initiatives to encourage more parents into work or extend their working hours.

Most significantly, free childcare was extended to 30 hours (for children over 9 months), which will involve a phased policy rollout and will only be available for households where both parents are working at least 16 hours per week. Free childcare will cover 15 hours for 2-year-olds from April 2024; 9months+ Sept 2024 and then from September 2025 every parent will have 30 hours. This is expected to bring 60,000 more people into the workforce, according to Office for Budget Responsibility (OBR) forecasts.

Parents on Universal Credit (UC) will now receive up to £951 for one child and £1,630 for two children per month, which will be paid upfront. This started in July 2023 and increases by consumer price inflation (the common measurement of inflation) each year until 2027-28. The government will fund more wraparound care of school-age children to provide care from 8am to 6pm to help encourage more part-time to full-time work or job flexibility for parents. The expectation is for all schools to have support in place from Sept 2026<sup>11</sup>.

Key budget policies relating to health and inequalities include:

- **Joining up health and employment support provision** – embedding of tailored employment support within mental health and Musculoskeletal (MSK) services in England, including expanding the Individual Placement Support (IPS) scheme, and scaling up MSK hubs in the community.
- **WorkWell Partnerships Programme pilot** – provision of integrated work and health hubs in England, linking Jobcentres, health services and other local organisations to provide wraparound health support for jobseekers, benefits claimants, and those at risk of falling out of work due to health.
- **Expansion of occupational health (OH) pilot subsidy scheme** to Small and Medium sized Enterprises supporting them to provide OH services in England.
- **£400m planned for mental health and musculoskeletal resources** to encourage those economically inactive due to sickness to return to work.
- **Scrapping the Work Capability Assessment** to simplify UC assessments.

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<sup>9</sup> [Timewise 'Can a more flexible jobs market raise the status and pay of part-time workers?' \(Nov 2022\)](#)

<sup>10</sup> [Spring Budget 2023](#)

<sup>11</sup> The opposition have been broadly supportive of the government's childcare reforms, so there is unlikely to be a great shift on those policies if there is a change in government in the upcoming general election.

## **The Health and Disability White Paper (March 2023)<sup>12</sup> included:**

- **Access to Work Mental Health Support Service** - a package of tailored support and advice by mental health practitioners for up to 9 months, including advice to employers.
- **The Joint Department for Work and Pensions (DWP)/Department for Health and Social Care (DHSC) Work and Health Unit invested £3m for an 18-month extension to the Mental Health and Productivity Pilot programme delivered through the Midlands Engine** - supports delivery until December 2023 and an evaluation to help build the evidence base.
- **Extension of the Work and Health Programme to September 2024** - a specialist employment programme administered via the Shaw Trust receiving referrals via Job Centre Plus to improve employment outcomes for people with health conditions and disabilities who expect to find work within 12 months.
- **Extension of the Employment Advisers in NHS Talking Therapies services** - for all services across England, full roll-out by 1 April 2024. Individuals can self-refer and the service is designed to help with common mental health problems.

## **DWP Youth Offer (Sep 2023)<sup>13</sup>:**

The DWP recently announced an expansion to **the Youth Offer** to help 30,000 young people move from economic inactivity into work. This means UC claimants who are economically inactive (and who were previously ineligible) will have access to employment support, including Work Coaches, Youth Hubs, and interview preparation assistance.

## **Back to Work Plan (Nov 2023)<sup>14</sup>:**

The Chancellor and Secretary of State for Work and Pensions introduced their Back to Work Plan just before the **Autumn statement** (Nov 2023). The plan includes the following:

- **WorkWell service launched to support nearly 60,000 long-term sick/disabled people into work and to stay in work, rolled out across 15 areas in England.** The service was announced at the Spring Budget 2023 and is being launched by Integrated Care Systems (ICSs) who will be supported to develop a localised work and health strategy.
  - DWP and DHSC have published the WorkWell prospectus setting out further information and details about the Expression of Interest process inviting Integrated Care Boards, alongside local authorities, to bid for WorkWell funding (Nov 2023)<sup>15</sup>. The WorkWell pilot will offer funding to a third of England's Integrated Care Systems to provide early intervention support to help participants start, stay and succeed in work.
- **Fit note reform:** The government will explore reforms of the fit note process. Rollout of these will start with trailblazer trials in a small number of Integrated Care Boards (ICBs), offering better triage, signposting and support to those who have received a fit note for an extended period. This will inform the launch of a consultation in 2024 on reforms to improve fit note assessments and facilitating integrating quicker access to specialised employment and health support.
- **Stricter benefit sanctions:** this will be for people who are able to work but refuse to engage with their Jobcentre or take on work offered to them. Those who continue to refuse to engage with the Jobcentre will have their claim closed.
- **Testing additional Jobcentre support** in England and Scotland to assist claimants into work who remain unemployed or on low earnings after 7 weeks into their UC claim.
- **Boost to 4 key programmes:** NHS Talking Therapies, Individual Placement Support (IPS), Restart and Universal Support to benefit up to 1.1 million people over the next 5 years, **helping those with mental or physical health conditions to either find or remain in work.** The further measures on the programmes include:
  - **NHS Talking Therapies** - increasing the number of people benefitting from mental health treatment by an additional 384,000 people over the next 5 years accompanied by an increase in

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<sup>12</sup> [DWP: Health and Disability white paper \(March 2023\)](#)

<sup>13</sup> [DWP 'Government announces employment support boost for over 30,000 economically inactive young people' \(Sep 2023\)](#)

<sup>14</sup> [HM Treasury, DWP, DHSC: Back to work plan \(Nov 2023\)](#)

<sup>15</sup> [WorkWell - GOV.UK \(www.gov.uk\)](#)

available sessions. The Office for Budget Responsibility (OBR) (Nov 2023)<sup>16</sup> expect this to increase employment by around 10,000 in 2028-29.

- **IPS** - aiming to help an additional 100,000 people with severe mental illness to find and retain jobs over the next 5 years. The OBR (Nov 2023) anticipates this to increase employment by around 10,000 by 2028-29.
- **Restart scheme** - extending it in England and Wales for 2 years until June 2026, resulting in around 500,000 extra spaces. The criteria will expand to include people who have been on UC for more than 6 months instead of 9. There will be stricter sanctions applied to UC claimants who are still unemployed after the 12-month Restart programme. Failure to engage will lead to UC claim closure. The OBR (Nov 2023) expect this to increase employment by 5,000 by 2028-29.
- **Universal Support in England and Wales** - matching 100,000 people per year with existing vacancies and supporting them in their new roles. An additional 50,000 people beyond the initial figure outlined in the Spring Budget are expected to benefit. The OBR (Nov 2023) estimates this to increase employment by 15,000 by 2028-29.

The government asserts that due to these reforms, **individuals should not be unemployed for 18 months on their full benefits if they have not taken 'every reasonable step' to comply with Jobcentre support.**

As well as this, the Minister for Employment announced the **doubling of 50PLUS Champions in Jobcentres to help older workers into the labour market** (Nov 2023)<sup>17</sup>. 77 50PLUS Champions are now in place across England, Wales and Scotland (up from 37).

### **The Autumn statement (Nov 2023)<sup>18</sup> policy announcements include:**

- **Increase in the minimum wage to £11.44 per hour from April 2024** - this is up from £10.42 an hour currently for workers over 23. However, from April, the new, higher rate will also apply to anyone 21 and over. This mean the increase is above inflation (9.8% for over-23s, and 12.4% for 21- and 22-year-olds) and thus a rise in their living standards. Further, the apprenticeship minimum wage will rise by more than 20% from £5.28 to £6.40 an hour.
- **Reduction in Employee National Insurance Contributions (NICs)** - Employee NICs will be cut from 12% to 10% effective from 6 January. Also, the main rate of Class 4 self-employed NICs will be cut from 9% to 8% from 6 April 2024. Further, the Class 2 self-employed NICs will be abolished from 6 April 2024. The Resolution Foundation (Nov 2023)<sup>19</sup> predict these measures will see 29m workers gain an average of £330 next year. However, around 80% of these gains are expected to go to the top half of the population. The OBR (Nov 2023)<sup>20</sup> forecast this to increase employment by 28,000 by 2028-29.
- **Increase in working age benefits by 6.7%** (in line with the September rate of inflation) encompassing UC and disability benefits.
- **Reform the Work Capability Assessment to better reflect the greater flexibility and reasonable adjustments available at work.** These changes will apply to new claims only when the reform is implemented from 2025 onwards. More detail on the reform can be found in the Chance to Work guarantee which is part of the Back to Work plan (Nov 2023)<sup>21</sup>. The OBR forecast (Nov 2023) that because of these changes 370,000 claimants will be £4,680 worse off a year. Resolution Foundation (Nov 2023) show that 75% of households affected by this reform are in the lower half of the income distribution. Overall, this measure is expected to bring 10,000 people into the workforce by 2028-29.
- **UC Work Allowance for disabled claimants increased** - for those receiving help with housing costs this will rise to £404 per month from April 2024 and £673 per month for those who don't receive help with housing costs.
- Following the recent OH consultation, an expert group will be established to develop a **new voluntary OH framework in the UK**. This will set out the minimum level of OH intervention that employers could adopt to enhance employee health at work. Further details can be found in the consultation outcome [here](#).

<sup>16</sup> [OBR: Economic and fiscal outlook - November 2023](#)

<sup>17</sup> [DWP: 50PLUS Champions doubled ahead of National Older Workers Week \(Nov 2023\)](#)

<sup>18</sup> [HM Treasury: Autumn statement \(Nov 2023\)](#)

<sup>19</sup> [Resolution Foundation 'A pre-election statement' \(Nov 2023\)](#)

<sup>20</sup> [OBR: Economic and fiscal outlook - November 2023](#)

<sup>21</sup> [DWP: Chance to Work guarantee \(Nov 2023\)](#)

- Increase in core funding to the World Health Organisation by £2m for underfunded priorities such as patient safety.

Overall, the **OBR predict that the NI cut, welfare measures, alongside the Back to Work plan will bring 78,000 people into the labour market.** Resolution Foundation analysis (Nov 2023) reveals **spending on working-age health and disability benefits is now set to be 51% higher in 2028-29 than in 2022-23** in real terms. Despite this, the OBR has revised caseload expectations for future years, **anticipating fewer claims for disability and incapacity benefits as cost-of-living pressures ease.**

More policies are expected to be announced in the Spring Budget next year, anticipated to be in mid-March. Rishi Sunak's leadership campaign for the upcoming general elections suggests an income tax cut<sup>22</sup>.

## **Opposition proposals**

Former Shadow Work and Pensions Secretary Jonathan Ashworth announced the following proposals (Jan 23)<sup>23</sup>, which focus on three main points:

- **Devolving employment support** to local areas to build integrated employment and skills support needed to stimulate economic growth, help more adults into high-skilled, better paid work, and address the labour market needs of businesses and local economy. And expand employment support for those in ill health by supporting partnerships between employment support programmes and local health services.
- **Jobcentres** to on work progression rather than gaining employment and broker flexible work options for those with barriers to work.
- **Reform to access-to-work** funding to enable easier access for jobseekers and employers to understand available support and provide greater sickness benefits security to support jobseekers.

The **Labour Party will look to bring in something akin to the good work charters across many Combined Authorities as part of their new deal for working people**<sup>24</sup>. This agenda was reaffirmed in Angela Rayner's speech<sup>25</sup> to this year's Trades Union Congress (TUC) Congress. Good Work charters involve employers signing up to improved pay and conditions for their employees.

The International Labour Organisation (ILO)<sup>26</sup> defines "decent work" as involving "opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for all, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men."

The Shadow Chancellor, Rachel Reeves, announced an increase in the national living wage without specifying an amount in her conference speech<sup>27</sup>. More detail on policy proposals will emerge in the coming months via manifestos in the run up to the general election.

## **Benefits system**

Learning and Work Institute (L&W) (Nov 2023)<sup>28</sup> explore economic inactivity through the lens of the UK benefits system. Overall, 5.5m people receive out-of-work benefits, the majority are disabled or have a long-term health condition. A total of 1 in 5 economically inactive people (1.7m) want to work, including 600,000 disabled people. They welcome the government's Universal Support programme but say it will only help an extra 1% out-of-work disabled people annually, adding up to 1 percentage points (pp) to the disability employment rate. Considering the current disability employment gap is 29pp, this will not have a great impact.

Recommendations include:

- **Further research is needed on the options for and impact of disability benefits reform.** Obtaining a greater understanding of who is claiming disability related benefits and what support can be offered to those who can work is a priority.
- **DWP should publish regular data on people moving between conditionality groups in UC.** It should also publish data on these moves between groups and employment outcomes for disabled people and those with caring responsibilities, so these can be better analysed as well as overall conditionality groups.

<sup>22</sup> <https://www.ft.com/content/5cd2db4f-5a33-40be-8e39-8d587c43e292>

<sup>23</sup> [Labour Party 'Jonathan Ashworth speech to the Centre for Social Justice' \(Jan 2023\)](#)

<sup>24</sup> [Labour Party 'A new deal for working people' \(Oct 2022\)](#)

<sup>25</sup> [TUC- Angela Rayer speech to TUC Congress 2023](#)

<sup>26</sup> [ILO- Decent work \(Oct 2023\)](#)

<sup>27</sup> [Rachel Reeves party conference speech \(Oct 2023\)](#)

<sup>28</sup> [L&W Understanding benefits \(Nov 2023\)](#)

- **Research on the impact and effectiveness of benefit sanctions needs a broader focus than just employment outcomes.** Evidence is both limited and mixed as to whether benefit sanctions are effective, particularly when looking at it by different groups. Thus, research needs to understand the impacts on people’s health and wellbeing and long-term prospects rather than solely a short-term impact on employment and benefits.
- **Sanctions are a last resort and demonstrate a failure to engage with people.** Employment support services require a greater focus on engagement with people rather than benefit compliance to best help people into work.

### **Combined Authorities**

*Please note that this section will be expanded upon over the course of the Improving Health & Reducing Inequalities Combined Authorities Programme.*

There are regional disparities in levels of economic inactivity. The table below from the Office for National Statistics<sup>29</sup> shows that as of September 2023, Yorkshire and Humber have the highest levels of economic inactivity (23.5%), followed by London (22.7%) and the North West (22.2%), which are all higher than the England average (20.7%). The South East has the lowest levels of inactivity (17.1%), followed by the East (19.2%) and South West (19.5%), which are all lower than the England average.

<b>Region</b>	<b>Economic inactivity rate (Sep 2023) (%)</b>
East	19.2
East Midlands	20.6
London	22.7
North East	21.9
North West	22.2
South East	17.1
South West	19.5
West Midlands	20.8
Yorkshire and the Humber	23.5
<b>England</b>	<b>20.7</b>

Whilst Combined Authorities do not possess direct powers over economic inactivity, they do have unique levers available to them that can facilitate the delivery of a range of provisions to tackle economic inactivity and health. In addition, Combined Authorities may explore the possibility of establishing a Regional Good Work Charter to improve pay and work conditions within their region.

Some examples of CA activity to tackle economic inactivity have been included below:

#### *West Midlands Combined Authority (WMCA)*

WMCA deliver a variety of provisions addressing the inter-related issue of economic inactivity and health, including Individual Placement and Support (IPS) into employment, workplace wellbeing support for employers, targeted skills bootcamps and adult employment skills hubs. There is additional provision delivered by WMCA’s local authorities, for example via Commonwealth Games Legacy Funding and UK Shared Prosperity Fund allocations.

Responding to work-limiting conditions and challenges regarding mental health, the West Midlands Mental Health Commission (convened by the WMCA) are launching a whole-school approach to mental health. There has been investment in a “Thrive at College” initiative that will bridge the gap in mental health support given to students across different further education institutions and have a better link into NHS Mental Health Support Teams.

#### *Greater Manchester Combined Authority (GMCA)*

<sup>29</sup> [ONS Labour market overview \(Sep 2023\)](#)

GMCA have a Good Work Charter,<sup>30</sup> which includes the following 3 tiers:

- **Supporters** - employers who support the aims of the Charter and Greater Manchester Strategy<sup>31</sup> but are not yet able to meet the requirements of accreditation.
- **Members** - employers who are required to demonstrate excellent practice in key characteristics of employment practice including flexible work and a living wage.
- **Advocates** - employers who meet high standards in all the key employment characteristics to be members, and then go out to other employers to encourage them to raise employment standards and join the Charter process.

The Charter also asks employers to acknowledge different life stages and to support staff to thrive within their working environment, including making adjustments for people with long-term health conditions and disabilities. Additionally, employers are expected to acknowledge that mental health is a health and wellbeing issue which needs to be considered within their organisation's wider values and objectives.

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<sup>30</sup> [GMCA Good Employment Charter](#)

<sup>31</sup> [GMCA Greater Manchester Strategy 2021-2031](#)



## Appendix B – Combined Authorities Programme Over 50s economic inactivity briefing

### Economic Inactivity: Over 50s

#### Policy Briefing – Combined Authorities Programme Central Team

November 2023

#### Introduction

Economic inactivity refers to people who are neither working nor looking for work. In March 2020 at the start of the Covid-19 pandemic, 3.3m 50-64 year-olds in the UK were economically inactive and by September 2023, this had increased to 3.5m<sup>32</sup>. This translates to a 25.5% economic inactivity rate within this cohort at the start of the pandemic, which rose to 26.8% in September 2023<sup>33</sup>.

This briefing follows from the [Economic Inactivity Briefing \(October 2023\)](#) and provides an overview of the current outlook for economic inactivity in the over 50s cohort through a review of the literature, which examines the drivers of inactivity and related government policies.

Please note that there are the following data limitations when looking at the over 50s cohort:

- The Office for National Statistics' (ONS) Labour Force Survey (LFS) is limited to the 50-64 year-olds age group.
- It is suggested by Institute for Fiscal Studies (IFS) (Nov 2023) that those over 70 who are categorised as economically inactive, are actually retired<sup>34</sup>.
- Older workers are often referred to in the literature as over 50s but aren't necessarily limited to the LFS cut-off point of 64 years old.

#### Context

The [ONS Over 50s Lifestyle Study \(Dec 2022\)](#)<sup>35</sup> asks people aged 50-65 years about experiences of work, lifestyle and current circumstances. Results show **those considering returning to work were on average at the younger end of the spectrum (50-59 years)**.

In December 2022, the [House of Lords Economic Affairs Committee \(EAC\)](#)<sup>36</sup> found that the majority of over 50s who have left the workforce since the Covid-19 pandemic, state that they neither want, nor expect, to return to work. The report concluded that it is unlikely that a significant proportion of over 50s who have exited the labour force since 2020 will return to work, or be persuaded to return, by changes in employers' practices or by policy measures.

The EAC highlights the concerning impact that the UK's aging population will have on the workforce and predicts that this issue will worsen. The **ageing population is causing a gradual decline in economic activity**, having already reduced the overall economic activity rate for people aged 16 years and over by 0.6% since the start of the pandemic. This is a reverse in the trend of increasing economic activity which was evident in the decade prior to the Covid-19 pandemic (2010 – 2020).

The following sections explore the key underlying causes for the increase in economic inactivity in the over 50s cohort, followed by policy recommendations to address these.

#### Health

The [Trade Union Congress \(TUC\) \(March 2021\)](#)<sup>37</sup> explored [how to support older workers to either return to or stay in work. The research suggests that the likelihood of poor health affecting the over 50s' continuation in work, varies by the type of work they do](#). For example, only around 1 in 20 of those aged 60-65 in professional occupations have been forced out of the labour market because of poor health, compared to 1 in 3 of those in

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<sup>32</sup> [ONS LFS Economically inactive 50-64 Thousands \(Sep 2023\)](#)

<sup>33</sup> [ONS LFS Economically inactive 50-64 % \(Sep 2023\)](#)

<sup>34</sup> [\(IFS\) 'Understanding retirement in the UK' \(Nov 2023\)](#)

<sup>35</sup> [ONS Over 50s lifestyle study \(Dec 2022\)](#)

<sup>36</sup> [Economic Affairs Committee 'Where have all the workers gone?' \(Dec 2022\)](#)

<sup>37</sup> [TUC 'Extending working lives- how to support older workers' \(March 2021\)](#)

elementary occupations or process, plant and machinery operatives who have left work and become economically inactive because of poor health.

Please see the previous briefing on economic inactivity for a more in-depth exploration of the health-related focus. The key points for the over 50s cohort include:

- People in the UK who suffer from long-term health conditions found it **harder to access treatment** after the pandemic (47%) compared to Germany or USA where it is less than 20%<sup>38</sup>.
- The rise in economic inactivity for health reasons was mainly concentrated amongst those who have been **out of the labour market for at least five years**<sup>39</sup>.
- **Policy should focus on helping those who are sick but want to return to work**, with the median person in this group aged 50-54. If successful, this will have great fiscal potential reducing the number of people inactive who would work for around a decade before reaching state pension age (SPA)<sup>40</sup>.

### Early retirement

In a recent report, the EAC<sup>41</sup> set out to explain the recent reduction in labour supply in the UK, the types of people who have left the labour market, and their reasons for leaving. The research concluded that the **biggest contributor to the rise in inactivity is due to an increase in earlier retirement**. However, it is unclear why earlier retirement has risen. It is suggested that the impact of the pandemic on the labour market, including the furlough scheme and increased redundancies, could have prompted some people to consider earlier retirement. Other possible explanations include increased savings during the pandemic and the UK's pension flexibilities. The EAC **recommend better use of data to deepen understanding of labour market movements amongst the over 50s, as well as the reasons behind them**.

Research by the Resolution Foundation (Nov 2022)<sup>42</sup> exploring intergenerational living standards across the UK found that it is **unlikely that older workers who have taken early retirement will ever return to the labour market**, with only 5-10% of retired people ever returning to paid work.

### Dissatisfaction with work

Phoenix Insights (Nov 2022)<sup>43</sup> explored why there has been an increase in over 50s leaving the workforce, with a particular focus on retirement. Key findings include:

- In comparison to Germany and USA, people in the UK have significantly more **negative attitudes towards work** (both whilst working and when considering returning to work) and that negative views towards work have been changed more profoundly by the Covid-19 pandemic.
- The main reason for UK respondents leaving the workforce was because they did **not want to continue working** (25%).
- **Improving people's working lives** will go a long way to make them feel that staying in the labour market is the best choice for them.

The National Care Association (NCA) are a group of small and medium-sized care providers, which represent the views of their members and service users, and lobby government setting out to improve care. The NCA told the EAC<sup>44</sup> "We are seeing that people are leaving more because they are making a life choice to retire early, and they are deciding that **[work] is too stressful**." Please note that this quote focused on workers more generally, and not specifically on those working in the care sector.

### Financial security

The ONS Over 50s lifestyle study (Sep 2022)<sup>45</sup> demonstrated that:

- Places where economic inactivity has risen most are more affluent areas (i.e., Chichester and parts of Devon and Surrey).

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<sup>38</sup> [Phoenix Insights 'What is driving the Great Retirement?' \(Nov 2022\)](#)

<sup>39</sup> [IFS 'Is worsening health leading to more older workers quitting work, driving up rates of economic inactivity?' \(Oct 2022\)](#)

<sup>40</sup> [Lane, Clark and Peacock LLP 'The Great Retirement or the Great Sickness' \(Feb 2023\)](#)

<sup>41</sup> [Economic Affairs Committee 'Where have all the workers gone?' \(Dec 2022\)](#)

<sup>42</sup> [Resolution Foundation 'Intergenerational audit' \(Nov 2022\)](#)

<sup>43</sup> [Phoenix Insights 'What is driving the Great Retirement?' \(Nov 2022\)](#)

<sup>44</sup> Refer to Economic Affairs Committee

<sup>45</sup> [ONS Over 50s lifestyle study \(Sep 2022\)](#)



- However, there has been large increases in economic inactivity with similarly ageing but less affluent populations in places such as Preston and Mansfield.
- This demonstrates a level of **complexity in understanding the impact of financial security on local economic inactivity rates**.

More detailed research from the [IFS \(Nov 2023\)](#)<sup>46</sup> exploring trends in retirement in the UK found that:

- Wealthier people are more likely to remain in work beyond SPA for non-financial reasons.
- Around 1/3 of those working after SPA are doing so for financial reasons.
- Employment rates for people in their late 50s and early 60s are the highest for those with average levels of wealth.
- **Poorer people are more likely to be economically inactive**, but not retired.
- Wealthier people are more likely to be retired.

### **Adult education and skills**

The [Learning & Work Institute \(L&W\) Adult Participation in Learning Survey \(Nov 2022\)](#)<sup>47</sup> demonstrated that:

- **As age increases, the participation rate drops** with the largest decline found in the 55-64 cohort.
- 54% of respondents aged 55-64 are more likely to learn for leisure or personal interest.

Therefore, given the relatively low uptake of learning within the over 50s, there is potential for increased participation and scope to engage this age group more effectively in learning opportunities which could lead to re-entering the workforce.

### **Recommendations**

The [Resolution Foundation \(Feb 2023\)](#)<sup>48</sup> [explored how to increase workforce participation and made three main recommendations for helping over 50s return to work:](#)

- **Tailored employment support:** should be tailored towards the needs of older people, and work advisers should be trained to deal with the full range of older jobseekers, including those from managerial or professional backgrounds.
- **Age discrimination:** Whilst there is no evidence this has got worse; the importance of the problem will increase as the workforce ages. Age discrimination is the most common type of workplace discrimination, with 3.7 million people in the UK aged 18-65 reporting discrimination based on their age in 2022, with older workers aged 55-65 almost twice as likely to say they have experienced workplace discrimination than those towards the middle of their careers.
- **Focus on good work:** Overall, work has become more intense in recent decades, with the share of employees that “strongly agree” that their job requires they work “very hard” increasing from 30% in 1992 to 46% in 2017. This trend is especially pronounced for workers in lower-paid jobs which is concerning, given that older workers are more likely to be in low-paid jobs than middle-aged workers. The Resolution Foundation recommend that greater part-time opportunities should be available for people to get the benefits of work (particularly with part-time work considered to be less intense) without needing to be in the labour market for financial reasons.

[L&W \(Feb 2023\)](#)<sup>49</sup> explored how to support people into work and ensure they stay in work, calling for better support for people in their 50s and 60s. They recommend:

- The use of **mid-life reviews** (provided by JobcentrePlus) which support people to return to work, better understand opportunities to change jobs, negotiate appropriate working conditions, find appropriate training, and make realistic decisions about extending their working life.

An evidence review published by [The Centre for Ageing Better \(CAB\) \(June 2019\)](#)<sup>50</sup> set out several recommendations for supporting over 50s into work:

- **Improved employment practices:** This involves improved workplace health provision and flexible working practice, better access to training and development opportunities, overcoming age-bias in recruitment and shifting employer attitudes to older workers.

<sup>46</sup> [IFS ‘Understanding retirement in the UK’ \(Nov 2023\)](#)

<sup>47</sup> [L&W Institute ‘Adult participation in learning survey 2022’ \(Nov 2022\)](#)

<sup>48</sup> [Resolution Foundation ‘Post-pandemic participation’ \(Feb 2023\)](#)

<sup>49</sup> [L&W Institute ‘The UK’s shrinking workforce’ \(Feb 2023\)](#)

<sup>50</sup> [Centre for Ageing Better ‘Employment support for over 50s: rapid evidence review’ \(June 2019\)](#)

- *Effective employment support* for over 50s requires a wider change in the practices and attitudes of employers.
- *Return to work programmes* need access to enough 'good employers', who offer diverse, sustainable and flexible job opportunities to retain older workers across longer working lives.
- *Place-based interventions* must improve job-search, training activity and support, and work with employers to challenge age-bias and stereotypical attitudes towards older workers.
- **Motivational support:** Motivational, asset-based support to sustain people's engagement alongside support to develop more positive attitudes and expectations of job searching and employment amongst the over 50s.
- **Rapid response and early labour market engagement:** Rapid and responsive action helps reach older jobseekers recently made redundant or otherwise become unemployed to maintain motivation. Evidence suggests that work experience and job trials with guaranteed interviews have helped in maintaining labour market engagement with over 50s.
- **Mid (and later life) career review:** Evidence suggests that mid-life career reviews, which consider an individual's prospects in the context of their current situation and ambitions, can play a key role in opening perspectives, confronting challenges and signposting to services. This is more specialised provision than might be available through conventional job coach or personal advisor support, and capacity to provide this service would need to be built into integrated support provision.

The Work and Pensions Committee, as part of its inquiry into the government's Plan for Jobs and Employment Support (July 2023)<sup>51</sup>, provided recommendations on how to support people into work. Plan for Jobs (July 2020) is the government's plan to support people to stay in work and get back to work<sup>52</sup>. The key recommendation for over 50s was as follows:

- DWP to establish **a scheme which champions older workers and encourages employers to hire staff over the age of 50.**

This scheme should push to improve workplaces for older people by providing an **outcomes-based accreditation** to employers who can demonstrate that their workplace is welcoming and supportive of older workers. Employers who join the scheme should be required to publish staff data on over 50s employment within their organisation.

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<sup>51</sup> [Work and Pensions Committee 'Plan for Jobs and employment support' \(July 2023\)](#)

<sup>52</sup> [HM Treasury 'A Plan for Jobs' \(July 2020\)](#)



## Wellbeing Board

<b>Date</b>	6 March 2024
<b>Report title</b>	Implementing Health in All Policies and Joint Reporting: Discussion
<b>Portfolio Lead</b>	Wellbeing – Councillor Izzi Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority e-mail: Laura.Shoaf@wmca.org.uk
<b>Accountable Employee</b>	Dr Mubasshir Ajaz, Head of Health and Communities e-mail: Mubasshir.Ajaz@wmca.org.uk  Simon Hall, Strategic Lead for Wellbeing and Prevention e-mail: Simon.Hall@wmca.org.uk
<b>Report has been considered by</b>	None

### Recommendation(s) for action or decision:

#### Wellbeing Board is recommended to:

- (1) Review the approach taken in implementing a Health in All Policies approach, in line with previous board reports.
- (2) Note the example of working with Housing, Property and Regeneration.
- (3) Advise on potential collaboration, joint working and propagation of work from across West Midlands Combined Authority region partners

## **1.0 Purpose**

- 1.0 To provide an update on the implementation of a Health in All Policies approach within the West Midlands Combined Authority. It highlights this through the example of work with Housing, Property, and Regeneration Directorate. Additionally, the paper seeks to garner insights and recommendations from the Wellbeing Board on enhancing collaborative efforts, expanding joint working initiatives, and further disseminating successful practices across the West Midlands Combined Authority region to strengthen the overall impact of our Health in All Policies approach on public health and wellbeing.

## **2.0 Background**

- 2.1 In a paper presented at the Wellbeing Board on 18 January, 2022, details were presented on how the West Midlands Combined Authority planned to take forward the agreed wellbeing priorities across West Midlands Combined Authority areas of responsibilities, including transport, housing, skills, energy and the environment, to act on health inequalities across the wider determinants of health, using a Health in All Policies Approach.
- 2.2 The Wellbeing Board has since received several updates on how this approach has been tested, refined and progressed across various areas of work, including incorporation of the Health Equity Assessment Tool with the Equalities Impact Assessment into an Health and Equalities Impact Assessment, which has been embedded within the governance structure of the West Midlands Combined Authority Single Assurance Framework. It has also included examples of work done with Transport and influencing various policies like the Local Transport Plan.
- 2.3 At the last Wellbeing Board in December 2023, we proposed taking forward plans to have a more defined approach to Health in All Policies, with a clearer focus on joint working, shared outcomes and joint accountability. This paper will build on this and showcase the beginning of implementation of this approach with Housing, Property and Regeneration Directorate.

## **3.0 Health in All Policies**

- 3.1 Health in All Policies approach is a foundational strategy designed to embed health considerations into every aspect of policymaking, with the ultimate goal of improving the wellbeing of its population and reducing health inequalities. This approach is crucial because it acknowledges that health outcomes are not solely the result of healthcare services but are significantly influenced by a range of social, economic, and environmental factors.

- 3.2 By adopting Health in All Policies, the West Midlands Combined Authority is committed to addressing these wider determinants of health through a comprehensive, cross-sectoral strategy that spans across housing, transportation, education, and employment policies, among others. It also builds upon and systematically embeds ongoing work within the West Midlands Combined Authority that impacts on health, like our Thrive into Work and Thrive at Work programmes within Employment and Skills, but also more strategic organisation wide approaches like Inclusive Growth.
- 3.3 A Health in All Policies approach seeks to create a collaborative framework where these determinants are addressed in a holistic and integrated manner, ensuring that health and equity are considered in decision-making across all sectors. Implementing Health in All Policies within the West Midlands Combined Authority involves several key aspects:
- 3.3.1 Cross-Sectoral Collaboration:** Recognising that no single sector can improve health outcomes alone, Health in All Policies fosters collaboration across different sectors and levels of government/agencies/departments. This involves the creation of partnerships with other directorates within West Midlands Combined Authority to ensure that health considerations are integrated into all areas of policy.
- 3.3.2 Policy Coherence:** Health in All Policies promotes policy coherence across the board, ensuring that policies in non-health sectors do not negatively impact health outcomes and where possible, contribute positively to them. This requires a comprehensive review and adjustment of existing policies, as well as the design of new policies with health considerations at their core, which will take time to implement, but starts with the commitment to work together.
- 3.3.3 Integration with Inclusive Growth:** The West Midlands Combined Authority's Inclusive Growth Framework is structured using Kate Raworth's Doughnut Economics Model to group the Sustainable Development Goals in a way which relates to West Midlands Combined Authorities functions, creating 8 '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 intend to build on this to amplify the health and wellbeing implications, supporting colleagues across the West Midlands Combined Authority with the arguments, evidence, tools, and best practice they need to tackle health inequalities through their work, at pace and at scale. Adopting a Health in All Policies approach is a means by which the West Midlands 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.

**3.3.4 Evidence-Based Decision Making:** 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. This relies on evidence to inform policy decisions, incorporating data and research to understand health impacts and to monitor and evaluate the effectiveness of policies in improving health outcomes. As such, our Health of the Region Report will outline logic models for a systematic process that enables us to formulate a sequence of educated conjectures regarding the implementation of Health in All Policies across the West Midlands Combined Authority, establishing critical connections between policy objectives and the region's longer-term health and health equity.

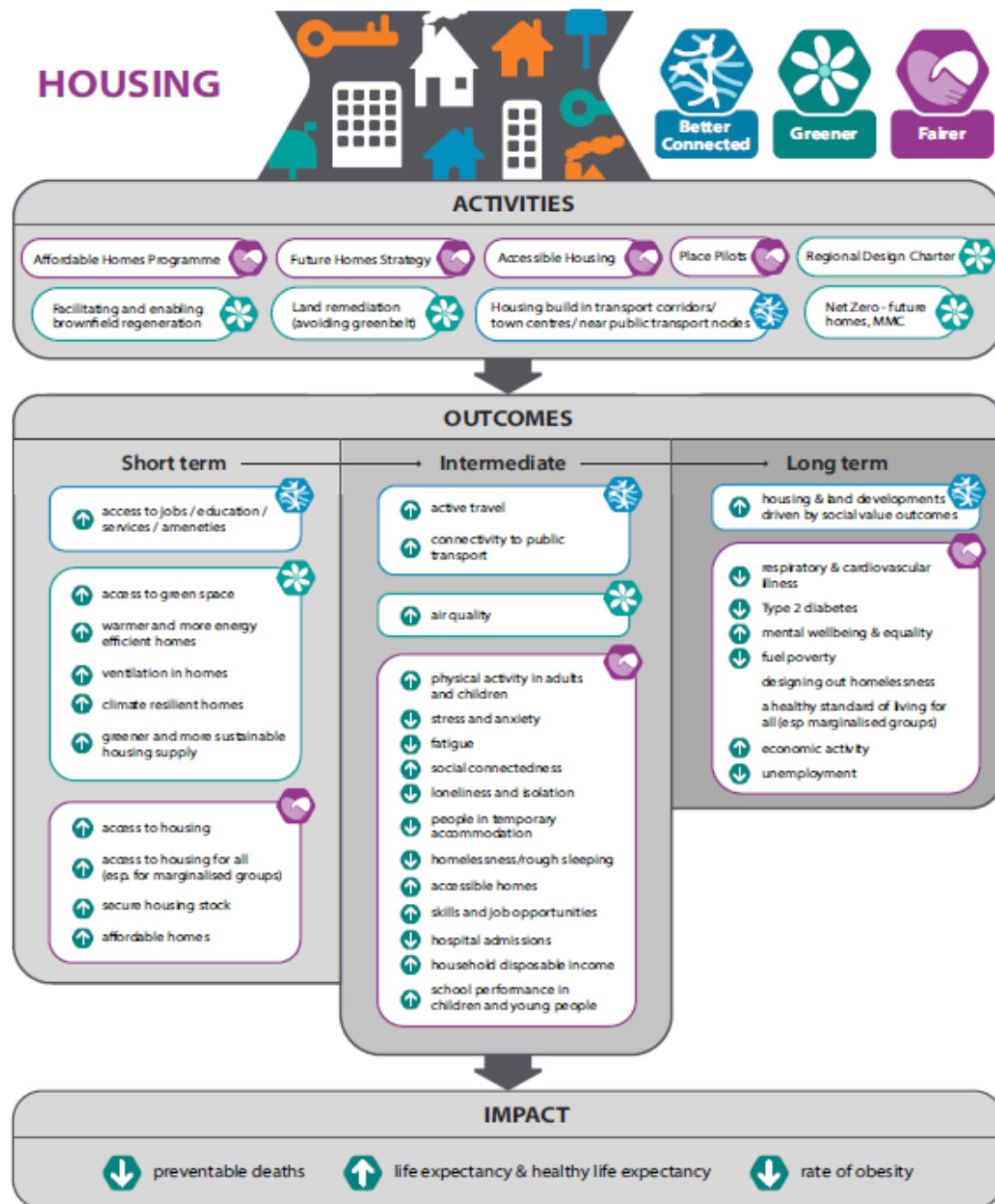
#### **4.0 Joint Working to Embed Health in All Policies**

4.1 One of the keys to ensuring sustainable action through Health in All Policies is to build it around ways of working that encourage joint decision making, accountability, shared outcomes and truly collaborative learning. An approach to put this in action within the West Midlands Combined Authority has been with the Housing, Property and Regeneration Directorate. Recognising that housing is a critical determinant of health, we have approached this joint working through:

**4.1.1 Close Working:** A senior policy officer from the health and communities team has been embedded within the housing team to ensure a direct line of develop understanding and collaborative working. This role is pivotal in integrating health considerations into housing policies, planning, and development processes such as the impact of the Affordable Housing Strategy and refresh of the West Midlands Combined Authority's Design Charter.

**4.1.2 Shared Evidence, Indicators and Objectives:** The health and housing teams have collaboratively developed a logic model (see Figure 1) that outlines shared objectives and indicators aimed at improving health outcomes through housing interventions, creating the evidence base, learning and long term impact. This model serves as a roadmap for aligning efforts and measuring progress toward these objectives. Also bringing supplementary evidence to inform policy e.g Accessible Housing supply and demand analysis.

**4.1.3 Shared Accountability and added value:** A dedicated sub-group is planned, bringing together stakeholders from both sectors to oversee the implementation of the shared objectives. The planned sub-group will be jointly accountable to the Wellbeing and Housing thematic boards, ensuring that both health and housing perspectives are considered in decision-making processes. We have also ensured regional alignment, with the Black Country Integrated Care Board Health and Housing Forum, ensuring there is connectivity between sub-regional and regional priorities.



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?](#)

Figure 1 - Housing and Health Logic Model from Health of the Region 2024 Report (yet to be published)

## 5.0 Financial Implications

5.1 There are no direct financial implications from this paper, as the West Midlands Combined Authority will only be providing support from existing budgets and resource for the Health in All Policies approach.

5.2 If there are financial requests in the future this should follow West Midlands Combined Authority governance processes and demonstrate value for money.

## **6.0 Legal Implications**

6.1 It is a statutory requirement that the combined authority has a governance framework in place. Whilst the wellbeing board is not a decision-making board, one of its functions is to provide co-ordination and direction on strategic matters relating to the portfolio needs of the region.

## **7.0 Equalities Implications to update**

7.1 Shifting focus towards health inequalities and the proposed workstreams is likely to have positive impact on race, disability and other protected groups more likely to be affected by health inequalities. Any major project launched as a result of this approach should and will include a complete Health and Equalities Impact Assessment.

## **8.0 Inclusive Growth Implications**

8.1 Reducing health inequality is the headline outcome of the Health & Wellbeing fundamental of the Inclusive Growth Framework. It states “Avoidable differences in health outcomes are reduced so that everyone can live longer, healthier, and happier lives”, and it is therefore right that it is a high priority for the West Midlands Combined Authority and the Wellbeing team, with a substantial work programme aligned to it. Focusing on where the West Midlands Combined Authority can use its capacity and convening role to add value is consistent with the West Midlands Combined Authority’s overall approach to inclusive growth, which requires thoughtful collaboration as a means to pooling and creating different types of value.

8.2 As the work programme is developed and delivered, the inclusive growth implications of each element can be examined in more detail.

## **9.0 Geographical Area of Report’s Implications**

9.1 The work of the Wellbeing Board applies to relevant activity across both constituent and non-constituent areas.

## **10.0 Schedule of Background Papers**

10.1 None.





## Wellbeing Board

<b>Date</b>	6 March 2024
<b>Report title</b>	Thrive Programmes: Update
<b>Portfolio Lead</b>	Wellbeing - Councillor Izzi Seccombe,
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority e-mail: Laura.Shoaf@wmca.org.uk
<b>Accountable Employee</b>	Dr Tatum Matharu, Strategic Lead for Health, Employment and Economy e-mail: Tatum.Matharu@wmca.org.uk
<b>Report has been considered by</b>	WMCA Investment Board

### Recommendation(s) for action or decision:

#### The Wellbeing Board is recommended to:

- (1) Note the recent and forthcoming changes to the Thrive into Work and Thrive at Work programmes.
- (2) Provide any recommendations and / or strategic steer for future developments on either or both Thrive programmes.

### 1.0 Purpose

The purpose of this paper is to bring a fuller account of recent and forthcoming changes on each of the Thrive programmes (than is possible in the regular high level deliverables update paper) to the Wellbeing Board.

## 2. Background

### 2.1. Thrive into Work

### 2.1.1. Overview (background and current position):

Thrive into Work is an intensive employment support programme based on the Individual Placement and Support (IPS) model being brought into Primary Care through the West Midlands Combined Authority's previous trial (2018-2020), post-trial service (2020-23) and now continuing over the financial years 2023-2024 and 2024-2025.

It is currently funded via the Department for Work & Pension's Individual Placement and Support in Primary Care programme; the West Midlands Combined Authority has secured £7.9m to support 3474 people with health barriers to employment, converting (at a targeted 40% conversion rate) to 1570 positive employment outcomes (primarily new jobs starts but also job retentions for those in-work at the point of referral and assessment). A rag-rated snapshot of current programme performance for this financial year (to the end of the third quarter) is as follows:

KPI Targets	Q1		Q2		Q3		Q4		
	Total	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	
Engagements (Out of Work)	1343	386	430	409	496	423	417	423	N/A
Engagements (In Work)	412	128	141	137	133	141	138	141	N/A
New Employment Starts	313	60	107	142	107	156	99	156	N/A
Existing Employment Retentions	186	26	39	63	70	72	77	72	N/A

Over the next financial year, data relating to participants' ability to better manage their health condition(s) will also be collated and tracked (internally) as a milestone for the high level deliverable target that covers the Thrive into Work programme.

### 2.1.2. Structural changes to programme operations (recently implemented):

**Grant funding agreements:** In its previous guises, the Thrive into Work programme structure had required programme funding to be held by a health partner, namely the Black Country Integrated Care Board (the Clinical Commissioning Group previously). Now, through IPSPC, the West Midlands Combined Authority has a grant agreement directly with the Department for Work & Pensions and has issued back-to-back grant agreements with the two Activity Delivery Partners (ADPs): Black Country Healthcare NHS Foundation Trust and Shaw Trust. This has been appraised through the West Midlands Combined Authority's Single Assurance Framework and a Single Assurance Framework 'health check' process, which both also covered the full programme background and current detail because internal assurance processes were not in place at the time Thrive into Work was originally set up. The Single Assurance Framework change request was approved by the West Midlands Combined Authority Investment Board on 12 February (paper for which are attached as Appendix A).

*Finances:* Current finances are on track, covering West Midlands Combined Authority operational costs, delivery by the Thrive into Work ADPs (as 90% block payments and 10% payment-by-results, on a quarterly basis), ADP support costs (e.g. education / training and marketing / communications) and developmental costs (e.g. pathway development and programme evaluation). There is also an underspend from previous delivery that is being utilised primarily for pilot activity with General Practitioner's in collaboration with the Department for Work & Pensions (see below in section 2.1.3).

*Governance:* The Thrive into Work programme no longer has a dedicated programme board, in line with other governance changes across the West Midlands Combined Authority (regarding delegated sign-off processes / related); performance is tracked and managed as part of ESHC Directorate processes, and programme outcomes and impacts are assessed alongside all ESHC initiatives at quarterly Performance Panel meetings. However, given forthcoming changes across the landscape (see below in section 2.1.3), the West Midlands Combined Authority are developing an expert advisory group focused on health, employment and labour market participation, which will cover the Thrive into Work programme and report upwards into both the Wellbeing Board and the Skills Advisory Board.

### *2.1.3. Current projects / developments:*

There are a number of developments on the horizon, linked to the Government's Back to Work Plan announced as part of the 2023 Autumn Statement, that are relevant for the Thrive into Work programme and its future.

*GP pilot(s):* Ahead of the Back to Work plan, and in line with previous developmental activity within Thrive into Work (noting that the IPS model, at peak fidelity, requires co-location in primary care facilities), the West Midlands Combined Authority developed a General Practitioner fit note trial with a number of practices across the Black Country, through which a Thrive into Work delivery partner works with General Practitioner practice staff to review patient data and identify potential participants for the Thrive into Work service. This is focused on patients being issued fit notes (enabling them time off work as sick leave) of 4 weeks or more, with health conditions that could potentially be managed through / in work. It also aims to encourage cultural change at General Practitioner level, with General Practitioner's moving towards flagging employment support as fit notes are issued. Co-ordinating with this is a Department for Work & Pensions pilot (focused initially in Tipton) testing a 'Community Connector' model in General Practitioner practices (or nearby if facilities do not allow), who can flag patients to different services depending on needs.

*WorkWell Partnerships:* Related to the latter point above, there is much policy thinking around the concept of ‘triaging’ for employment support, depending on needs or level of intensity of that support. The Government’s Back to Work plan included a new initiative – WorkWell Partnerships – to provide low intensity support for those with health barriers to employment and triaging onto more intense services as required. WorkWell aims to increase capacity within the health and social care sector to that aim, with Integrated Care Boards receiving funding to enhance their leadership capacity on work and health (as interrelated issues). Each of the 3 Integrated Care Boards within the West Midlands Combined Authority area have submitted Expressions of Interest to become one 15 vanguard sites to be operational over the next two financial years (2024-25 and 2025-26). The West Midlands Combined Authority and the Mayor have provided letters of support for each of these bids. It is expected that there will be at least one vanguard site per region, possibly two; and selected sites should be notified in mid- / late March so as to start a six-month mobilisation period from April (with subsequently 18 months programme delivery).

*Universal Support:* The IPSPC programme is being seen as a ‘trailblazer’ for Universal Support, which will bring together key features of IPS (such as relatively low caseloads to ensure the intensity of support) with Work and Health Programme Pioneer Support (which places participants into work at the earliest opportunity after an initial work assessment and then provides them with wraparound in-work support from a personal advisor). West Midlands Combined Authority colleagues are influencing the design and development of Universal Support, which is expected to be implemented from autumn 2024.

## 2.2. Thrive at Work

### 2.2.1. Overview (background and current position):

Thrive at Work is an employer accreditation programme focused on workforce wellbeing. The West Midlands Combined Authority’s team of advisors support local / regional employers to implement and improve their policies, procedures and employee offers to support the health and wellbeing of their workforces, thereby protecting and enhancing their organisation’s productivity.

The programme is currently grant funded as part of the Mental Health Productivity Pilot led by Coventry University. The broader Mental Health Productivity Pilot programme is, however, ending; Thrive at Work delivery was due to finish at the end of December 2023 but has been extended (via underspend) to the end of the financial year 2023-24, enabling contracted targets to be met. There remains a shortfall in one of the 4 key performance indicator’s (3 have been delivered), though funders have agreed not to recover costs and, in fact, have generously allowed programme underspend to be utilised for related enhancement activity around workforce wellbeing (set out below in 2.2.3.).

A rag-rated snapshot of current programme performance for this financial year (to the end of the third quarter) is as follows:

KPI Targets	KPI Tot	FY23-24 baseline	Q1 (FY23-24)		Q2 (FY23-24)		Q3 (FY23-24)		Q4 (FY23-24)		Jul 22 – Mar24
			Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Cum. tot
Sign-ups	126	54	+21	+14	+21	+24	+21	+22	As left	(+12 to Feb)	126
Accreditations	126	42	+21	+12	+21	+15	+21	+22	As left	(+3 to Feb)	94
Engagements	900	1548	+150	+229	+150	+804	+150	+1209	As left	(TBC)	3790
Case studies	12	6	+2	+3	+2	+1	+2	+3	As left	(TBC)	13

Programme continuation funds have since been secured. The following section sets out plans for Thrive at Work delivery across the 2024-25 financial year.

### 2.2.2. Structural changes to programme operations (forthcoming):

**Funding:** The Thrive at Work programme will continue over the next financial year through better integration into a wider, more formalised structure around business support, namely Business Growth West Midlands, as a custom health and wellbeing offer. This business support function will be funded through a small proportion of the West Midlands Combined Authority allocation of the UK Shared Prosperity Fund, as the funding for Thrive at Work is significantly limited compared to previous years, the delivery team will be streamlined accordingly.

**Business Growth West Midlands:** Business Growth West Midlands brings together the various government-funded offers available to businesses across the West Midlands Combined Authority area under one umbrella so that its team of advisors can signpost and support businesses, ultimately, to achieve growth. The Thrive at Work programme is already flagged within Business Growth West Midlands currently, however the operational relationship will now be strengthened, with the integration of workforce wellbeing issues within Business Growth West Midlands' initial diagnostic tool and alignment of metrics for example.

**Thrive at Work revisions:** Learning from previous years' work as part of the Mental Health Productivity Pilot partnership as well as responding to the post-Covid world of work and current economic climate, the Thrive at Work framework and associated toolkit will be modernised and a modular design will be developed so as to enable clients to follow a more tailored approach for their business operations and workforce composition. Through this modular approach, clients may also be able to complete modules on a 'standalone' basis, enabling a non-accreditation route should still result in positively improving workforce wellbeing.

### 2.2.3. Current projects / pilots:

Three rapid pilots, designed to complement the Thrive at Work programmes and generate learnings, are now being undertaken in the final quarter of the 2023-24 financial year (alongside the main Thrive at Work programme delivery), as follows:

*Empowering workforces through behaviour change*: Focused on psychological / cognitive-behavioural therapy interventions, this series of workshops, webinars and 1-2-1 training aims to empower employees and leaders to support their own health and resilience in the workplace. A provider, The Wellbeing Project, has been procured for this activity and delivery has commenced. Performance and impact will be monitored internally and reported to the Wellbeing Board within the high level deliverables update paper for the next meeting.

*'Black Thrive'*: This project aims to provide culturally sensitive mental workplace mental health support to employees, especially catered for those employees from ethnic minority backgrounds (but open to all employees). A provider, Happiworkers, has been procured for this activity and delivery has commenced. Performance and impact will be monitored internally and reported to the Wellbeing Board within the high level deliverables update paper for the next meeting.

*'Thrive at Night'*: Replicating a Bristol-based initiative, this project aims to improve understanding of workforce mental health and business practices relating staff specifically in the night-time economy. A provider, The Drinks Trust, has been procured for this activity and delivery has commenced. Performance and impact will be monitored internally and reported to the Wellbeing Board within the high level deliverables update paper for the next meeting.

### **3.0 Strategic Aims and Objectives**

- 3.1 Both the Thrive programmes align to the West Midlands Combined Authority's Strategic Aim 1 – to promote inclusive economic growth in every corner of the region and stimulate the creation of good jobs. Thrive at Work, by encouraging employers to take greater responsibility over the health and wellbeing of their employees, creates better quality employment (i.e. good jobs). Thrive into Work encourages greater inclusiveness of economic growth by supporting people with health barriers to employment (those relatively vulnerable people excluded from or at risk of being excluded from jobs) into productivity economic activity.
- 3.2 The West Midlands Combined Authority's Employment and Skills Strategy, recently approved by the West Midlands Combined Authority Board, reinforces these aims; its key areas of delivery include:
- (2) Moving residents into good jobs – to which Thrive at Work contributes (as above), as well as Thrive into Work, through moving people into jobs; and
  - (4) Supporting our communities to be stronger and benefit from inclusive growth – to which both Thrive programmes contribute (as above).

### **4.0 Financial Implications**

- 4.1 There are no direct funding implications from this paper, as the West Midlands Combined Authority will only be providing support from existing budgets and resource for the three programmes; Thrive into Work, the current Thrive at Work programme and new Thrive at work through Business Growth West Midlands, where the West Midlands Combined Authority are the accountable body.
- 4.2 Should any future financial implications arise; they will be resolved through the West Midlands Combined Authority governance routes and demonstrate value for money.

## **5.0 Legal Implications**

5.1 There are no specific legal implications arising from the contents of this report.

## **6.0 Single Assurance Framework Implications**

6.1 As stated above, the Thrive into Work programme has recently been through a Single Assurance Framework 'health check' and had a change request, covering full programme details beyond recent programme structural changes, fully appraised through the Single Assurance Framework process and subsequently approved by Investment Board.

## **7.0 Equalities Implications**

7.1 Thrive at Work is a universal offer and therefore the impact on people due to one or more of their protected characteristics as defined by the Equality Act is likely to be neutral. The programme's aim supports equalities to be recognised and respected in clients' workplaces as part of wider health and wellbeing efforts.

7.2 Thrive into Work is targeted at those with health barriers to employment, thereby improving equity for vulnerable people. Demographic data will be reviewed as part of programme evaluation, which will enable more precise analysis of equalities implications and comparison against the health and equity impact assessment in due course.

## **8.0 Inclusive Growth Implications**

8.1 The Thrive programmes cut across and contribute to a number of the Inclusive Growth Framework Fundamentals, as follows:

- Health and wellbeing – both Thrive programmes have, at their core, aims to improve the health and wellbeing of residents across the West Midlands Combined Authority area.
- Inclusive economy – both Thrive programmes contribute to this fundamental as per the commentary above in Section 3 (Strategic Aims and Objectives).
- Power and participation – both Thrive programmes contribute towards empowering residents and enabling them to better participate in their workplace and wider economy.
- Education and learning – both Thrive programmes contribute towards employers' learning about the importance of the health and wellbeing of their employees and how to adjust workplaces to accommodate this priority.
- Equality – both Thrive programmes contribute to this fundamental as per the commentary above in Section 7 (Equalities Implications).

## **9.0 Geographical Area of Report's Implications**

9.1 Thrive into Work covers the whole West Midlands Combined Authority geography (and beyond – incl. Warwickshire).

9.2 Thrive at Work covers the whole WMCA geography (and beyond – currently incl. the Midlands Engine footprint as part of Mental Health Productivity Pilot).

## **10.0 Other Implications**

- 10.1 There are Human Resource implications of the developments / future funding arrangements relating to Thrive at Work described above, namely that there will be staff redundancies as a result.

## **11.0 Schedule of Background Papers**

- 11.1 Thrive into Work: Investment Board cover report, appraised Single Assurance Framework Change request and Single Assurance Framework health check documentation – attached as Appendix A.

## **12.0 Appendices**

- 12.1 Appendix A – Thrive Programmes Update





## WMCA Investment Board

<b>Date</b>	12 February 2024
<b>Report title</b>	Thrive into Work Individual Placement and Support in Primary Care (IPSPC) Single Assurance Framework (SAF) Change Request
<b>Portfolio Lead</b>	Councillor Izzi Seccombe, Portfolio Lead for Wellbeing
<b>Accountable Chief Executive</b>	Laura Shoaf, Chief Executive WMCA
<b>Accountable Employee</b>	Clare Hatton, Interim Executive Director Employment, Skills, Health and Communities
<b>Report has been considered by</b>	ESHC Delegated Sign Off Investment Panel

**Recommendation(s) for action or decision:**

£7,936,260 Grant Funded Thrive into Work IPSPC (April 23- March 25) SAF Change Request Approval.

**The Investment Board is recommended to:**

1. Approve the attached Change Request (appendix 1), supporting ongoing delivery of the DWP grant funded delivery phase of IPSPC services (April 23-March 25) of £7,936,260 for submission to SAF.
2. Note information within the Change Request setting out the programme financials, deliverables, commissioning activity and governance arrangements.

**1. Purpose**

Through the IPSPC Initiative, regionally known as Thrive into Work, West Midlands Combined Authority have been successful in securing further Grant Funding to continue to deliver Individual Placement & Support (IPS) services across the region through to 31<sup>st</sup> March 2025.

The original programme commenced as a pilot in 2018, at which time WMCA SAF processes were in early development stages resulting in no original business case. Since this time delivery has progressed through contract extensions. In order to ensure SAF compliance, it has been agreed with assurance, that in the absence of an original business case that a change request is progressed.

## 2. Background

The IPSPC Initiative is aimed at adults who have a physical or mental health disability, as defined by the Equality Act 2010, to help them to move into competitive employment providing the support they need to maintain that employment.

The West Midlands Combined Authority (WMCA) has been working with NHS England and the Work and Health Unit (WHU), a partnership between the Department of Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) since 2016 to trial and implement a new model of integrated health and employment support, the Individual Placement and Support (IPS) model, at scale. Due to the success of the Health Led Trial (June 18-November 20), WMCA/Black Country integrated Care Board received additional funding to implement a Post-Trial service (October 20–March 23).

As set out in purpose, the initial Pilot was pre SAF and therefore no business case was developed, in parallel to this the funding model meant that the ICB were the main contract holder and the WMCA drew down funding.

In 2023, DWP and DHSC changed the funding model, moving to grant funding agreements been made directly to 11 Upper Tier Local Authorities (LAs) or Combined Authorities, in England, to take part in the continued implementation of Individual Placement and Support in Primary Care (IPSPC) (the “Initiative”). Effectively rolling out the IPS model beyond the initial pilot locations. For the WMCA the award covering 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2025 is a total value of £7,936,260.

Given the existing activity and relationships already in place within our region delivery the IPS model, this 2023 funding award is effectively a further extension to the programme already in place. The key changes that have been required relate to the overarching governance of the programme with the WMCA now taking on the role of the accountable body for this funding and issuing onward back-to-back funding agreements to existing delivery partners.

The governance of this programme in terms of performance monitoring and expenditure will now align with recently revised WMCA processes, and wider governance relating to the strategic direction of the programme will come under the remit of an expert advisory group focused on health, employment and labour market participation. This group will have reporting lines into both the WMCA’s Wellbeing Board and its Employment & Skills Advisory Panel, both of which have local authority representation. The detailed Terms of Reference for this group (including its composition) are currently being finalised.

This new round of funding provides us with an opportunity to support 3474 people to receive Out of Work (OOW) or In Work / Retention (IW) employment support over 2 years. As well as continue to provide support to those service users still on caseloads when the post-Trial service ended March 23. Through a targeted job conversion rate of 40%, there is an opportunity to deliver 1570 new employment outcomes through the service. 5622 people were supported from the Trial & Post Trial services (June 2018 – March 2023), with a total of 1667 outcomes achieved during this time. As of December 2023, a further 1755 people have been supported through IPSPC delivery with 499 outcomes achieved to date.

A breakdown of the IPSPC 2-year targets across the programmes’ 5 Lots, which align to primary care network boundaries and cover multiple Local Authorities, is included below:

Area	2 Year Engagement Target	2 Year Outcome Target
Lot 1 – Dudley & Walsall	603	271
Lot 2 – Sandwell, Wolverhampton & West Birmingham	725	330
Lot 3 – Birmingham & Solihull	904	399
Lot 4 – Coventry & Warwickshire	575	267
Lot 5 – Neurodiversity Pathways	667	303

Work has commenced across ESHC Directorate on benefits realisation across programmes and will include development of a logic model and benefits realisation plan for IPSPC. These will include the health and wellbeing benefits resulting from 1:1 support and employment outcomes, as well financial savings through reducing the number of people on benefits and increasing NHS capacity by reducing participants interactions following employment.

In the absence of an overarching business case the Thrive into Work Programme has been subject to a robust Health Check carried out by our WMCA Assurance Team. A copy of this report is attached at appendix 2, with the programme rated as Green/Amber which indicates the likelihood of a successful delivery. Positive observations focused on the programme’s approach to monitoring and evaluation processes which have been identified as best practice by DWP and rolled out to other programmes nationally, a clear and sound understanding of scope and programme processes across all stakeholders, robust governance in the form of IPSPC Funding Agreements and an Operational Plan issued to Activity Delivery Partners.

The Change Request provides InvestmentBoard with further details about the Thrive into Work programme and the delivery activity that is being progressed as part of the new funding received for 2023-2025.

**2. Financial Implications**

The paper is looking for approval to submit the Thrive into Work change request into the SAF team. The funding is in place for £7,936,260 from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2025, which has a signed DWP grant letter in place.

There is a budget in place in line with the funding and onward award contracts have been entered with our two delivery partners.

Note there are two risks which are linked, firstly, a surplus at the end of the programme and secondly a potential budget gap in the programme. Work is currently on-going internally and with DWP to ensure there is no requirement for additional funding above existing approved budgets.

**3. Legal Implications**

The changes to the Programme Specification being requested through the Change Request - which is recommending be approved – does not require updated Contractual Arrangements through Deeds of Variation. The back-to-back agreements capture the revised Programme Specification. DWP does not need to approve the revised Programme Specification as amended for clarification purposes only.

**4. Inclusive Growth/Equalities Implications**

The Thrive into Work Programme support delivery of the WMCA Inclusive Growth Framework through localised provision of support to residents who have been on out of work for long periods of time due to ill health. Working with specialist providers individuals are identified through a number of sources including work with local GP practices or self-referral, the model therefore seeks to support employment and health priorities. Noting the impact ill health has on individuals and the ramifications of this, the aims

of the programme seek to support individuals to re-enter employment and improve their health and wellbeing.

The programme focuses on residents who are out of employment and operates in a number of areas across the WMCA including those hardest to reach or furthest from the market, and includes a focus on areas of high deprivation, which includes a large proportion of residents from an ethnicity other than white. This ensures we can support WMCA equality priorities, ensuring that all our residents can thrive and flourish regardless of their protected characteristics or background and support our target to reduce the employment gap between best and worst race and gender demographic.

**Appendix 1. Thrive into Work Change Request**

**Appendix 2. Thrive into Work WMCA Assurance Health Check**

# Change Request Form

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## WHAT CONSTITUTES A WMCA CHANGE REQUEST?

**Change Control** is the process through which all requests to change the approved baseline of a project, programme or portfolio are captured, evaluated, and then approved, rejected or deferred. This **Change Request Form** is required when the tolerances that were set out in the approved Business Case are or will be breached. These include changes to Time, Cost and Scope.

The Change Control Process should be initiated by the Project Team in the following circumstances:

- There is a cost implication that cannot be managed within the existing contingency budget and results in the requirement of 10% or more of the originally approved budget
- There is movement of over 10% of total project/programme timings (measured in months) which impacts key milestones, the project start/end date and any associated dependencies
- The scope of the project/programme has changed and the outputs, outcomes and benefits which were approved have been impacted (if an output is to be changed, this is also known as a material change)

## CHANGE REQUEST FORM GUIDANCE

- Text shown in **grey** is to be used as guidance in the writing of this form, it should be deleted prior to submission.
- Parts 1, 2 and 3 should be completed by the Applicant / Project Team
- Part 4 should be completed by the Programme Assurance and Appraisal Team / Finance Business Partner
- Please refer to the original WMCA approved Business Case when detailing any variance within this form
- Requested appendices will be shown in **orange** to support this form, these are to be attached with the submission
- If a partial or full Business Case re-write is required, you will be informed by WMCA

*For further information regarding the Change Request Process or to submit this form for review, please contact [ProgrammeAssuranceandAppraisal@wmca.org.uk](mailto:ProgrammeAssuranceandAppraisal@wmca.org.uk)*

**1 CHANGE REQUEST DETAIL**

<b>CHANGE SUMMARY</b>	
<b>Project Name:</b>	Thrive into Work IPSPC
<b>Programme Name (if applicable)</b>	n/a
<b>Directorate (if WMCA internal):</b>	Health and Communities – Employment, Skills & Communities
<b>Organisation (if WMCA external):</b>	n/a
<b>This Change Request is seeking additional WMCA funding of:</b>	Grant Funding Award of £7,936,260
<b>This Change Request is seeking a time extension of:</b>	2 Years (April23-March25)
<b>This Change Request is seeking the following change to the scope:</b>	In most areas scope of the new grant funding remains consistent with the previous Post-Trial Service programme, outline in Appendix A. Slight variations in Lot 4's Geography & Lot 5's pathways model as implemented by WMCA, as well as changes to eligibility criteria and outcomes as defined by DWP are covered in Table 1 under section 3C

<b>STAKEHOLDER INVOLVEMENT</b>	
Provide the names of the following stakeholders who have been sighted on this change request prior to submission, note this is a mandatory requirement:	
<b>Governance:</b>	n/a
<b>Senior Responsible Owner (SRO):</b>	<i>Mubasshir Ajaz – Head of Health and Communities</i>
<b>Programme SRO (if applicable)</b>	<i>Lisa Hamilton – Senior Delivery Manager (Projects and Programmes)</i>
<b>WMCA Executive Director:</b>	<i>Clare Hatton – Head of Economy, Skills &amp; Communities</i>
<b>Finance Lead:</b>	<i>Phil Cole – Finance Business Partner (ESC)</i>
<b>Legal Representative:</b>	<i>Peter Geach – Interim BP Solicitor (Law and Governance)</i>
<b>Procurement Lead:</b>	<i>Will Pemberton – Procurement Officer</i>
<b>Other (i.e., HR / Health &amp; Safety):</b>	n/a

VERSION CONTROL			
<b>Version:</b>	1	<b>Date:</b>	04/08/23
<b>Change Prepared by:</b>	Ethan Williams	<b>Job Title:</b>	TiW Project Delivery Lead

## 2 BASELINE ASSESSMENT, CHANGE REQUEST DESCRIPTION AND RATIONALE

### 2A WHICH BUSINESS CASE STAGE IS THIS CHANGE AGAINST? (SELECT ONE OPTION BELOW)

There is no previous business case for Thrive into Work, the Programme Outline attached as Appendix A. provides an outline of the previous programme, national and local context, delivery model, timeframes, benefits, outputs and outcomes.

### 2B ROOT CAUSE

Determine the root cause of this change request i.e. the source of the change requirement from the list below:

<b>Table 1</b>		
<b>Root Cause Categories</b>		<b>Tick if Applicable</b>
<b>Political</b>	This is due to the need for WMCA to demonstrate to Central Government that WMCA is working towards its Strategies and Polices i.e., Strategic Economic Plan (SEP)	<input type="checkbox"/>
<b>Governance</b>	WMCA must spend in accordance with agreed terms and conditions and abide by public sector procurement requirements and devolved funding assurance frameworks as approved by Central Government	<input type="checkbox"/>
<b>Reputational</b>	There is a high chance of repercussion for organisations' reputation due to the potential of it leading to destruction of trust and relations	<input type="checkbox"/>
<b>Operations</b>	Disruption to delivery of key business functions that support wider business operations	<input checked="" type="checkbox"/>
<b>Delivery</b>	Impact on delivery and performance against delivery commitments in the area	<input checked="" type="checkbox"/>
<b>Economic</b>	Uncertainty with external factors such as inflation and interest rates	<input type="checkbox"/>
<b>Financial</b>	Seeking safe delivery options with little residual financial loss only if it could yield upside opportunities.	<input type="checkbox"/>
<b>Opportunity</b>	The ability to deliver more outputs, outcomes, and benefits	<input checked="" type="checkbox"/>

## 2C CHANGE DESCRIPTION AND RATIONALE (MAX 500 WORDS)

The West Midlands Combined Authority (WMCA) has been working with NHS England and the Work and Health Unit (WHU), a partnership between the Department of Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) since 2016 to trial and implement a new model of integrated health and employment support, the Individual Placement and Support (IPS) model, at scale. Due to the success of the Health Led Trial (June 18-November 20), WMCA received additional funding to implement a Post-Trial service (October 20–March 23).

In 2023, DWP and DHSC awarded Grant Funding for 11 Upper Tier Local Authorities (LAs) or Combined Authorities, in England, to take part in the continued implementation of Individual Placement and Support in Primary Care (IPSPC) (the “Initiative”). The IPSPC Initiative is aimed at adults who have a physical or mental health disability, as defined by the Equality Act 2010, to help them to move into competitive employment providing the support they need to maintain that employment.

Through the IPSPC Initiative, West Midlands Combined Authority have been successful in securing Grant Funding to continue to deliver IPS services across the region through to 31<sup>st</sup> March 2025. Due to the existing provision of IPS services until March 2023, WMCA was in the position to launch the new IPSPC phase of delivery in April 2023, in line with DWP’s original planned timeframe for all successful LAs and CAs. The West Midlands Region is acknowledged as a Centre of Excellence for IPSPC provision. This is an opportunity to generate even greater momentum in improving health and employment outcomes for the citizens of the West Midlands

This new change request is seeking to:

1. Cover the launch of new DWP grant funded delivery phase of IPSPC services (April 23-March 25)
2. Outline the new grant funded value and WMCA IPSPC budget (April 23-March 25)
3. Outline variations in programme scope for new IPSPC delivery phase
4. Outline opportunity for new outcomes, outputs, and benefits through new IPSPC delivery phase
5. Outline change in governance from Black Country ICB NHS contracts to WMCA issued Back-Back Funding Agreements

The above change will cover £7,936,260 of funding over next 2 years. Table 1 in section 3A sets out a breakdown of this new funding into the IPSPC programme budget.

There is an opportunity to support 3474 people to receive Out of Work (OOW) or In Work / Retention (IW) employment support over next 2 years. As well as continue to provide support to those service users still on caseloads when the post-Trial service ended March 23. Through a targeted job conversion rate of 40%, there is an opportunity to deliver 1570 new employment outcomes through the service. Table 5 in section 3F sets out a breakdown of outputs and associated KPIs.



A folder with supporting documentation for this Change Request can be found here:

### IMPACT ASSESSMENT

Complete the following sections to determine the impact of this Change Request, if a section is deemed not applicable, briefly explain why.

#### 3A COST IMPACT (£)

Grant funding to the value of £7,936,260 has been awarded to WMCA for delivery of the IPSPC initiative. This will be subject to delivery and performance, claimed by WMCA on a quarterly basis as per DWP's funding schedule as contained in the Grant Funding Agreement (GFA).

This is the maximum sum the DWP will pay under the GFA and cannot be increased in the event of any overspend related to grant funded activities. DWP will only pay the IPSPC Grant in respect of eligible expenditure and once DWP is satisfied WMCA has provided a sufficient level of assurance. The new dependencies created as a result of this are covered under section 3D.

A breakdown of IPSPC Grant Funding over next 2 years, summarised from the current IPSPC 23/25 programme budget, is included in Table 1 below.

<b>Title</b>	<b>Total 2 Year IPSPC Programme Budget</b>
Programme Management	£973,400
Lot 1 – Dudley & Walsall Provider Costs	£1,190,640
Lot 2 – Sandwell and Wolverhampton Provider Costs	£1,452,000
Lot 3 – Birmingham and Solihull Provider Costs	£1,785,960
Lot 4 – Coventry and Rugby Provider Costs	£1,154,440
Lot 5 – Neurodiverse Pathways Provider Costs	£1,321,270
<b>Total Budget</b>	<b>£7,877,710</b>

Each Lot's Provider Costs are paid as 90% block contract payments, 10% payment by results (PBR) for achieving job outcomes targets.

Finance business partners have been sighted on this new grant funding and have been involved in creating the IPSPC programme budget for 23/25.

As this is newly awarded grant funding, this does not impact any previous financial profiles for the programme. For reference, a summary of previous programme funding for HLT and Post Trial services can be found in the Programme Outline attached as Appendix. A.

### 3B TIME IMPACT

Grant funding has enabled new programme delivery timelines, April 2023 – March 2025. The service relaunched and reopened referrals in April 2023, referral pathways will close in November 2024 and, subject to opportunity and additional funding, delivery will cease in March 2025 in line with DWP’s delivery timescales as outlined in the GFA.

<b>IPSPC Initiative Implementation Phase</b>	<b>IPSPC Initiative Referral and Delivery Phase (20 months)</b>	<b>IPSPC Ramp Down and Closure (4 months)</b>
n/a (not required as WMCA was already delivering IPS services until March 2023)	April 2023 – November 2024	December 2024 – March 2025

### 3C SCOPE IMPACT

. The IPSPC service will continue to operate using the same delivery model as the previous IPS Health Led Trial and Post-Trial Service IPS models outlined in the programme outline, with a focus on embedding the service within Health Systems and generating sustained employment and wellbeing outcomes.

The number of new programme starts targeted by each LA or CA has been limited by DWP to approx. 3500 over 2 years, which is line with targets and delivery for the last 2 years of programme. The structure of the programme’s 5 Lots and service delivery providers have been retained.

However there are slight variations in scope associated with one of the Lots’ geography as implemented by WMCA, as well as changes to eligibility criteria and outcomes as defined by DWP’s minimum expectations in the IPSPC Guidebook, are covered in the Table below:

<b>Item</b>	<b>Details</b>	<b>Change in Scope from Previous Delivery</b>
WMCA Expansion of Lot 4 - Coventry	Lot 4 now includes those registered to a GP in Warwickshire and Coventry	Previously limited to those registered to a GP only in Coventry
WMCA Refinement of Lot 5 – Specialist Pathways Model	Lot 5 refined to focus entirely on supporting those with a Neurodevelopmental Condition	Previously included pathways and support for those: At Risk of Homelessness, and/or At Risk of Offending, and/or Has a Mild Learning Disability. Support for these groups will instead be

		embedded in wider service's Lots 1-4.
DWP Retention Eligibility Criteria	To be eligible for IW support, participants must be working for a minimum of 6 months before signing up.	Previously there was no minimum time for eligibility on post-Trial service
DWP Retention Delivery Timeline	Support for the IW group should be limited to 4 months, but can be exceeded on a case-by-case basis	Previously this was limited to 12 months, in line with OOW support
DWP Job Outcome Minimums	Participants must be working for a minimum of 7 hours per week	Previously there was no minimum standard for an outcome to be claimed

There are no resource implications because of these variations in scope. The programme budget has been scaled accordingly, delivery specifications for Lot 4 and 5 have been adjusted, the performance framework and associated processes have been updated to manage DWP's changes to eligibility criteria, delivery timeline and outcome standards.

Although it does not impact scope of the programme, an additional key change for the programme is concerning IPSPC governance. Previously IPS was contracted through Black Country Integrated Care Board (ICB) using NHS standard contracts issued to service providers, WMCA maintained management responsibilities agreed via a Memorandum of Understanding (MOU). DWP's quarterly funding was also awarded to the ICB to then flow down to WMCA through onward awarding and to the service providers through quarterly payment in arrears. In April 2023, the ICB stood down from this relationship and WMCA has therefore developed a new approach to managing programme governance. An IPSPC Funding Agreement was signed by WMCA and DWP May 2023 to enable payment of Grant Funding to WMCA quarterly in arrears. Activity Delivery Partners have been retained and as of end of November 2023, Back-to-Back Funding Agreements have been signed by both ADPs.

This change in governance has had a minimal impact to delivery. Although the ICB previously held the contracts with service providers, WMCA was responsible for managing the programme directly with service providers through the MOU with the ICB. WMCA members of staff with experience of working on this programme and managing these processes previously have been retained to ensure these responsibilities are maintained effectively in the transition to new governance. The Back-to-Back Funding Agreements replicate the same constraints and provisions as DWP's and WMCA's Funding Agreement, and contains a full Operational Plan which mirrors the same processes included in the previous NHS contracts' service specification but includes the changes in scope listed above. With the move to WMCA issued B2B Funding Agreements, more robust claims and monitoring processes in line with WMCA expectations have been included in the Operational Plan to enable quarterly payment by results to activity delivery partners

### 3D DEPENDENCIES IMPACT

New dependencies have been created as a result of this grant funding. In order to enable payments quarterly in arrears based on financial profiles agreed with DWP, WMCA must ensure timely submissions of quarterly MI and spend claim returns.

New processes have been established for collation of MI using monthly performance data submitted via referral logs, reformatted into the DWP MI template. These have been completed successfully for Q1 & Q2 of the new delivery phase.

New processes have been established to enable completion of the Financial Claim form in line with WMCA's internal finance processes. Claims are approved prior to quarterly submissions by WMCA's Chief Finance Officer / Section 151 Officer and are included as an annexed update in the monthly WMCA performance and payment group meetings (DSO) once ready for onward awarding to ADPs.

DWP will pay WMCA in line with the approved DWP IPSPC profile template, approx. 6-8 weeks following submission. For any quarterly instalment period, if the actual amount requested by WMCA and to be paid by the DWP is less than the maximum amount for that period, the following instalment period will be increased with that surplus. If the amount requested exceeds the maximum amount for that period, the claim will be rejected and must be reduced accordingly.

To enable onward awarding of funds to ADPs, ADPs must also submit a Block Claim & Payment By Results (PBR) Claim to WMCA, a week prior to WMCA's submission deadline to DWP. The Block Claim will match the quarterly budget for each of the ADP's Lots and is supported by a breakdown of the staff currently working on the programme, including payroll ID and percentage of time spent working on programme. Although it is not anticipated this Block Claim will be reduced unless DWP stipulate a withholding of payment as is enabled through their Funding Agreement, the number of Employment Specialists on programme is a key delivery ADPs have signed up to in their Funding Agreement and will be monitored accordingly. The PBR claim requires a breakdown of outcomes claimed by the ADP and the evidence that has been collected to enable this. Both claim elements are reviewed quarterly and can be matched to monthly MI data submitted prior. There is an opportunity for increased audit of both these elements in the future.

### 3E STAKEHOLDER IMPACTS AND STRATEGY CHANGE IMPACTS

This new funding and associated change form will not impact existing approach to stakeholder engagement or health and employment strategy. It is very much a continuation of the existing approach to reduce health inequalities and generate employment outcomes for those individuals with a health condition in the region.

### 3F OUTPUTS, OUTCOMES AND BENEFIT IMPACTS

The Programme Outline attached as Appendix. A includes a clear breakdown of previous programme outputs and outcomes.

A robust performance framework for 23/25 has already been established and embedded with delivery providers across the 5 individual Lots. This covers a targeted number of programmes starts (OOW & IW Engagement) as agreed with DWP, with a 40% employment conversion rate across 2 years. Specific job outcome targets have been set with this

conversion rate in mind and increased to allow for additional claiming of job outcomes for service users carried over from post-Trial service, which will retrospectively increase the historic conversion rates for the post-Trial service.

Full MI for service users who joined the new service as of April 2023 is shared with DWP on a quarterly basis, in order for them to track performance and conversion rates centrally. A full KPI dashboard report is produced each month to monitor performance internally and provide insights on trends and delivery with stakeholders.

In addition to engagement and employment KPIs, additional metrics around sustainment of employment at 13 weeks, 26 weeks and health and wellbeing outcomes as a result of this sustainment, are measured across the programme. The 26-week sustainment is the only new KPI for the IPSPC service which has been stipulated by DWP and reporting processes for this are currently being tested successfully and embedded with service providers.

Health and Wellbeing outcomes are measured at the point of 13 weeks sustained employment via questionnaire. These can be used to calculate a percentage of people who, since sustaining employment:

1. Have an improved ability to manage their health condition.
2. Have reduced their original barriers to employment.
3. Are interacting with primary care services less

#### Programme Outputs

- Ensure that a Job Start is achieved for at least 40% of Participants.
- Ensure that a Baseline Threshold Job Outcome is achieved for at least 30% of Participants (13 Weeks Sustained Employment in a 16 Week period)
- Ensure that a Higher Threshold Job Outcome is achieved for at least 20% of Participants (26 Weeks Sustained Employment in a 32 Week Period)
- Ensure all Participants work towards securing a minimum of 7 hours work per week, with as many as possible supported to work more than 16 hours per week for a minimum of 13 weeks duration.
- Ensure Participants are being paid at least the Going Rate of Pay

A full set of the programme's primary KPIs are listed in the table below, along with targets for the next 2 years of delivery.

<b>KPIs</b>	<b>2 Year Targets</b>	<b>Conversion Rate Targets</b>
Out Of Work – Programme Starts	2605	N/A
In Work / Retention Programme Starts	869	N/A
Job Starts (New Employment)	1077	40% of Programme Starts
Job Retentions (Existing Employment)	493	
13 Week Employment Sustainment (OOW)	833	

13 Week Employment Sustainment (IW)	375	75% Of Employment Outcomes
26 Week Employment Sustainment (OOW)	699	65% Of Employment Outcomes
26 Week Employment Sustainment (IW)	292	

KPIs are collated through the submission of monthly referral logs created for service providers and monitored via the WMCA Thrive into Work KPI Dashboard. These processes are well established and across the lifetime of the previous programme they have successfully provided useful intelligence and insights to enable effective performance management and influence work and health strategy.

WMCA's approach to performance management is well received by DWP, and the framework established internally for the post-Trial service was shared with DWP ahead of developing the IPSPC initiative to form the baseline of DWP's new MI reporting expectations for all LAs and CAs.

Referral logs are therefore directly aligned to the DWP MI template and enable seamless quarterly returns. They also include a full set of demographic data which is analysed quarterly. This analysis provides opportunities for ongoing evaluation of the service. Tracking demographic trends against Local Insights data allows for detailed analysis of impact around reducing health inequalities and delivery of inclusive growth. Tracking of benefits data for participants will also support work on establishing cost/benefit analysis. There are opportunities to use this data to inform strategy across the ESC directorate and support other projects and programmes' approaches to MI reporting.

Programme outputs are reported monthly against the Annual Business Plan, to inform HLDs related to starts on programme and employment outcomes achieved over next phase of delivery. A quarterly deep dive is also being agreed with the ABP team, demonstrating the depth of insight the programme can provide to inform work across WMCA.

### 3G RISK IMPACT

*(UNCERTAIN EVENT(S) THAT SHOULD THEY OCCUR WILL HAVE AN EFFECT ON THE ACHIEVEMENT OF OBJECTIVES)*

The full risk register is attached as Appendix B. A summary of the current risks included on this register, are below:

1. Significant Changes In Programme Team Structure
  - Risk: WMCA programme team underwent restructuring during pivotal period of service delivery
  - Mitigation: Experienced staff have been maintained in key roles to ensure smooth transition into new structure. Recruitment for a Delivery Manager and Assistant Delivery Manager is rapidly underway. Support and oversight has been provided by senior leads.



## 2. IPSPC Budget Not Aligned to DWP Budget Profile

- Risk: There is a slight discrepancy of circa £54k between DWP's profile and WMCA's budget, this leads to a potential surplus at end of programme. Furthermore, as of November 2023 DWP have issued guidance to suggest a surplus cannot be carried from one financial year into the next.
- Mitigation: Work is underway to forecast expected year 1 surplus and explore opportunities to ensure this can be drawn down from DWP. These include potentially pushing back on latest guidance, which contradicts terminology used in the Funding Agreement; submitting a budget reprofile to DWP ahead of Q4 April 2024; submitting a claim for the surplus under 'committed costs' in Q4's spend claim.

## 3. Change in Governance / Contracting Approach from ICB NHS contracts.

- Risk: ICB has stood down from governance requiring WMCA to now directly contract services with Activity Delivery Partners through the form of Back-to-Back Funding Agreements.
- Mitigation: Funding Agreements have now been fully agreed and countersigned by both ADPs, associated payment processes have been implemented successfully for Q1 and Q2.

### 3H ISSUE IMPACT

*(EVENT(S) THAT HAVE OCCURRED WHICH WERE NOT PLANNED AND REQUIRE MANAGEMENT ACTION)*

There are no new or previous issues related to this change request.

### 3I PROCUREMENT IMPACT

This change request does not impact existing procurement strategy. Service delivery providers were retained for new IPSPC delivery phase and have been delivering IPSPC as of April 2023 through the provision of a Heads of Agreement. Back to Back Funding Agreements have now been countersigned by both Activity Delivery Partners as of end of November 2023.

## 4 GOVERNANCE AND DECISION – INTERNAL USE ONLY

TO BE COMPLETED BY WMCA PROGRAMME ASSURANCE AND APPRAISAL / FINANCE BP

### 4A APPRAISAL RECOMMENDATION

<b>Change Reference Number:</b>	
<b>Has this change been reviewed by WMCA Appraisal?</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

<b>Appraisal Recommendation:</b>
<i>State if you recommend the decision-maker/s to approve, reject or defer this approval and why</i>

**4B STAKEHOLDER INVOLVEMENT**

<b>WMCA Finance Business Partner Name:</b>	Phil Cole
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There is a budget in place in line with the funding and onward award contracts have been entered with our two delivery partners.

Note there are two risks which are linked, firstly, a surplus at the end of the programme and secondly a potential budget gap in the programme. Work is currently on-going internally and with DWP to ensure there is no requirement for additional funding above existing approved budgets.

<b>WMCA Legal Representative Name:</b>	Peter Geach
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Observations and Legal Statement:

The changes to timescales and project funding allocations being requested through the Change Request, which is recommending be approved, will require new Contractual Arrangements in part driven by any changes in central government funding agreements which will need to be reviewed. Our back to back agreements will need to be supported by revised Project Delivery Plans (PDPs) reflecting any revised outcomes. Our back to back agreements with our delivery partners will need to be drafted and executed, and will capture the revised funding arrangements and timescales.

<b>Other (i.e., HR/ Health and Safety):</b> If external to WMCA, state any other WMCA stakeholders who have input or had oversight of this change?	
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Observations and Comments:
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**4C DECISION AND GOVERNANCE**

<b>G O V E R N A N C E</b>	<b>Approval Body</b>	<b>Date of Meeting</b>
	<b>Executive Director (state if Delegated Authority or SRO)</b>	
	<b>Statutory Officer Approval</b>	
	<b>Investment Panel</b>	
	<b>Investment Board</b>	
	<b>WMCA Board</b>	

<b>D E C I S I O N</b>	<b>Approved <input type="checkbox"/></b>	<b>Rejected <input type="checkbox"/></b>	<b>Deferred <input type="checkbox"/></b>
	<b>Decision Maker and Comments:</b>		
	<b>Date of Decision:</b>		
	<b>If rejected, what was the reason for this?</b>		
	<b>If deferred, what was the reason and what are the next steps?</b>		

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## Wellbeing Board

<b>Date</b>	6 March 2024
<b>Report title</b>	Wellbeing Board High Level Deliverables Update
<b>Portfolio Lead</b>	Wellbeing - Councillor Izzi Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority e-mail: Laura.Shoaf@wmca.org.uk
<b>Accountable Employee</b>	Dr Mubasshir Ajaz, Head of Health and Communities e-mail: Mubasshir.Ajaz@wmca.org.uk
<b>Report has been considered by</b>	None

### Recommendation(s) for action or decision:

#### Wellbeing Board is recommended to:

1. Note the progress against high level deliverables for 2023/24.
2. Note and discuss the brief updates against key delivery programmes aligned to the high level deliverables.
3. Agree to provide leadership and direction for proposed high level deliverables for 2024/25.

#### 1.0 Purpose

- 1.1 This paper outlines the progress made against high level deliverables for 2023/24, as agreed by the West Midlands Combined Authority Board in March 2022.
- 1.2 The paper also includes brief updates on key initiatives aligned to the high level deliverables.

1.3 Finally, the proposed high level deliverables for Health and Communities in 2024/25 are presented. These will be discussed and agreed by the West Midlands Combined Authority Board in March 2024.

## **2.0 High Level Deliverables for 2023/24**

2.1 Our high level deliverables for 2023/24 are below. We will provide an update on impact and progress against each deliverable, along with partners involved at every future Wellbeing Board meeting.

HLD	Milestones	Update/Comment
Enable healthy, thriving communities through implementing a health in all policies approach and helping drive resources into specific areas of unmet need	Establish good practice, and identify issues and challenges for housing and transport in embedding HiaP. Complete an accessible housing project reporting to the Wellbeing Board	<ul style="list-style-type: none"> <li>• Working with transport colleagues to develop a pipeline of HiAP programmes including:               <ul style="list-style-type: none"> <li>○ Support the commissioning and evaluation of ‘<b>Let’s Chat!</b>’, a hub which aims to breakdown loneliness, isolation and increase mental wellbeing and community signposting.</li> <li>○ Support the review of <b>Ring and Ride</b> and help articulate its health benefits.</li> <li>○ Develop a framework to appraise Transport for West Midlands’s <b>capital investment</b> for health impacts, utilising the logic models designed as part of the Health of the Region report.</li> <li>○ Provide frontline operational teams access to <b>suicide prevention</b> training.</li> <li>○ Target accessibility to healthcare provision through transport <b>planning and design</b>.</li> <li>○ Develop further programmes of work around <b>active travel and social prescribing, air quality and road safety</b>.</li> </ul> </li> </ul>
	<i>Support the Health of the Region Core Group to develop community-relevant issues into actionable solutions. Reporting to quarterly meetings.</i>	<b>COMPLETED</b> As agreed at last Board meeting, the HOTR Core Group has come to a close, with the recommendation around Real Living Wage Region being pursued by members through their spheres of influence.
	<i>Work with the Wellbeing Board, Health Leaders and WMCA Executive team to establish the governance and implementation terms of the TDD Health Duty</i>	<b>COMPLETED</b> This has been adapted to reconsider the governance arrangements of the Board, as discussed in December 2023 Wellbeing Board.
Support the delivery of initiatives that tackle health inequalities with health system partners, including Mental Health	Deliver the Health Foundation Improving Health and Reducing Inequalities Combined Authorities Programme as per grant requirements. Report back to Health Foundation, other Combined Authorities and the Wellbeing Board.	Substantive update in separate agenda item.
	Oversee delivery of Mental Health Commission implementation and CWG	<ul style="list-style-type: none"> <li>• Established the sport, physical activity, mental health and wellbeing criteria for the Commonwealth Games Legacy and Enhancement Funded:</li> </ul>

Commission and Commonwealth Games Legacy programmes of work	Sport PA projects and report to Wellbeing Board.	<ul style="list-style-type: none"> <li>○ Inclusive Communities Fund (£9m)</li> <li>○ Sandwell Aquatic Centre Energy Costs (circa. £1.4m), finalising the grant agreement and payment to Sandwell MBC against actual spend which will enable 73k Sandwell residents using their leisure facilities and 600k Aquatic Centre visits.</li> <li>● Established the Wellbeing Board's oversight role on such investment.</li> <li>● Over 1000 applications and £60m worth of applications have been submitted by February 2024 and funding announcements will be made between February-April 2024.</li> <li>● Secured complementary funding see below</li> </ul>
	Publish new Health of the Region report in December 2023 and <i>hold annual roundtable with Community by April 2024.</i>	HOTR Report is now due to be published in the new Mayoral term. The latest draft of the report is attached for further review and comment.
	Sign long-term partnership agreement with Sport England and develop co-investment plan, obtain Wellbeing Board approval by July 2023	<p><b>Completed</b></p> <p>Secured £2.5m 3 year complementary Sport England funding and aim to launch in January 2024 to deliver by:</p> <ul style="list-style-type: none"> <li>● Extending the 4 Commonwealth Active Communities legacy place based partnerships e.g Solihull Active Moves, Active Birmingham, Black Country and Coventry Moving.</li> <li>● Piloting &amp; evaluate the impact of sport integration into the Mental health care pathway for children and young people with 1 ICP.</li> <li>● Extending the United by 2022 trailblazer sport programmes over the next 3 years.</li> <li>● Piloting voluntary sport organisation triage service to expert advice linked to the CWG LEF Inclusive Communities Fund.</li> <li>● Establishing a WM Programme Monitoring, Evaluation and Learning Plan to determine impact with partners and communities.</li> </ul> <p>First meeting of the Physical Activity Advisory Coalition expected by early March.</p>
	Strengthen disabled people's voices in regional decision making by increasing the number of members and agreeing purpose and direction. Report the to the Wellbeing board.	<ul style="list-style-type: none"> <li>● First Disability Working Group meeting held on 11 January 2024</li> <li>● Local Authorities Directors of Adult Social Care have been invited to nominate senior managers to be on the working group.</li> </ul>

		<ul style="list-style-type: none"> <li>• Black Country Economic Intelligence hub has been contracted to lead on the quantitative needs assessment due in March 2024. Quotation out for disabled persons' lived experience and panel.</li> <li>• The Centre for Accessible Environments has been contracted to do the supply and demand analysis of Accessible Housing in the WM with a report due April 2024.</li> <li>• Ongoing discussions with Government's Disability Unit about alignment with Government's Disability Strategy Action Plan and new opportunities for the WMCA (Plan launched 05/02/24).</li> </ul>
Enable healthy, productive workforces and deliver evidence-based initiatives focusing on 'good work' as a determinant of health	Deliver the Thrive at Work programme as per MHPP guidelines. 21 signups & 21 accreditations per quarter	<ul style="list-style-type: none"> <li>• 126 sign-ups achieved – KPI met (as of the end of January)</li> <li>• 94 accreditations achieved (as of the end of January)</li> <li>• See separate agenda item and paper for fuller update</li> </ul>
	Deliver the Thrive into Work programme as per DWP guidelines. 3,369 starts, 1,143 job outcomes.	<ul style="list-style-type: none"> <li>• 1755 programme starts (as of the end of January)</li> <li>• 499 job outcomes (as of the end of January)</li> <li>• See separate agenda item and paper for fuller update</li> </ul>
	Support the implementation of the Real Living Wage Region. Initiate a campaign and work with Core Group members and the Mayoral team to land with stakeholders in region. Report back to Health of The Region Core Group and Wellbeing Board	<ul style="list-style-type: none"> <li>• NB. (As per previous communications) – the key objective of leading a campaign on RLW across the health &amp; social care sector (as an initial focus) has been revised in light of the financial climate in LAs &amp; ICBs, and we will now run a number of workshops with the Living Wage Foundation to support partners in working through barriers to implementation.</li> <li>• These workshops have now been organised, one for each ICB area. The Black Country ICB event will be held at the Bescot Stadium on Wednesday 21st February, followed by the Coventry and Warwickshire event at Coventry Transport Museum on Wednesday 28th February, and finally the Birmingham &amp; Solihull event at the Iron House on Thursday 29th February.</li> <li>• NB. The HOTR Core Group has been discontinued (as per previous communications and above).</li> </ul>

### 3.0 Brief Updates on Key Initiatives

#### 3.1 WM Mental Health Commission

- The 2023 [West Midlands Mental Health Commission](#) outlined significant mental health challenges for the region, providing robust multi stakeholder recommendations as a driver for change. Since its publication several key initiatives have been mobilised by the West Midlands Combined Authority, which include:
  - a. Co-development of **Thrive at College**, a skills programme incorporating wrap around mental health support alongside a wider preventative ‘whole college approach’ to mental wellbeing.
  - b. Launch of the **Inclusive Communities Fund**, providing voluntary and community sector organisations funding to deliver mental wellbeing initiatives across the region. The Fund was launched in November, 2023 and administered by the Heart of England Community Foundation. This £9million fund encourages organisations to deliver mental wellbeing initiatives which align with the recommendations in the Mental Health Commission Report, and reducing the inequalities in those people who are physically inactive and in turn using physical activity as a protective factor for mental wellbeing.
  - c. Delivery of pilot programmes like **Black Thrive**, providing culturally sensitive mental health support in the workplace.
- As we move into the next phase of mapping system wide progress against the recommendations, the West Midlands Combined Authority propose to convene a **Mental Health Commission Legacy Group** that will:
  - a. Provide oversight of the recommendations set out in the Mental Health Commission, identifying barriers and challenges to delivery which can be collectively addressed.
  - b. Oversee the development of the follow-on report, *West Midlands Mental Health Commission – A Year On*, which will summarise progress and outline opportunities to work on economies of scale.
  - c. Serve as a **Community of Practice**, appraising new policy, evidence and research in the sector as well as sharing examples of best practice across the region.
  - d. Terms of reference (Appendix A) for the group have been developed and we are now seeking:
    - i. Approval from the Wellbeing Board to convene the first meeting in April 2024 and thereafter on a quarterly basis.
    - ii. Expressions of interest from those with a keen interest in mental wellbeing to chair the group.



## 3.2 Health Inequalities and Health in all Policies

### 3.3 *Using Digital Health as an Economic Driver of Health*

- Smart City Region:** Working with the West Midlands Combined Authority's subsidiary, WM5G, the Department for Levelling Up, Housing & Communities have committed £10m capital funding towards our Smart City Region (connectivity across health and social care) programme. Both the West Midlands Combined Authority and the Department for Levelling Up, Housing & Communities assurance processes have now been completed and documents finalised (business case, Memorandum of Understanding etc.), while local Integrated Care Boards and NHS Trust partners have co-developed the spend and matched contribution-in-kind strategies, allocating funding to remote diagnostics (capsule colon endoscopy at-home kits and service), home-monitoring (for 65+ year olds), preventative healthcare for employees (primarily for the health and social care workforce) and an exemplar Smart Hospital (Midland Metropolitan University Hospital). Procurement processes have been initiated, and a launch event is being held on the 28 November at Stratford Hospital and University Hospital Coventry and Warwickshire.
- Digital Health Devices:** Working with The Active Wellbeing Society, we are distributing c.300 FitBits (smart health tracker watches) to residents with long term health conditions, analysing the impact on health, health literacy and digital skills / literacy. Approximately two thirds of the devices have been distributed to date, with service users committed to submitting a baseline and exit survey. Data will be evaluated by The Active Wellbeing Society and the report is due by the end of the financial year.

## 4.0 High Level Deliverables for 2024/25

- 4.1 The following High Level Deliverables have been proposed for the next year, as part of the directorate high level deliverables for Employment, Skills, Health and Communities. These will be signed of at the West Midlands Combined Authority Board in March 2024.

High Level Deliverable	Milestones
36,200 people will be supported to improve their Physical and Mental Wellbeing	4,500 people visits to the Sandwell Aquatics Centre
	7,500 people receiving mental health advice and/or support through delivery of the Mental Health Commission recommendations and Inclusive Communities Fund.
	24,000 Sandwell residents retaining access to leisure facilities through the CWG Legacy Fund Sandwell Aquatics project
	200 young people accessing wrap around mental health support through delivery of Thrive at College skills intervention.
10,000 people have better and more	2,000 disabled people engaged in real life experience consultation via the disables people's voice contract

inclusive access to health improvement	7,000 people (5k home diagnostics and 2k remote monitoring) able to access digital health technologies to improve care through Smart City Region
	1,000 people will be supported to improve health and reduce health inequalities through initiatives delivered as part of Health in All Policies in housing, transport and environment.
71,286 employees and 100 employers in the region supported to improve health at work	70,000 employees able to access to a digital solution for healthy behaviour change through Smart City Region
	1286 people (out of work or in work) supported through Thrive into Work
	823 positive employment outcomes (new job starts or existing job retentions) through Thrive into Work
	384 people better able to self-manage their health condition(s) as part of their employment/progression through Thrive into Work
	100 employers supported to improve their productivity (via employee health & wellbeing) through Thrive at Work
	750 meaningful conversations with employers about employee health and wellbeing through Thrive at Work

## 5.0 Financial Implications

- 5.1 There are no other direct financial implications as a result of the recommendations within this report, as the West Midlands Combined Authority will only be providing support from existing budgets and resource in delivery of the agreed high level deliverables.
- 5.2 Should any future financial implications arise they will be resolved through the West Midlands Combined Authority governance routes and demonstrate value for money.

## 6.0 Legal Implications

- 6.1 It is a statutory requirement that the West Midlands Combined Authority has a governance framework in place. Whilst the Wellbeing Board is not a decision-making board, one of its functions is *“to performance manage the delivery of projects detailed within the Wellbeing Portfolio Project Pipeline at Portfolio level, ensuring effective and appropriate challenge to the Business Area and stakeholders”* and to *“consider the Wellbeing aspect of the Inclusive Growth & public Service Reform Portfolio Project Pipeline in order to monitor its content, providing feedback to the Business Area and performance managing project development”*.

## 7.0 Equalities Implications

- 7.1 Portfolio Health and Equity Impact Assessment identified key impact and considerations for high level deliverables. The composition of the thematic boards and other governance structures of the West Midlands Combined Authority normally reflect the composition of the political leadership in constituent local authorities. To this extent, at the current time, they do not reflect the full diversity of the West Midlands region and decision-making might be skewed by unconscious bias. Where there is scope for local authorities to consider diversifying who might represent them on such boards, this could be considered and where there is scope for the thematic board to consider co-opting non-voting members on the grounds of their gender or protected characteristics, then this too could be considered.
- 7.2 Positive equality outcomes can be supported within these high level deliverables. Whilst improved inclusion of disabled people is an explicit action, the high level deliverables will have a much broader positive equality impact across different equality groups. For example, the focus on improving health outcomes across the region will help address poor levels of physical activity amongst lower socioeconomic communities, which often correlate with a higher population of minority ethnic groups. Similarly, programmes such as Thrive into Work will help those who are more likely to face inequalities to access jobs and opportunities that will have a subsequently positive impact on their wellbeing but also improve their economic outcome, both of which encourage positive equality impact.

## 8.0 Inclusive Growth Implications

- 8.1 The West Midlands Combined Authority defines Inclusive Growth as *“a more deliberate and socially purposeful model of growth, measured not only by how fast or aggressive it is; but also, 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”*. Health and Wellbeing is one of the eight fundamentals for creating inclusive growth across the region. Reducing avoidable differences in health outcomes so that residents can live longer, healthier, and happier lives is vital. This work will help to achieve this given key objectives will contribute to improvements in mental health and wellbeing, increased levels of physical activity and greater inclusion of people with disabilities also sitting as key objectives. This work will also contribute to the following fundamentals:
- Inclusive Economy: Supporting people with health challenges to access employment opportunities in the region.
  - Connected Communities: Working with transport colleagues to ensure that residents can access opportunities in the region through reliable public transport and active travel.
  - Equality: Ensuring that the drivers behind persistent inequalities are addressed so that all residents can thrive.
  - Power, Influence and Participation: Ensuring residents have a voice in decision making to co-design solutions to challenges.

- As projects relating to high level deliverables will develop over time, we will work closely with the Inclusive Growth Team to ensure that the inclusive growth fundamentals are embedded into all of our projects.

## **9.0 Geographical Area of Report's Implications**

9.1 The work of the Wellbeing Board applies to relevant activity across both constituent and non-constituent areas.

## **10.0 Other Implications**

10.1 None.

## **11.0 Schedule of Background Papers**

11.1 Health of the Region Report 2024 (Draft)

## **12.0 Appendices**

12.1 Appendix A - Terms of Reference for Mental Health Legacy Group

APPENDIX A - **West Midlands Mental Health Commission Legacy Group**  
Terms of Reference (DRAFT)

**Purpose** To bring together key stakeholders across the West Midlands to oversee the legacy of the West Midlands Mental Health Commission and collectively drive forward its recommendations.

**Functions** The West Midlands Mental Health Commission Legacy Group will:

- **Provide oversight** of the recommendations set out in the Mental Health Commission, identifying barriers and challenges to delivery which can be collectively addressed.
- Oversee the development of the follow-on report, **West Midlands Mental Health Commission – A Year On**, which will summarise progress and outline opportunities to work on economies of scale.
- Serve as a **Community of Practice**, appraising new policy, evidence and research in the sector as well as sharing examples of best practice across the region.

**Accountable to** WMCA Wellbeing Board  
WMCA Health Equity Advisory Council

**Proposed Core Membership** *Wellbeing Board representative to act as chair for this group*

Name	Role	Organisation
Mubashir Ajaz	Head of Health and Communities	WMCA
Rachael Clifford	Senior Delivery Manager – Healthy Communities and Mental Wellbeing	WMCA
Nancy Towers	Senior Policy Officer – Health and Communities	WMCA
TBC	Public Mental Health representative	Coventry; Solihull; Birmingham; Sandwell; Walsall; Dudley; and Wolverhampton Local Authorities
TBC	Mental Health Commissioning representative	Coventry and Warwickshire; Birmingham and Solihull; and Black Country ICBs
Paul Sanderson	Health and Wellbeing Programme Leader	OHID
Nick Adams	Senior Quality Improvement Manager	NHS England
TBC	Academic Representative	
TBC	Lived Experience Representative	
TBC	VCSE Representative	

Open membership across West Midlands in addition to core membership for those with special interest in subject matter.

<b><i>Communications and resources</i></b>	Meetings to be held via Microsoft Teams and/or hybrid where appropriate. Core members to send a substitute if they are unable to attend a meeting.
<b><i>Leadership</i></b>	Chair: TBC WMCA will be responsible for setting the agenda and hosting meetings.
<b><i>Frequency</i></b>	Quarterly – meeting dates arranged by WMCA.
<b><i>Review</i></b>	An annual review of these terms of reference will take place.