



## Wellbeing Board

**Date:** Tuesday 19 October 2021

**Time:** 10.00 am                      **Public meeting**                      Yes

**Venue:** Room 116, 16 Summer Lane, Birmingham B19 3SD

### Membership

Councillor Izzi Seccombe (Chair)	WMCA Wellbeing Portfolio Holder
Councillor Paulette Hamilton (Vice-Chair)	Birmingham City Council
Councillor Nicolas Barlow	Dudley Metropolitan Borough Council
Councillor Margaret Bell	Wariwckshire County Council
Councillor Kamran Caan	Coventry City Council
Councillor Stephen Craddock	Walsall Metropolitan Borough Council
Guy Daly	Universities (Coventry)
Rebecca Farmer	NHSE
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Julian Gutteridge	Nuneaton and Bedworth Borough Council
Andy Hardy	STP Systems Leader NHS
Councilor Suzanne Hartwell	Sandwell Metropolitan Borough Council
Sue Ibbotson	Public Health England
Councillor Jasbir Jaspal	City of Wolverhampton Council
Lina Martino	Public Health England
Sarah Marwick	Office of the Police & Crime Commissioner
Paul Maubach	STP Systems Leader NHS
Dr Will Taylor	STP Systems Leader NHS
Pete Wilson	West Midlands Fire Service

Quorum for this meeting shall be seven members.

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

**Contact** Dan Essex, Governance Services Manager  
**Telephone** 07824 547452  
**Email** dan.essex@wmca.org.uk

# AGENDA

No.	Item	Presenting	Pages
<b>Items of Public Business</b>			
1.	Apologies for Absence	Chair	None
2.	Declarations of Interest Members are reminded of the need to declare any disclosable prejudicial interests they have in an 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
3.	Chair's Remarks (if any)	Chair	None
4.	Minutes - 20 July 2021	Chair	1 - 4
5.	Wellbeing Focus on Health Inequalities	Ed Cox/Mubasshir Ajaz	5 - 14
6.	Include Me WM Review and Recommendations	Simon Hall/Mike Fosbrook	15 - 20
7.	Community Listening Exercise to Inform the Mental Health Commission	Jed Francique	21 - 28
8.	Wellbeing Annual Performance and Forward Planning	Mubasshir Ajaz	29 - 34
<b>Date of Next Meeting</b>			
9.	Tuesday 18 January 2022 at 10.00am	Chair	None



## Wellbeing Board

Tuesday 20 July 2021 at 10.00am

### Minutes

#### Present:

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Lola Abudu	Public Health England
Councillor Margaret Bell	Warwickshire County Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Julian Gutteridge	Nuneaton & Bedworth Borough Council
Councillor Paulette Hamilton	Birmingham City Council
Councillor Suzanne Hartwell	Sandwell Metropolitan Borough Council
Councillor Jasbir Jaspal	City of Wolverhampton Council
Matthew Ling	West Midlands Fire Service

#### In attendance:

Mubasshir Ajaz	West Midlands Combined Authority
Ed Cox	West Midlands Combined Authority
Jed Francique	West Midlands Combined Authority
Madeleine Freewood	City of Wolverhampton Council
Simon Hall	West Midlands Combined Authority
Matthew Hartland	NHS Black Country & West Birmingham Clinical Commissioning Group
Tatum Matharu	West Midlands Combined Authority
Richard Mendelsohn	Birmingham & Solihull Clinical Commissioning Group
Aqeel Rizvi	West Midlands Combined Authority
Grace Scrivens	West Midlands Combined Authority

#### 1. Apologies for Absence

Apologies for absence were received from Councillor Stephen Craddock (Walsall), Andy Hardy (NHS), Paul Jennings (NHS) and Paul Maubach (NHS).

#### 2. Minutes

The minutes of the meeting held on 22 January 2021 were agreed as a correct record.

#### 3. Workshop on the Functions of the Wellbeing Board

The board held a workshop session to consider its role and purpose, along with how its members may work together more collaboratively on a common agenda. Members gathered in smaller groups to consider in more detail the knowledge they brought into meetings, the things they were good at, and those things they cared strongly about. They then considered the collaborative opportunities for the different organisations represented on the board to work together on cross-cutting issues.

The Chair thanked members for the open and reflective manner in which everyone had participated in the workshop and the recognition that there was a common agenda across a number of issues that board members were able to work more collaboratively together on in future.

#### **4. Reconvening the Mental Health Commission**

The board considered a report from the Strategic Lead for Mental Health providing an update on the work being undertaken to lay the foundations for a new Mental Health Commission.

The WMCA first convened a Mental Health Commission in 2016/17, chaired by Rt Hon Norman Lamb that was informed by a citizens' jury and involved a number of high profile local and national figures. It made 18 important, substantive recommendations with the aim of strengthening the region's response to mental health needs. A new Mental Health Commission had the potential to make a vital, timely contribution to the pursuit of a mentally healthier region by building on and 'adding value' to the local work that was being undertaken in constituent local authority areas. It was expected that the commission would make its recommendations in April 2022.

Councillor Paulette Hamilton welcomed these proposals, but stressed the importance of having the data that underpinned the review and identified those priority areas that the commission should focus on. Councillor Margaret Bell noted that local authorities were already undertaking significant work in the early and preventative stages of mental health support, and so the commission should focus on plugging gaps in service rather than seeking to duplicate provision. Councillor Karen Grinsell urged the commission to keep a tight focus on its work and target those specific areas that were identified as needing addressing.

The Head of Wellbeing & Prevention requested that board members contact him if they were able to nominate themselves or colleagues to participate in the commission, or if they had a recommendation as to who might be a suitable chair.

Resolved:

- (1) The proposal and approach to setting up the new Mental Health Commission be noted.
- (2) The proposals in respect of the Select Committee approach, shadow Young Person's Mental Health Commission, Elected Members' Advisory Group, the timelines, Chair selection, membership and Mental Health Start Awards be endorsed.
- (3) An update on the Mental Health Commission be reported to each future board meeting.

## 5. Wellbeing Programmes Update

### (a) Physical Activity

The board considered a report from the Strategic Lead for Physical Activity & Wellbeing on the progress made in delivering the physical activity work programme.

Since the last meeting, the WMCA had been working alongside the Department of Culture, Media & Sport, Sport England and Public Health England to develop the principles and priorities for the 'Commonwealth Active Communities', which would deliver the physical activity legacy work arising out of the Commonwealth Games being held in the region during July/August 2022. The report provided details of other activity currently being undertaken, including public active space design, the West Midlands Active Travel Fund, and 'Include Me WM' which aimed for more inclusive sport and physical activity initiatives.

Resolved:

The progress made in delivering the WMCA's physical activity work programme be noted.

### (b) Thrive

The board considered a report from the Interim Head of Thrive on the progress being made in delivering the Thrive work programme.

Recent work undertaken included recruiting a Thrive at Work sub-team to focus on employer engagement, raising awareness about the importance of workforce wellbeing and promoting Thrive at Work as a means to support that aim. Capacity within the accreditation sub-team had also been strengthened to help facilitate more employers through the Thrive at Work process. As of 1 July 2021, Thrive into Work was available in Birmingham, Solihull and Coventry (in addition to the Black Country, where the service was already running). This Thrive into Work service was being delivered by Prospects, part of the Shaw Trust.

Resolved:

(1) The progress of the Thrive at Work programme be noted.

(2) The progress of the Thrive into Work programme be noted.

### (c) Health Inequalities and Population Health

The board considered a report from the Head of Wellbeing & Prevention on the progress being made in delivering the WMCA's health inequalities and population health objectives.

The report provided details on the activity currently being delivered, including the Cities Health Inequalities Project which was a three-year project funded by the Health Foundation that aimed to support combined authorities to accelerate their efforts to address health inequalities through a focus on the opportunities offered by devolution, particularly in relation to addressing the determinants of health. Work was also being undertaken with Public Health England to recruit a programme manager and a senior analyst to help continue the work of the health intelligence hub, specifically on the wellbeing dashboard and embedding a 'Health in all Policies' approach.

Resolved:

The progress in delivering the WMCA's Health Inequalities and Population Health work programme be noted.

**8. Forward Plan**

The Chair noted that the board could expect reports on the Health of the Region, an update on the Health Commission and on disability work to its next meeting.

**9. Date of Next Meeting**

Tuesday 19 October 2021 at 10.00am

[The meeting ended at 12.00pm]



## Wellbeing Board

<b>Date</b>	19 October 2021
<b>Report title</b>	Wellbeing Focus on Health Inequalities
<b>Portfolio Lead</b>	Wellbeing - Councillor Izzi Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority email: <a href="mailto:laura.shoaf@wmca.org.uk">laura.shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Mubasshir Ajaz, Head of Wellbeing & Prevention email: <a href="mailto:mubasshir.ajaz@wmca.org.uk">mubasshir.ajaz@wmca.org.uk</a> Ed Cox, Director of Inclusive Growth & Public Service Reform email: <a href="mailto:ed.cox@wmca.org.uk">ed.cox@wmca.org.uk</a>

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

**Wellbeing Board is recommended to:**

- (1) Review the key takeaways from the Wellbeing Board workshop in July 2021.
- (2) Consider the proposal to shift focus towards addressing health inequalities

## **1. Purpose**

- 1.1 On 15 July 2021 the WMCA Board participated in a mini-workshop (*see Appendix A for one page summary*) where there was a glimpse given of the potential power and shared passion of the members to have an impact on health inequalities in the region, giving the Board a clear purpose as an influential regional body. This includes the role individual Board members can play in taking advantage of their revealed gifts and shared passion of impacting on health inequalities.
- 1.2 Serving a more strategic role for this Board rather than just programme management is not outside agreed parameters. As agreed at the WMCA Board, the role of Thematic Boards like the Wellbeing Board within the single assurance framework is to develop and approve the portfolio annual business plan, including demonstrating a 'golden thread' to the WMCA's annual plan, providing oversight of the Portfolio Project pipeline, as well as advising and consulting on major policy changes within the portfolio and performance managing project delivery within the portfolio.
- 1.3 Given the renewed focus on health inequalities, it was appropriate to ensure current and future work from the Wellbeing and Prevention team within the WMCA is reflective of the strategic direction. Below we outline the positioning of this work in the current regional health and care landscape.

## **2. Health of the Region Report – a mandate**

- 2.1 While the WMCA does not have devolved or statutory responsibilities for health, as the above highlights show, when working with the rest of the system on a shared vision for the region and adding value where it's most needed, significant benefits can be achieved. In many respects, the lack of any statutory responsibility has allowed the combined authority to play a more innovative role in areas such as mental health and physical activity but also a more strategic role than might otherwise have been the case.
- 2.2 Last year, we published the Health of the Region report. This report was developed in collaboration with partners from across the health and care system and presented an honest look into how the region had coped before and during the Covid-19 pandemic. The report was a collaborative effort with key local and regional partners and was endorsed by the WMCA Board and the Wellbeing Board. It highlighted longstanding inequalities in the region and shed a light on areas of mutual concern that the region must respond to urgently. The report included more than 50 commitments to action from health and care partners across the West Midlands. The report identified 4 interconnected challenges:
  - Improving outcomes for ethnic minorities and vulnerable groups
  - Tackling the wider determinants of health
  - Widening access to health and care
  - Enabling people-powered health
- 2.3 In many respects, the Health of the Region report has given the WMCA something of a mandate to work with system partners in new ways. In particular, over the past year it has become clear that the particular added value that the WMCA can bring in relation to the wider health system is in regard to the second of the report's challenges: reducing health inequalities through tackling the wider determinants of health.

### 3. Wider Determinants and Health Inequalities

3.1 Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. Addressing the wider determinants of health therefore is critical in reducing health inequalities, so much so that Public Health England suggests that **these wider determinants have a greater influence on health than health care, behaviours or genetics**. Public Health England outline six of the main determinants as follows:

- Income
- Work and the labour market
- The Built and Natural Environment
- Education
- Crime
- Vulnerability

3.2 The WMCA has a key role to play as regards at least the first three of these determinants. Health and wealth are two sides of the same coin; the impact of socioeconomic deprivation on health has long been recognised, but equally prosperity cannot be achieved without good health. Although the pathways are complex and multi-faceted, the fundamental link between health and wealth is still clear. Recent data from the Health Foundation shows that 32% of people in the lowest income category (poorest) report less than good health. In the fifth decile of income distribution this figure is 25% and at the top decile of income distribution (richest) the figure is 11%.

3.3 Ultimately, where people are already marginalised and excluded, they are likely to be left further behind as we respond to and recover from COVID-19 unless we actively work to address this. As such, the impact of health inequalities can be reduced by recognising wellbeing as being a critical element of economic policy. Given the connection, improving health and reducing health inequalities become fundamental to wealth creation and bring a range of social and economic benefits through improving productivity, reducing demand on services, and increasing social cohesion.

### 4. Focus on Addressing Health Inequalities

4.1 We propose then to focus the work of the Wellbeing and Prevention team in the WMCA on the following Objective, to be included within the emerging objectives of the Corporate Strategy:

***To work with partners to develop programmes of activity that will address health inequalities by tackling some of the wider determinants of poor health in the region.***

4.2 To be clear, the WMCA's work will focus primarily on addressing health inequalities and **NOT** on service delivery, access to health and care services or public health per se. To this end, the **four main priorities** for the WMCA's Wellbeing and Prevention function going forward will be:

- 1) Starting with the WMCA's core functions, to galvanise action to ensure all economic investment in the region supports better health outcomes;
- 2) To work with partners to attract funding from government and provide a regional voice on health inequalities;
- 3) To work with partners to maximise the economic opportunities created by the West Midlands health and care economy;
- 4) To champion specific issues and deliver grant-funded programmes where there is the clear support of the Combined Authority and its partners to do so.

4.3 This means leveraging the activities of the CA in Housing, Environment, Skills, Transport and Productivity/Economy to improve health outcomes. Within the work programme, the work will continue to influence the other Health of the Region challenges but the biggest impact will be gained through addressing wider determinants. This means that some of the existing work that does not directly impact this priority will be deprioritised, whereas work where the above priorities are already evident will be given priority, with our work in Kingshurst a developing yet clear success story to emulate and scale.

Working with Solihull MBC and Solihull Community Housing, we have worked to unlock **inclusive growth from the Kingshurst redevelopment**, an important element of which is reduced health inequalities. Solihull was clear from the outset that this was to be a *'health-led regeneration'* – not only because the proposals needed to include a health centre, but also because there was an opportunity to address the wider determinants of health through the wider development. Vital to the success of this work was a strong partnership that needed to be sustained – a key feature of inclusive growth is that partners bring different types of value. Key elements have included:

- **'Art of the Possible' publication** using the Inclusive Growth Decision-Making Toolkit to show links between the development and a health needs assessment conducted for Kingshurst.
- Inclusive Growth Framework was used as a template for Solihull to build its own outcomes framework for Kingshurst, including key health indicators. **This has been so successful that it is now being used as a template for the borough.**
- The **Kingshurst Outcomes Framework** was applied to the affordable housing proposals, which led to an increase from 40% to 100%, with at least 80% for social rent. It also helped to lock in high energy efficiency.
- A **health-focused workshop** enabled support for the facility to be unlocked from the Birmingham & Solihull CCG, with the Kingshurst Outcomes Framework a key factor in pushing for a Bromley-by-Bow model.

4.4 **Grant-funded programmes** will continue to be delivered or re-negotiated for as long as grant conditions allow without drawing on core funding. Even within our grant-funded programmes, we will bring an explicit focus on addressing health inequalities as part of the overall objectives of the programmes, for example, within our Thrive at Work programme, we are developing an initiative to address racial disparities. Similarly, as we reconvene the **Mental Health Commission** to focus on the impact of and response to the Covid-19 pandemic on mental health and wellbeing, we have commenced with a community listening exercise, especially obtaining opinions from those whose voices are seldom heard. We will also focus on working with the key partners in aspects of our work that fit in with the wider determinants priority, and indeed seek out new areas which we can add value and influence.

## 5. Mapping Current/Future Work Areas to Priorities

Priority	Activity
1) Shaping investment (WMCA)	<ul style="list-style-type: none"> <li>▪ Housing               <ul style="list-style-type: none"> <li>○ Health and Planning Working Group (Current) and utilising Healthy City Planning Toolkit and PHE's HEAT tool across CA Planning (Future)</li> <li>○ Housing Accessibility Disability Design (Current)</li> <li>○ Healthy Homes Commitment as part of SCF refresh (Future)</li> </ul> </li> <li>▪ Skills               <ul style="list-style-type: none"> <li>○ Thrive/Workplace Health Charters and supporting resources, especially for SME/Supply Chain (Future)</li> <li>○ Co-design of targeted Thrive programme for ethnic minorities (Current and Future)</li> <li>○ Wellbeing skills development into all apprenticeships (Future)</li> </ul> </li> <li>▪ Jobs/Economy               <ul style="list-style-type: none"> <li>○ Inclusive Growth Corridor - Kingshurst (Current)</li> <li>○ Health/MedTech Collaboration Work (Current and Future)</li> <li>○ Remote Diagnostics work (Current and Future)</li> </ul> </li> <li>▪ Transport               <ul style="list-style-type: none"> <li>○ Local Transport Plan and Active Travel engagement (Current)</li> <li>○ Improving Disabled Citizen's Transport experience (Current)</li> <li>○ Active and Resilient Communities work (Current)</li> </ul> </li> <li>▪ Energy and Environment               <ul style="list-style-type: none"> <li>○ Fuel Poverty and Retrofit (Future)</li> <li>○ Air Quality (Future)</li> <li>○ Access to Green Spaces (Current and Future)</li> </ul> </li> </ul>
1) Shaping investment (wider partners)	<ul style="list-style-type: none"> <li>▪ Data and intelligence to strengthen evidence base (PHE/NHS – Current and Future)</li> <li>▪ ROI assessments and impact evaluations (PHE – Current and Future)</li> <li>▪ Health in all Policies / Single Assurance Framework / Inclusive Growth Gateways (PHE - Current)</li> <li>▪ Community Asset based Decision Making (NHS – Current)</li> </ul>
2) Regional voice and funding attraction	<ul style="list-style-type: none"> <li>▪ Mayoral Leadership as Regional Convener (Current and Future)</li> <li>▪ Radical Health Prevention Fund (Future)</li> <li>▪ M10 Cities Health Inequalities Project (Current and Future)</li> <li>▪ Sustainable strategic relationship with Sport England on Health Inequalities (Current and Future)</li> <li>▪ Digital Inclusion and Health Data Poverty (Current)</li> </ul>
3) WM Health & Care Economy	<ul style="list-style-type: none"> <li>▪ Remote Diagnostics work (WM5g - Current and Future)</li> <li>▪ MedTech and Health Data (GBSLEP - Current and Future)</li> <li>▪ Telehealth and Health Innovation (Future)</li> </ul>
4) Grant-funded programmes	<ul style="list-style-type: none"> <li>▪ Mental Health Commission (Current – subject to CA approval in November)</li> <li>▪ Thrive into Work and IPS Specialist Pathways (Current)</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Thrive at Work and Workplace Wellbeing (Current)</li> <li>▪ Active and Resilient Communities (Current and Future)</li> <li>▪ Commonwealth Games Legacy (Current)</li> <li>▪ IncludeMe West Midlands (Current)</li> <li>▪ Disabled Citizens Exemplar (Current)</li> </ul>
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## **6. Financial Implications**

6.1 The WMCA budget agreed in February has been built around the programme’s High Level Deliverables for 2021/22, which have not since changed. There are no other direct spend or budgetary implications as a result of the recommendations within this report to date.

## **7. Legal Implications**

7.1 It is a statutory requirement that the Combined Authority has an assurance framework in place. The assurance framework approved by the WMCA Board on 24 July 2020 stipulates the requirement of the Wellbeing Board to approve and monitor the deliverables and policy changes of the portfolio. There are no additional legal implications.

## **8. Equalities Implications to update**

8.1 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. Portfolio EqIAs identified key impact and considerations for high level deliverables. The composition of the Thematic Boards and other governance structures of the WMCA 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.

## **9. Inclusive Growth Implications**

9.1 Reducing health inequality is the headline outcome of the Health & Wellbeing fundamental of the Inclusive Growth Framework, and it is therefore right that it is a high priority for WMCA and the Wellbeing team, with a substantial work programme aligned to it. Focusing on where WMCA can use its capacity and convening role to add value is consistent with WMCA’s overall approach to inclusive growth, which is requires thoughtful collaboration as a means to pooling and creating different types of value. As indicated by the Kingshurst case study, there are opportunities to design in positive health outcomes from the start of projects, programmes and investments, and the work programme creates lots of space for this to happen across WMCA and the wider region.

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

**10. Geographical Area of Report's Implications**

10.1 The work of the Wellbeing Board applies to relevant activity across both Constituent and Non-constituent areas.

**11. Other Implications**

11.1 None.

**12. Schedule of Background Papers**

12.1 Health of the Region Report 2020

**13. Appendices**

13.1 Appendix A – WMCA Wellbeing Board Workshop Session Review/Themes

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## WMCA Wellbeing Board Workshop Session Review/Themes - 20 July 2021

### Summary and Recommendations

#### What are we convening?

The Wellbeing Board workshop successfully engaged all participants and gave a glimpse of the potential power and shared passion of the participants to have an impact on health inequalities in the region. This gives the Wellbeing Board a clear purpose as a regional convenor.

Participants identified listening, connecting and communicating as key to successful cross-organisational collaboration, and highlighted their appreciation of being given a protected space to think and talk together. Holding this space to think, talk and deepen connections is again a clear purpose for the Board.

#### What are we learning and what gaps do we need to address?

The analysis of gifts revealed the strong shared passion and core strategic goal – having an impact on health inequalities – alongside the varied skills and knowledge. While it may be useful and usual to analyse the gaps in skills, a more ABCD (and possibly effective) next step may be to assume that the right people with the right skills are now engaged, and to work with them further, to address their identified commitments around the overall shared goal and grow momentum as a team.

#### What do we need to do to enable delivery?

As the Board moves from a programme management to a strategic role, I would suggest reviewing the group to identify the **Connectors** within attendees – those who see people for their gifts and delight in knowing people and introducing them where they can be most effective for the good of the board's shared goal. I would also suggest identifying the Animators within this group, those who are skilled in bringing in the outsiders from the edge and supporting Connectors to fulfil their goals. This may also be a deliberate role for WMCA staff attending. We could also be asking the question '**Who else do you know who would be prepared to show up and join in?**', sharing the responsibility and utilising the power of each member to build momentum for a fully engaged, and engaging Wellbeing Board.

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## Wellbeing Board

<b>Date</b>	19 October 2021
<b>Report title</b>	Include Me WM Review and Recommendations
<b>Portfolio Lead</b>	Wellbeing - Councillor Izzi Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority email: <a href="mailto:laura.shoaf@wmca.org.uk">laura.shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Simon Hall, Physical Activity Policy & Delivery Lead email: <a href="mailto:simon.hall@wmca.org.uk">simon.hall@wmca.org.uk</a>

### Recommendations for action and decision:

#### The Wellbeing Board is recommended to:

- (1) Note the Include Me WM Review findings and recommended actions set out in paragraph 5.1 below.
- (2) Approve a maximum of twice a year presentation from the WMCA's Disability Champions on progress and issues impacting on the wellbeing of disabled people in the West Midlands.

## 1. Purpose

- 1.1 This Board report sets out the context, impact and the outcomes from an independent review into Include Me WM and what is needed to becoming an exemplar region in getting more disabled people active and seeks the Wellbeing's approval for its recommendations and actions.

## 2. Context

- 2.1 For the last two years, the WMCA has been leading the Include Me WM (IMWM) programme, which focuses on a commitment to make the West Midlands (WM) an exemplar region in getting disabled people active. The programme was based on extensive consultation and research on the barriers and opportunities faced by disabled people in getting active.
- 2.2 The programme is principally funded through a Sport England solicited grant. This included a 2 year secondment of a programme manager from Activity Alliance. The programme has achieved significant success (as outlined below), despite delivery being hampered by the pandemic.
- 2.3 This work is set in the context that one in six adults who had Covid were disabled or had long term health conditions and 54% of adult disabled people in the West Midlands are inactive.
- 2.4 With the delivery and lockdown context, Government's new [Disability Strategy](#) and Sport England's [Uniting the Movement](#), the WMCA with Sport England funding contracted an independent consultant to review the work and what we have learnt about working together (a system wide approach) to getting more disabled people active. IMWM progress and report findings are summarised below.

## 3. Progress and Findings

- 3.1 The WMCA role in the programme has focused on the 5 priority work strands identified through consultation, focusing on addressing wider determinants, recognising the breadth of disability sport activities and the support and advocacy work of disability organisations.
- 3.2 Much of the WMCA's work has been about cultivating a social movement for more inclusive and accessible sport. 91 organisations have pledged to make changes in service delivery (IMWM Supporters) including 5 Local Authorities, Birmingham 2022 Organising Committee and the Albion Foundation. Coventry CC is using IMWM as one of its corporate diversity and inclusion priorities strengthening the Council's work to embed inclusive values and behaviours including staff training. Birmingham CC's "Creating an Active City Plan" focuses on reducing health inequalities through a disability lens to encourage better system and behaviour change across the City.
- 3.3 Of these 91 organisations, 55% are focusing on staff training for which the WMCA (with Sport England funding) has enabled over 600 people to get inclusivity and accessibility training and 58% are working on more inclusive marketing and communications.

- 3.4. Delayed by the pandemic, the first IMWM Uniting the Region Conference took place on 30 September, informed by the Review and uniting the region's organisations and citizens to understand how they can work better together to coproduce future opportunities. Over 100 delegates attended and was received very positively and as one delegate commented "every part of the Conference and going to suggest that my workplace takes active involvement in monthly meetings promoting disability inclusion."
- 3.5 Improving disabled people's voice in the decision making in sport and physical activity was one of the other priorities. The pandemic led to the IMWM social media campaign now with over 160 members keeping people connected and offering tips to get active, as well as relationships being developed providing a potential reach to 12000 disabled people. This work is now accelerating following the recruitment of the WM Disabled People Champions and Network. **We are seeking the Board's approval for the Champions to present their views and response to the WM wide work at up to 2 Board meetings over the next 12 months.**
- 3.6. Access to and confidence in using transport prevents many disabled people getting to active places. The "Travel without Barriers" IMWM work stream is now gathering pace post lockdown. Transport for West Midlands (TfWM) have given their approval for the delayed [Swift App](#) behaviour change trial, which will be developed over the coming months and piloted and concluded by March 2022.
- 3.7. Over 1100 disabled people getting to cycle and many using the cycling network and local parks through the "Ride Ahead Together" West Midlands Active Travel funded programme. This work is also beginning to influence other Active Travel workstreams such as future Cycle hire. It has also been shortlisted for the 2021 [Modeshift National Sustainable Travel Awards](#) in the Excellence in Cycling category, the sustainable travel industry's awards for best and innovative practice. The shortlisting will be announced in late October 2021.

#### **4. Discussion**

- 4.1. The independent review has been informed by the journey so far and discussions with West Midlands and national stakeholders. The review identified that there is common and strong affinity with the shared ambition of IMWM and the challenges it seeks to address and recognised that IMWM has increased awareness of the need for change across a growing network of supporters involved in the work.
- 4.2 However, there is mixed recognition on where the current work adds value to what existing stakeholders do in this area. Much of the WMCA's work is focused on addressing the wider determinants rather than health and sport delivery. Given the impact of the pandemic when most local energy was placed on frontline services, IMWM, there is a sense that IMWM priorities have been "lost in translation" or "in the pandemic" and the challenge is not on what is being delivered but more with how work is taken forward.
- 4.3 The pandemic, the wider determinant focus and test and learn programmes such as Travel without barriers in certain local authorities, as well as differing expectations of what value of the work looks like, have created some perceptions about ownership. Especially since the collaborative behaviours and values have not yet had dedicated time to emerge and mature to become the norm across physical activity and sport partners.

## **5. Next Steps**

- 5.1. Recognising the challenges, but acknowledging the wholesale commitment to be an exemplar region, the WMCA is seeking the Wellbeing Board approval to:
- Bring key stakeholders back together to reconfirm commitments to this ambition and explore the reviews findings by end of November 2021.
  - By working together to develop a set of guiding principles that set out “how” partners and behaviours required for working this way, using the contracted expertise from the Leadership Centre/University of Birmingham by December 2021.
  - Developing from the Conference and the Impact work, convene the shared learning opportunities to drive forward joint work by February 2022.
  - Tease out with each Local Authority how IMWM can continue to build on what’s happening in localities and how it makes the most of the IMWM network and awareness it has created from November 2021.
- 5.2. These next steps have the potential to have a greater impact in delivering change, with the WMCA playing a pivotal convening and influencing role to enable better delivery of the shared ambition to be an exemplar region in getting more disabled people active.

## **6 Legal Implications**

- 6.1 There are no additional legal implications.

## **7. Financial Implications**

- 7.1 This will be delivered within the current WMCA fees budget and principally through a solicited Sport England grant funding including secondment costs for Mark Fosbrook from Activity Alliance and £80k delivery funding which is required to be spent by 31 March 2022. An additional £120k funding has been attracted through the West Midlands Active Travel Fund, working with TfWM for “Ride Ahead Together.” There is no available funding beyond 31 March 2022. Any additional spend will be sought by externally.

## **8. Equalities Implications**

- 8.1 Include Me WM focuses on ensuring sport and physical activity is more inclusive and accessible developed from extensive citizen and stakeholder consultation along with a rapid academic review. The WMCA recognises that although there is a desire for all workstreams to be inclusive, based on evidence some of the workstreams need to be initially exclusive to disabled citizens.

## **9. Inclusive Growth Implications**

- 9.1 The Include Me programme spans several fundamentals of the Inclusive Growth Framework: Connected Communities, Health & Wellbeing and Power, Influence and Participation in particular. It is vital to the WMCA's work that this programme and engagement should continue and develop – for example, with the creation of the Include Me Citizens Panel Champions – but it is also right to reconvene partners to ensure that this engagement and inclusion has the intended positive impact, and that the time invested by disabled citizens is worth that investment. This is partly to ensure that the WMCA continues to focus on where it can add value, but also, to ensure that the contributions of disabled citizens in the can be drawn on in different ways, by different partners.
- 9.2 As WMCA and local partners reach consensus on where to take this work, the inclusive growth implications of each element can be evaluated at that time.

## **10. Geographical Area of Report's Implications**

- 10.1 Principally, Include Me WM is delivered across the West Midlands region; with specific workstreams such as Ride Ahead Together and the planned Travel without Barriers geographically targeted (Birmingham, Coventry and Wolverhampton) following consultation.

## **11 Other Implications**

- 11. None

## **12. Schedule of Background Papers**

- 12.1 None

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## Wellbeing Board

<b>Date</b>	19 October 2021
<b>Report title</b>	Community Listening Exercise to Inform the Mental Health Commission
<b>Portfolio Lead</b>	Wellbeing - Councillor Izzi Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority email: laura.shoaf@wmca.org.uk
<b>Accountable Employee</b>	Ed Cox, Director of Inclusive Growth & Public Service Reform email: ed.cox@wmca.org.uk  Mubasshir Ajaz, Head of Wellbeing & Prevention email: mubasshir.ajaz@wmca.org.uk  Jed Francique, Head of Mental Health Partnerships email: jed.francique@wmca.org.uk

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

#### Wellbeing Board is recommended to:

- (1) Note the feedback from the 'community listening exercise' which highlights:
  - (a) Feedback on the impact of COVID-19 on the mental wellbeing of communities in the West Midlands;
  - (b) Compounding factors contributing to worsening mental health;
  - (c) Supportive, enabling factors;
  - (d) Potential areas of focus for the Mental Health Commission.

## **1. Purpose**

- 1.1 This paper highlights the findings of a community listening exercise for the forthcoming Mental Health Commission. It was commissioned as one of the influences to help shape the focus Commission.

## **2. Background**

- 2.1 WMCA commissioned BVSC Research, the Institute for Community Research & Development at the University of Wolverhampton and the Centre for Peace, Trust and Social Relations at Coventry University to undertake a 'listening exercise' to understand more about the impact of COVID-19 on the mental health and wellbeing of communities across the region and to capture some initial community feedback on potential areas of focus for the Commission. The exercise focused primarily on communities who are less often heard, and fieldwork which drew on the knowledge and insights of Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations across the region who have worked directly with individuals and communities throughout the pandemic.

- 2.2 In this qualitative study, a total of 129 participants were engaged through a series of one-to-one interviews, focus groups, a survey and individual cohort case studies of 'forgotten voices'.

- 2.3 worsening of drivers key that research national and local from know already We included health mental

- Fears of infection and of losing friends and families
- Housing insecurity and poor-quality housing
- Employment and financial losses
- The impact of children being at home
- Increased isolation and loss of social contact
- Loss of coping mechanisms, including exercise, work and access to green spaces
- Reduced access to mental health services.

- 2.4 Further national evidence suggests that young adults and women have been particularly hard hit by the pandemic in terms of their mental health, with emerging local and regional research indicating that some additional groups who have been experiencing a disproportionate, negative impact include:

- Black, Asian, and other ethnic minority communities
- People with pre-existing mental health difficulties
- Adults with complex support needs
- Disadvantaged or isolated people living in social housing
- People living in poverty and marginalised populations
- Disabled people.

### **3. Findings of the listening exercise**

#### **3.1 Understanding the impact of COVID-19 on the mental wellbeing of communities in the West Midlands**

3.1.1 Findings suggest that the most common reasons for deteriorating mental health were loneliness and isolation, increased anxiety due to the pandemic, increased family and relational tensions, and grief and loss. The prevalence of loneliness and isolation as a driver for worsening mental health was observed as having increased significantly across the whole population, with many 'new' presentations amongst individuals who had not previously contacted services for support. It was also, however, seen to be more acute amongst certain sub-sections of communities:

- People who lived alone and had previously relied heavily on social networks and support services
- Children and young people who have had disrupted education and limited access to pastoral and other support
- Women – especially women who were pregnant or new mums during the pandemic
- Those experiencing domestic violence
- People who were financially insecure
- People whose social networks were centred around their place of worship
- Those with pre-existing mental health conditions
- People with learning difficulties and disabilities
- Older adults who had to shield for extended periods.

3.1.2 Research participants reported general anxiety about the pandemic including fears of the virus itself and wider pandemic impact. They described how anxiety has been exacerbated by perceived mixed messaging from the Government as well as 'information overload' through social media and news channels. Frequent 'bad news' for example, reports of increased unemployment, financial difficulties and the increased number of deaths, have added to increased levels of anxiety, particularly amongst people from 'Black, Asian and ethnic minority communities, young people and people with pre-existing mental health difficulties.

- 3.1.3 The confinement of families to the home during lockdown placed strain on their relationships which research participants associated with increased complexity of support needs. Many of the people interviewed spoke of instances of behavioural changes in children alongside higher levels of anxiety. Parental concerns about their children's education and the additional pressure of emergency home schooling was also a factor in increased anxiety levels, particularly among women who took responsibility for supporting home learning. Organisations working with families have seen a significant rise in domestic abuse driven, in part, by lockdowns. Respondents also revealed the increased pressures on families, especially those trying to juggle family life under lockdown while working to support the mental health and wellbeing of others. People with caring responsibilities, and those working or volunteering in health and social care, were particularly affected by these pressures.
- 3.1.4 Grief and loss played a significant factor in people's deteriorating mental health. It was not simply that people had lost loved-ones to COVID-19 (and other illnesses during the pandemic) but that people had not been able to grieve properly for their loss due to social distancing restrictions. The inability to be with loved ones in hospital, the disruption to normal funeral practices, and the inability to grieve as a collective with family and friends has inflicted a heavy toll on people's mental wellbeing.

## **3.2 Compounding factors contributing to worsening mental health**

### **3.2.1 Key factors were:**

- A lack of access to mental health support, including crisis support, with long waiting lists, perceived high thresholds to access help and limited preventative support. (With systems further impacted by the additional pandemic pressures on health and care service providers).
- A lack of access to places of worship and faith leaders and a lack of culturally sensitive support.
- Cultural stigmas and taboos about mental illness are also prevalent, preventing people from either acknowledging mental health concerns or seeking support.
- Lockdowns resulted in greater confinement, sometimes for long periods in unsuitable, poor quality or overcrowded accommodation. Groups particularly affected by housing factors included: refugees, migrants and those who live within extended families; survivors of modern slavery; domestic violence survivors; international students and offenders released with no fixed abode.
- Financial insecurity due to an increase in debt left individuals feeling overwhelmed; the 'just about managing' pushed into 'not managing' due to a loss of employment or furlough. It was also perceived that the Universal Credit (UC) system and difficulties in accessing benefits were stressors.
- Digital solutions enabled organisations to engage with service users and provided new and innovative ways of working, but individuals and families who did not have ready access to digital devices were disadvantaged throughout the pandemic, challenging their mental health.

### **3.3 Supportive, enabling factors**

#### 3.3.1 These included:

- Online communities have been instrumental in supporting mental wellbeing, enabling organisations to engage with socially isolated individuals.
- One of the key findings was the extent to which individuals valued access to green spaces and involvement in outdoor community activities. Access to good quality outdoor spaces was viewed as an integral aspect of good mental wellbeing.
- Volunteering and associated opportunities for self-help provide a strong sense of purpose, reduce isolation, and help to build people's mental health and general wellbeing. People we interviewed saw the levels of community volunteering across the region as a significant enabling factor in combatting worsening mental health.
- Preventative services enabled the maintenance of good mental health and avoided people falling into crisis.
- Youth provision and schools created successful on-line engagement, for example, gaming nights. Schools were perceived to have initially had difficulties establishing online learning and maintaining pastoral support but were able to make good online arrangements to deploy more mental health and emotional support.
- Collaboration between VCFSE and the public sector made a key contribution to effective responses, developing opportunities to share information, and created a 'team ethic'. VCFSE organisations often reached and supported communities effectively whose needs are less often met.

### **3.4 Potential areas of focus for the Mental Health Commission**

#### 3.4.1 Drawing on the community feedback, it is felt that the following areas could be helpfully explored by the forthcoming Commission:

- Explore strategies to further destigmatise mental health difficulties and promote wellbeing through open dialogue, particularly for population groups where inequalities exist, for example for ethnic minority communities, working with senior community figures and faith leaders
- Understand the significant inequalities that have been maintained or exacerbated during the pandemic and identify effective corrective strategies, including a focus on wider, social determinants of health
- Highlight innovative and effective models of mental health support, drawing on the statutory, VCFSE and private sectors individually or collaboratively, particularly where that support is effective in meeting the needs of poorly-served population groups

- Explore effective strategies to co-develop more resilient, kinder, more compassionate, mutually supportive communities that could prevent poor mental health and enable early intervention. (NB volunteering and self-help is an element to be explored)
- Further explore the potential of digital possibilities to support the positive mental health and wellbeing of residents across diverse ages and economic circumstances.
- Continue to develop a multi-faceted strategy which enables employers to access a range of tools to support the mental health and wellbeing of their diverse workforces, building on WMCA's Thrive programmes.
- Explore the impact of the pandemic on the resilience and wellbeing of key workers, including those in the health and care sector.
- Explore additional means to make the most of green spaces and improve the built environment in support of mental health and wellbeing.
- Consider opportunities, for example a public event or events, to recognise the 'collective grief' caused by pandemic deaths across the region.

### **3.5 Mental Health Commission**

- 3.5.1 It is intended that this community listening exercise is one of a number of sources of intelligence that will be used to inform the focus of the work of the forthcoming Mental Health Commission.
- 3.5.2 A report is to be taken to the Combined Authority Board in November 2021 to secure agreement to convening a new Commission and to confirm its focus and approach.

### **4. Financial Implications**

- 4.1 WMCA set aside a budget of £24,999 to commission this listening exercise.

### **5. Legal Implications**

- 5.1 There are no additional legal implications.

### **6. Equalities Implications**

- 6.1 This listening exercise had a particular focus on securing feedback from populations groups who are 'seldom heard' and who are often 'under served'. Their feedback will support the forthcoming MH Commission's intended focus on understanding and supporting action to address inequalities.

### **7. Inclusive Growth Implications**

- 7.1 As a listening exercise to inform a piece of work, the inclusive growth implications from this paper are minimal – however, the Mental Health Commission itself is a means to improving the health and quality of life of people in the region, and aligns to the Health & Wellbeing fundamental of the Inclusive Growth Framework.

7.2 Furthermore, using the experience of intermediary groups which work with some of the region's most vulnerable people aligns to the Power, Influence and Participation fundamental of the framework, as it is using their experiences to shape a piece of work from the outset, which is excellent practice.

## **8. Geographical Area of Report's Implications**

8.1 The work of the Wellbeing Board applies to relevant activity across both Constituent and Non-constituent areas.

## **9. Other Implications**

9.1 None.

## **10. Schedule of Background Papers**

10.1 Mental Health Community Listening Project, Final Report. Commissioned by WMCA, undertaken by BVSC Research, Coventry University and the University of Wolverhampton.

## **11. Appendices**

11.1 None

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## Wellbeing Board

<b>Date</b>	19 October 2021
<b>Report title</b>	Wellbeing Annual Performance and Forward Planning
<b>Portfolio Lead</b>	Wellbeing - Councillor Izzi Seccombe,
<b>Accountable Chief Executive</b>	Laura Shoaf, West Midlands Combined Authority email: <a href="mailto:laura.shoaf@wmca.org.uk">laura.shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Ed Cox, Director of Inclusive Growth & Public Service Reform email: <a href="mailto:ed.cox@wmca.org.uk">ed.cox@wmca.org.uk</a>  Mubasshir Ajaz, Head of Wellbeing & Prevention email: <a href="mailto:mubasshir.ajaz@wmca.org.uk">mubasshir.ajaz@wmca.org.uk</a>

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

### Wellbeing Board is recommended to:

- (1) Note the progress against the 2021/22 High Level Deliverables to date.
- (2) Note the progress on 2020/21 High Level Deliverables.
- (3) Identify any areas which the Board wishes to receive a more detailed report on progress or activity.

## 1. Purpose

- 1.1 This paper reports against progress to date against the 2021/22 deliverables and confirms the end of year position for the deliverables for 2020/21.

## 2. High Level Deliverables for 2021/22

### WB01

**Aim:**

Extension of Thrive-into-Work Programme

**Progress:**

- Expansion and extension of services completed across the region in July 2021
- Referrals into the Thrive into Work Programme have exceeded expectations at 108% of target
- The largest proportion of referrals are from a Primary or Community Care source in line with the intentions of the Health Led Trial conducted between June 2018 and concluded in October 2020.
- Increase in referrals directly related to introduction of the Thrive into Work offer for those facing homelessness, barriers to work due to a neuro-developmental condition and those at risk of offending
- Job Outcomes met or exceeded targets as of the most recent report (end of August) with Sandwell and Wolverhampton achieving 140% of target.
- For those in danger of falling out of work (retention) Dudley and Walsall achieved 200% of target.
- There is now a Single Point of Access into the service across the regional delivery landscape through the WMCA website.
- Work and Health Unit have placed a bid into the next Comprehensive Spending Review for three years funding, this will be to:
  - o Establish a further 3-5 IPS Pilots across the country
  - o Support further growth of IPS provision in existing sites (Wales, Sheffield and the West Midlands)
- If the bid is successful Expressions of Interest will need to be developed, in line with an anticipated start date of 1st April 2023 and will run until 31st March 2026.
- In order to support the WMCA during this transition period, the Work and Health Unit are intending to extend funding for the West Midlands IPS Programme until 31st March 2023. Financial models have been submitted to assist with this process.

### WB02

**Aim:**

Delivery of Thrive-at-Work Programme

**Progress:**

- Currently 467 organisations are signed up to Thrive at Work, with 32 accredited at Bronze level and 21 awarded Foundation.
- Awards event (online) is planned for 21<sup>st</sup> October.

- Conversations with MHPP partners around capturing returns on investment (ROI) as well as potential future investment continue apace, with key decisions due to be taken over the next quarter.
- MHPP showcase event is planned for 20<sup>th</sup> October at Coventry University, hosting Jonathan Marron, Director General for the Office for Health Improvement and Disparities, DHSC.
- Independent expertise is being procured to undertake an impact evaluation exercise of the TaW product, feeding into the wider MHPP ROI narrative.
- External expertise around business development – specifically setting out viable avenues for a future independent iteration of TaW – is also being procured.

### WB03

#### Aim:

Reconvene Mental Health Commission to identify new issues and approaches to Mental Health Awareness, Prevention and support in the region.

#### Progress:

- A report is being submitted to November's Combined Authority Board to consider and sign off the approach, with a view to initiating the Board soon afterwards;
- Progress is being made in identifying potential Commission co-chairs and members;
- A 'community listening exercise' report, undertaken by BVSC, in partnership with the University of Wolverhampton and Coventry University, has been finalised and provides some useful insights on the pandemic's impact and some useful proposals of topics that the forthcoming Commission should explore. (See separate report).
- Work is underway to build links with other CA taskforces and Commissions (e.g. the Racial Equalities Taskforce), so that their work is mutually supportive.

### WB04

#### Aim:

Develop and sustain a Physical Activity Programme with regional partners.

#### Progress:

- Worked with DCMS and Sport England to develop the £3m Commonwealth Active Communities Physical Activity Prospectus that Local Authorities have submitted,
- Working with TfWM on the development of the Cycling for Everyone legacy bid to Dept. For Transport
- As part of the WMCA's partnership with Sport England, we are jointly funding leadership, community engagement and evaluation and impact expertise to each of the Commonwealth Active Communities over the next 12 months to help delivery of legacy plans.
- Working with TfWM on the role the Local Transport Plan has in addressing health inequalities.

- WMCA selected by DfT to bid to be one of its twelve social prescribing walking and cycling pilots. Working with Local Authorities and NHS to bid by 22 October 2021.
- Nearly 100 patients have been prescribed walking and cycling through the WM work in Birmingham and the Black Country which is influencing the bid and was launched by the WM Mayor on 24 September 2021.
- Willenhall Park project has been re-opened and significant progress in Sandwell and Coventry in re-purposing green spaces as active spaces, scheduled to be opened later in the year.
- Over 270 runners/walkers have delivered 2579 good deeds through Goodgym Coventry, Solihull and Warwick/Leamington Spa.

#### **WB05**

##### **Aim:**

Making WM an exemplar region for getting more disabled people active.

##### **Progress:**

- Programme Reivew completed, see separate Wellbeing Board Report.

#### **WB06**

##### **Aim:**

Develop WM Health Intelligence & Data Programme.

##### **Progress:**

- The Health of the Region (HOTR) report 2021 is due to be published before the end of the year; its quantitative and qualitative data are currently being collated and updated to this end.
- Specific combinations of datasets are being explored in order to demonstrate the cumulative impact of multiple disadvantages (or structural inequalities) across the WMCA area.
- Plans around the publication of HOTR 2021 (as an online update) have progressed to include interactive data visualisations and mapping of HOTR commitments.
- HOTR (core member) roundtable, with updates on commitments, due to be held in mid-November.

#### **WB07**

##### **Aim:**

Develop collaborative programmes to tackle system-level Health Inequalities issues and embed HIAP approach in WMCA

##### **Progress:**

- Projects resulting from our collaborative design sprints (on community-based decision-making piloted in a local ICS, digital inclusion towards greater health sector connectivity and accessibility improvements in housing for disabled citizens) are each progressing well, with collaborative working groups set up and now focused on establishing delivery plans.

- PHE resource has been secured to help develop and embed the Health Equity Assessment Tool (HEAT) across TfWM; training session for TfWM staff due to take place before the end of October.
- Working with UHB and O2 to conduct feasibility study on moving more diagnostics into remote centres, allowing patients to access care closer to home and reducing pressures on hospitals.

## **WB08**

### **Aim:**

Secure and implement the Radical Health Prevention Fund.

### **Progress:**

- Regular meetings with DHSC setup to finalise proposal
- Drafted MoU with Solihul MBC to act as responsible local authority for the funds, should it be successful
- Will not make it into Comprehensive Spending Review but DHSC team have encouraged to consider proposal for next year's Budget
- Will continue to work with DHSC officials to ensure proposal is to their liking

## **3. Financial Implications**

- 3.1 The WMCA budget agreed in February has been built around these High Level Deliverables. There are no other direct spend or budgetary implications as a result of the recommendations within this report. There is underspend in the budget due to being unable to fill vacancies.

## **4. Legal Implications**

- 4.1 It is a statutory requirement that the Combined Authority has an assurance framework in place. The assurance framework approved by the WMCA Board on 24 July 2020 stipulates the requirement of the Wellbeing Board to approve and monitor the deliverables of the portfolio.

## **5. Equalities Implications to update**

- 5.1 This is a progress update – there are no immediate equality implications in relation to this report.

## **6. Inclusive Growth Implications**

- 6.1 The Wellbeing programme is aligned to the Health & Wellbeing fundamental of the Inclusive Growth Framework. WB07 and its focus on reducing health inequality have been embedded as the headline outcome of that framework. Furthermore, the extension of Thrive Into Work in particular has strengthened one of the key inclusive growth policy mechanisms of the region by connecting it to other fundamentals of the framework – notably 'Affordable and Safe Places' – where the key outcome is designing out homelessness.

**7. Geographical Area of Report's Implications**

7.1 The work of the Wellbeing Board applies to relevant activity across both Constituent and Non-constituent areas.

**8. Other Implications**

8.1 None.

**9. Schedule of Background Papers**

9.1 None.

**10. Appendices**

10.1 None.