



Wellbeing Board

Date: Tuesday 18 January 2022

Time: 10.00 am **Public meeting** Yes

Venue: To be held remotely via MS Teams

Membership

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
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	NHS England
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Julian Gutteridge	Nuneaton and Bedworth Borough Council
Andy Hardy	Sustainability & Transformation Partnership, NHS
Councilor Suzanne Hartwell	Sandwell Metropolitan Borough Council
Sue Ibbotson	Health Protection Agency
Councillor Jasbir Jaspal	City of Wolverhampton Council
Lina Martino	Public Health England
Sarah Marwick	Office of the Police & Crime Commissioner
Paul Maubach	Sustainability & Transformation Partnership, NHS
Dr Will Taylor	Sustainability & Transfirmation Partnership, 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 Wendy Slater
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AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
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 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 - 19 October 2021	Chair	1 - 6
5.	Matters Arising	Chair	Verbal Report
6.	Revisiting the Health of the Region Report	Tatum Mathru/ Mubasshir Ajaz	Verbal Report
7.	Community Green Grants	Jacqueline Holman	7 - 10
8.	WMCA Health in All Policies (HiAP) Approach	Stacey Gunther/Simon Hall/David Harris	11 - 18
9.	Wellbeing Programmes Update a) Wellbeing Annual Performance and Forward Planning b) Convening a new Mental Health Commission Update c) Individual Placement Support Thrive into Work	Mubasshir Ajaz/Jed Francique/ Anita Hallbrook	19 - 40
10.	Forward Plan - items for next meeting on 8 March	Chair	None



**West Midlands
Combined Authority**

Wellbeing Board

Tuesday 19 October 2021 at 10.00 am

Minutes

Present

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Kamran Caan	Coventry City Council
Councillor Stephen Craddock	Walsall Metropolitan Borough Council
Rebecca Farmer	NHS England
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

In Attendance

Lola Abudu	Department for Health & Social Care
Mubasshir Ajaz	West Midlands Combined Authority
Ed Cox	West Midlands Combined Authority
Jed Francique	West Midlands Combined Authority
Madeleine Freewood	City of Wolverhampton Council
Mark Frosbrook	West Midlands Combined Authority
Simon Hall	West Midlands Combined Authority
Alistair McIntyre	Black Country & West Birmingham Sustainability & Transformation Partnership
Tatum Matharu	West Midlands Combined Authority
Aquil Rizvi	West Midlands Combined Authority
Ruth Tennant	Solihull Metropolitan Borough Council

Item Title

No.

35. Apologies for Absence

Apologies for absence were received from Councillor Margaret Bell (Warwickshire), Guy Daly (NHS) Andy Hardy (NHS) and Paul Maubach (NHS).

36. Chair's Remarks

(1) Sir David Amess MP

The Chair noted the death of Sir David Amess, MP for Southend West, on 15 October following his stabbing at a constituency surgery. She offered the condolences of the board to his family and friends, and stressed the importance that all of those undertaking public service were afforded respect and were able to go about their business in safety. She called on everyone to consider carefully the language they used when discussing matters that might divide opinion, and stressed the importance of recognising that everyone in public life had the interests of the region at heart. Board members thoroughly endorsed these comments.

(2) Arrangements for Future Meetings

The Chair reported that further consideration would be given as to whether the board should meet again in person or would continue with an online/hybrid approach. Members recognised that there were benefits in meeting physically together in a room, but stressed that a meeting-by-meeting approach should be considered given that rates of COVID-19 infection were currently increasing and members should not meet face-to-face in these circumstances when it was not needed and there were no formal decisions for the board to make.

37. Minutes - 20 July 2021

The minutes of the meeting held on 20 July 2021 were agreed as a correct record.

38. Wellbeing Focus on Health Inequalities

The board considered a report of Head of Wellbeing & Prevention reviewing the outcomes of the Wellbeing workshop held at the last meeting and how this could influence the board's future work programme.

Following the workshop, the Director of Inclusive Growth & Public Service Reform reported that it was proposed to focus the work of the WMCA's Wellbeing & Prevention team in working with partners to develop programmes of activity that would address health inequalities by tackling some of the wider determinants of poor health in the region. The four main priorities for the Wellbeing & Prevention function going forward would therefore be:

- To galvanise action to ensure all economic investment in the region supported better health outcomes.
- To work with partners to attract funding from Government and provide a regional voice on health inequalities.
- To work with partners to maximise the economic opportunities created by the West Midlands health and care economy.
- To champion specific issues and deliver grant-funded programmes where there was the clear support of the WMCA and its partners to do so.

Councillor Paulette Hamilton stressed the importance of ensuring that the work of the board supported local authorities and focussed on those areas where there were advantages in scale to be gained. The Head of Wellbeing & Prevention supported these comments and indicated that they were working with colleagues to identify where the Wellbeing & Prevention team could add value and scale-up initiatives to bring region-wide benefits.

Resolved:

- (1) The key takeaways from the Wellbeing Board workshop held in July 2021 be noted.
- (2) Proposal to shift the focus of the Wellbeing & Prevention team towards addressing health inequalities be endorsed.

39. Include Me WM Review and Recommendations

The board considered a report of the Physical Activity Policy & Delivery Lead on the context, impact and the outcomes from an independent review into Include Me WM and what was needed to become an exemplar region in getting more disabled people active.

For the last two years, the WMCA had been leading the Include Me WM programme, which focused on a commitment to make the West Midlands 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. One in six adults who had COVID-19 were disabled or had long term health conditions and 54% of adult disabled people in the West Midlands were categorised as inactive.

Much of the WMCA's work had been about cultivating a social movement for more inclusive and accessible sport. Ninety-one organisations had pledged to make changes in service delivery, including five local authorities, Birmingham 2022 Organising Committee and the Albion Foundation. Coventry City Council was using Include Me WM as one of its corporate diversity and inclusion priorities to strengthen the council's work to embed inclusive values and behaviours including staff training. Birmingham City Council's 'Creating an Active City Plan' was focusing on reducing health inequalities through a disability lens to encourage better system and behaviour change across the city.

Councillor Paulette Hamilton paid tribute to Michael Willis, who had recently died but had previously undergone a double lung transplant and had worked with Transport for West Midlands on mobility issues that particularly impacted organ transplant patients. She stressed the importance of ensuring that people impacted by a broad range of disabilities were able to participate fully in society, and noted the important role Include Me WM played in this. Councillor Karen Grinsell enquired whether representatives of people with learning disabilities were included within this work. The Include Me WM Manager indicated that a citizens' panel was recruited widely, and although it had not been possible to recruit someone with the lived experiences of every disadvantaged group, there was a wide range of people involved in the panel that had proved to be extremely useful.

Resolved:

- (1) The Include Me WM review findings and recommended actions be noted.
- (2) The board receive a maximum of twice-a-year presentations from the WMCA's Disability Champions on progress and issues impacting on the wellbeing of disabled people in the West Midlands.

40. Community Listening Exercise to Inform the Mental Health Commission

The board considered a report of the Director of Inclusive Growth & Public Service Reform highlighting the findings of a community listening exercise for the forthcoming Mental Health Commission. The exercise had been commissioned as one of the influences to help shape the focus commission.

The WMCA commissioned BVSC Research, the Institute for Community Research & Development at the University of Wolverhampton and the Centre for Peace, Trust & 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. 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. The report provided further details on the findings of the listening exercise, compounding factors that contributed to worsening mental health, supportive and enabling factors, along with potential areas of focus for the Mental Health Commission.

Councillor Paulette Hamilton welcomed the report and suggested it provided a good opportunity to re-engage with partners that it had not been possible to do so with during the COVID-19 pandemic. The Mental Health Prevention Strategic Lead welcomed these comments, noting that it was important to ensure the work of the commission added value to that already being undertaken, and did not put additional pressures on those parts of the system already under pressure.

Resolved:

The feedback from the 'community listening exercise' be noted, which highlighted:

- (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.

41. Wellbeing Annual Performance and Forward Planning

The board considered a report of the Director of Inclusive Growth & Public Service Reform on progress made to date against the 2021/22 deliverables and confirming the end of year position for the deliverables for 2020/21.

The Chair thanked all members of staff and partners who had been involved in delivering the programmes during the last 18 months, often in difficult circumstances.

Resolved:

- (1) The progress against the 2021/22 High Level Deliverables to date be noted.
- (2) The progress on 2020/21 High Level Deliverables be noted.

42. Independent Placement Support Update and Appointment of Chair

The board considered a report of the Strategic Lead for Thrive into Work providing an update on the work taking place on the Thrive into Work Independent Placement Support Programme and to seek support to appoint Mark Axcell, Chief Executive of the Black Country Mental Health Partnership Trust as Chair of the Independent Placement Support Programme Board.

The current focus of the programme had been to extend existing services running across the Black Country up until March 2022, to expand services into Birmingham, Solihull and Coventry up until July 2022, and to explore the impact of the Independent Placement Support in specialist pathways for those with neuro-development barriers, those at risk of homelessness and individuals in custodial diversion pathways. Recent reporting showed that targets were exceeding expectations both in preventing people from falling out of work and for those entering into the job market. For those requiring retention support, 73% have been on sick leave for four weeks or longer and for those service users seeking support to gain employment, 89% are long term unemployed.

The Chair requested that a further report be presented to the next meeting of the board that provided further information on the role and proposed membership of the Independent Placement Support Programme Board.

Resolved:

- (1) The progress of the Independent Placement Support Programme be noted.
- (2) The appointment of Mark Axcell as Chair of the Independent Placement Support Programme Board be endorsed.

43. Date of Next Meeting

Tuesday 18 January 2022 at 10.00am.

The meeting ended at 12.00pm.

Wellbeing Board

Date	18 th January 2022
Report title	Community Green Grants
Portfolio Lead	Councillor Ian Courts, Environment, Energy and HS2.
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Laura.shoaf@wmca.org.uk
Accountable Employee	Jacqueline Homan, Head of Environment jacqueline.homan@wmca.org.uk
Report has been considered by	Ed Cox, Director of Inclusive Growth & Public Service Reform Ed.Cox@wmca.org.uk

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

1. Note the Community Green Grants and the timeframe for implementation.
2. Identify any synergies with work in wellbeing that could support the Community Green Grants, in terms of outcomes and process.

1. Purpose

To update the Wellbeing Board on the Community Green Grants programme being led by the WMCA Environment Team. The grants are aimed at reducing 'green deprivation', which has significant social and environmental consequences.

2. Background

- 2.1 In June 2019, the WMCA declared a climate emergency and in July 2019 a target date of 2041 was established for the region to achieve net zero carbon emissions. In January 2020, the WMCA strategy (*#WM2041: Actions to meet the climate crisis with inclusivity, prosperity and fairness*) was launched. This plan cut across the different actions that would be required to achieve the 2041 goal in a way that supported inclusive growth across the region. Natural capital played a key role in the strategy in terms of supporting resilience and adaptation; providing a route to mitigate climate change; and recognising the importance of green space for people across the region.

- 2.2 The recognition of the multifunctional benefits of natural capital continued in the follow-up paper that went to the CA Board in June 2020 (*WM2041: A Programme for Implementing an Environmental Recovery*). This paper set out the urgent activity and need for the WMCA and stakeholders to produce five-year delivery plans (four in total) in support of delivering the zero carbon target for the West Midlands by 2041. The first of these WM2041 Five Year Plans (FYPs) was approved by the CA Board on 19th March 2021 and has implications for regional natural capital programmes.
- 2.3 In terms of natural capital specifically, the *WM2041: A Programme for Implementing an Environmental Recovery* paper highlighted the need to address inequalities of access to green space that had been magnified during the first Covid-19 lockdown. In response to this, the WMCA commissioned the New Economics Foundation (NEF) to produce a report on access to green space across the West Midlands. The data provided through the NEF report has now been turned into a publicly accessible data platform (available here: <https://maps.tfwm.org.uk/portal/apps/opsdashboard/index.html#/3e4d8d9006c64e74a575b00a08c89c6c>) that highlights parts of the WMCA (by Lower Super Output Area) where there is low access to green space. The work with colleagues in the Data Insights Team will continue to enable us to get a better understanding of what and how we can monitor our progress around improving natural capital, and access to it, across the WMCA. This will be done with other regional stakeholders who also have significant data in this space. The Community Green Grants scheme will be an important route to support action to redress the inequalities identified.
- 2.4 As part of Wellbeing agenda, we recognise the importance placed on access to green spaces for physical and mental wellbeing during lockdown and the NEF report amplifies those inequality issues related to access to safe places and limited available space in areas of poorest health. The Community Green Grants scheme has the potential to significantly contribute to improving access and health outcomes for BAME and vulnerably groups.
- 2.5 With the approval of the Five Year Plan in March, the CA Board allocated a budget of £725k to support a programme of Community Green Grants to improve access to green space. The Community Green Grants Officer started with the WMCA in September and has been developing the grants programme, as well as meeting with community groups to raise awareness of the grants programme.
- 2.6 The WMCA has launched a procurement to appoint an organisation with expertise in grant administration. This organisation will manage the financial elements of the grant, whilst the CA leads on the work to ensure the grants are meeting the outcomes on addressing 'green deprivation'. The overarching aims are to:
- Increase or improve green spaces close to where people live (e.g. within ten-minute walk).
 - Connect people to nature, especially communities experiencing green deprivation
 - Enhance the local environment (e.g. tree planting, increasing biodiversity)
 - Tackle barriers to accessing green spaces, e.g. concerns around safety or the lack of awareness of local green space

- 2.6 We envisage that there will be two different types of grant, with a focus on capital expenditure, but with some allowance for revenue to support grant preparation and staff time. Currently the timeframe for the CGG is 2 years and will end in March 2024. Further funding is being sought to extend the Community Green Grants scheme. The two types of grant are:
- Small grants (£3k up to £25k). There will be 20+ (depending on how much organisations apply for) of these grants and we want to encourage applications from “grass roots” organisations with already established links into communities.
 - Larger grants (£25k - £100k). We envisage running two large grants (possibly more if they are coming in at the lower end of this range)
- 2.7 We are looking for creative ideas that meet the grant criteria, examples of potential projects are:
- Activities run at community gardens/ allotments for example tree planting, gardening, growing fruit and vegetables
 - Turning unused viable land into pocket parks
 - Nature playgroups that give children and families with no regular access to green space an opportunity to experience hands on activities.
 - Development of green corridors linking parks/ community gardens/ other green spaces
 - Development of new community green spaces that increase local access
 - Projects that significantly improve the biodiversity of the area and promote behavioural change on accessing green spaces. The proposal is to run a programme with two types of grant.
- 2.9 As part of the grant criteria design, the Wellbeing Team are working closely with the Green Grants team to apply the learning from for example the Public Space Design trial in Sandwell, Walsall and Coventry and also to connect with the social prescribing network to improve physical and mental wellbeing.
- 2.10 The formal launch is being planned for the end of January 2022 and regular progress updates will be taken to Environment and Energy Board. We are also looking to secure match-funding for the Community Green Grants scheme to sustain it beyond the initial 2 years of CA funding.

3. Financial Implications

- 3.1 The CA Board in March 21 approved the funding of £5.1m from the Investment Programme to support the WM2041 Five Year Plan. Of this total, a budget of £725k was allocated to support a programme of Community Green Grants to improve access to green and blue space.
- 3.2 WMCA is looking to appoint a grant administrator in early 2022 after the conclusion of the procurement process.

4. Legal Implications

None from this paper.

5. Equalities Implications to update

The work that has been undertaken on the natural environment is central to the addressing the challenges related to climate change; the natural environment has a key role to play in both mitigation and adaptation. However, we have been clear from the outset that WM2041 must also have significant social and economic benefits for the region. The natural environment has emerged as an area where there are currently clear inequalities of access to high quality green space, either because of distance or pressure on what is currently available. The work that we will be taking forward will look to address this, driven by data that is available to us.

6. Inclusive Growth Implications

This report links to a number of the WMCA's eight inclusive growth priorities, which are identified as 'a catalyst for improved and sustained outcomes for people place, co-designed with partners and beneficiaries'. Improving the natural environment will support outcomes around:

- reduction of health inequalities;
- addressing climate resilience through the promotion of nature-based solution to dealing with climate change;
- supporting the principle of connected communities through enabling more spaces and opportunities to bring people together in green space; and,
- equality (reducing the numbers of people living in deprivation, which includes lifting people out of 'green deprivation').

7. Geographical Area of Report's Implications

The initial work for the Community Green Grants will focus on the 7 met area. There is potential, if we are able to expand the funding, for this to extend to non-constituent authorities as well.

8. Schedule of Background Papers

None.

9. Appendices

None.



Wellbeing Board

Date	18 th January 2022
Report title	WMCA Health in all Policies (HiAP) Approach
Portfolio Lead	Cllr Seccombe, Wellbeing
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority
Accountable Employees	Stacey Gunther, Health and Wellbeing Programme Manager, WMCA/Office for Health Improvement and Disparities Simon Hall, Strategic Lead for Wellbeing and Prevention
Report has been considered by	Ed Cox, Director, Inclusive Growth and Public Service Reform Mubasshir Ajaz, Head of Wellbeing and Prevention

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

1. Approve the proposed WMCA Health in All Policy (HiAP) model to act on health inequalities through its devolved responsibilities across the wider determinants of health.
2. Provide support and guidance to refine the model and actions taken which will ensure the greatest impact.

1. Purpose

- 1.1 This paper builds upon the WMCA mandate for health inequalities in the Health of the Region report and the direction agreed at the October Wellbeing Board meeting. It details how the WMCA plan to take forward the agreed Wellbeing priorities across WMCA areas of responsibilities, including transport, housing, skills, energy and the environment, to act on health inequalities across the wider determinants of health. Working in this way recognises the link between health and wealth and the importance of WMCA's role in supporting the region to improve productivity, economic growth and health and wellbeing in tandem.
- 1.2 Health in all Policies (HiAP) is defined as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful impacts in order to improve population health and health

equity.” (WHO, 2013). Taking a HiAP approach will enable WMCA to put health inequalities at the heart of decision making across the wider determinants of health and enable progress on the Wellbeing priorities.

- 1.3 This paper details the proposed WMCA approach to embedding HiAP, including the importance of learning and improving the approach taken. HiAP is an ongoing focus for WMCA, this paper builds upon foundations in place from the previous Population Health Intelligence Unit and draws from ongoing work with Transport for West Midlands where a strong partnership with mutual outcomes focused on active travel have been agreed. This relationship has enabled elements of the model below to be tested and used to inform the evolving approach outlined below. The approach draws upon the HiAP evidence base, builds in tools to offer practical support across the CA and includes learning collated via the City Inequalities Project¹ which draws in learning from HiAP work at other Mayoral Combined Authorities.

2. WMCA Inclusive Growth Framework

- 2.1 When discussing HiAP at WMCA, it is important to first understand Inclusive Growth. WMCA defines inclusive growth as:

A more deliberate and socially purposeful model of economic growth - measured not only by how fast or aggressive it is; but also, by how well it is created and shared across the whole place, and by the social and environmental outcomes it realises for our people.

The WMCA inclusive growth framework consists of 8 fundamentals and was codesigned with partners including PHE West Midlands. As a result, reducing health inequalities is the headline outcome of the Health and Wellbeing fundamental. The inclusion of health inequalities as a metric highlights the need to see the region’s health inequalities reducing before we can assert that our economic activity is truly inclusive.

The diagram below shows what good looks like for inclusive growth; eight fundamentals, with outcomes, brought together in the Inclusive Growth Framework:

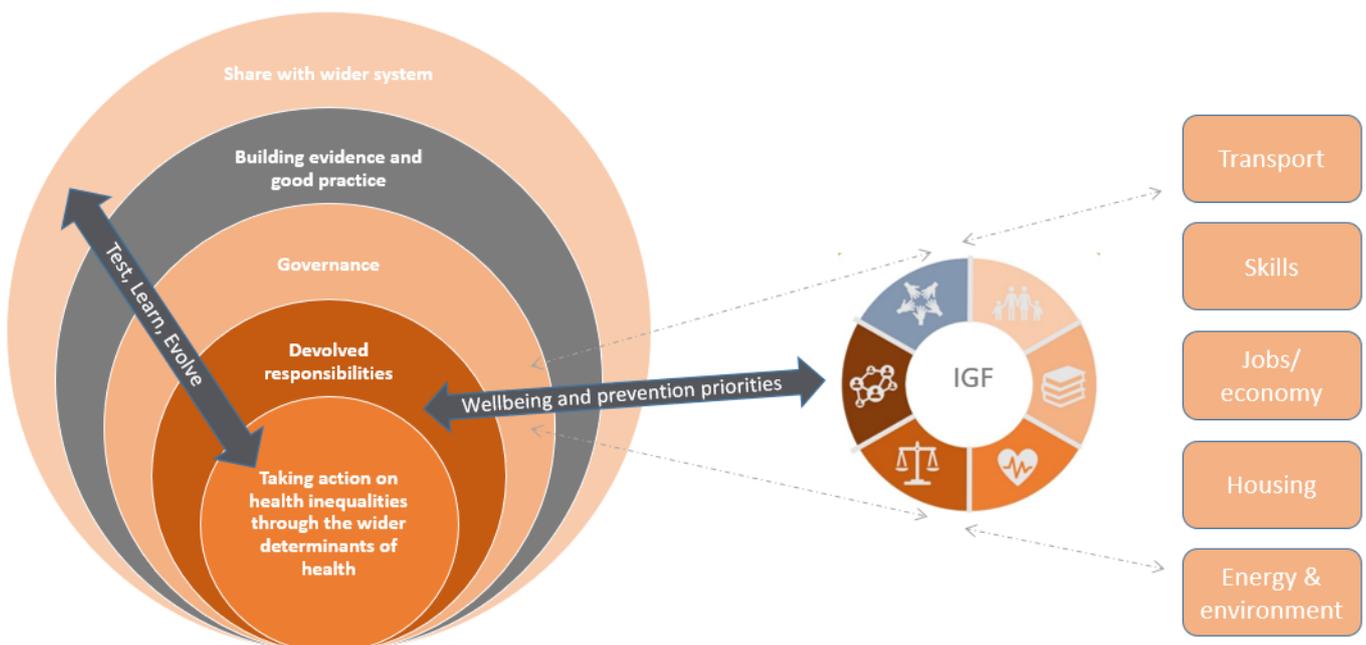
¹ WMCA are a sponsor authority for the City Inequalities Project, which facilitates combined authority potential to take action on health inequalities

 CLIMATE RESILIENCE	 AFFORDABLE AND SAFE PLACES	 CONNECTED COMMUNITIES	 EDUCATION AND LEARNING	 HEALTH AND WELLBEING	 EQUALITY	 INCLUSIVE ECONOMY	 POWER, INFLUENCE AND PARTICIPATION
Reducing CO ₂	Designing out homelessness	Accessible resources and opportunities	Increased skills levels	Reduced health inequalities	Fewer people living in deprivation	Increased household income	Citizens feeling influential
COMPLIANCE: alignment with WMCA social value policy, little involvement of beneficiaries							
OPPORTUNITY: exceedance of WMCA social value policy, involvement of beneficiaries							
TRANSFORMATION: a catalyst for improved & sustained outcomes for people place, co-designed with partners & beneficiaries							

In addition to the explicit health and wellbeing inclusive growth fundamental, health inequalities provide a thread throughout the framework with other outcomes for example reducing CO₂, designing out homelessness, education and learning, reduced employment inequalities and increased household income also key contributory factors to the health inequalities agenda.

3. Addressing health inequalities through HiAP

3.1 The diagram below illustrates the developing WMCA approach to HiAP:



3.2 *Devolved responsibilities*

In order to realise the potential across the organisation to take action on health inequalities, it is paramount to identify and recognise the contribution that all directorates can, and in some instances already do make. Initial logic model work has been undertaken to identify appropriate levers, with work progressing to create a common language and narrative that resonates with all. These will be worked into shared resources that will highlight mutual benefits for partners in other directorates/areas of WMCA. As described in section 2 above, alignment with the inclusive growth framework is key to engage with partners, given the synergies in preferred outcomes. This will also provide clear and consistent health inequalities messaging for stakeholders within the WMCA, the Mayor in providing leadership on devolved powers and wider partners in the region.

3.3 *Governance*

For a HiAP approach to be successful it is essential that health equity and inequalities are considered as core to WMCA. During this initial phase of learning and development the Wellbeing team are building learning and good practice case studies that can be shared to facilitate others to take a similar approach. Key to this is the application of the Health Equity Assessment Tool (HEAT) which informs the decision making of WMCA to understand the health impacts and distributions of those impacts. It enables mitigating actions to be taken across all policy and programmes to reduce the potential negative impacts and amplify the positive health inequalities impacts. Organisational training in its' application will build upon the pilot with Transport for West Midlands (TfWM) detailed in section 4.

For longer term success, organisational culture change is required to reach the point where health inequalities are considered as core to all policy, strategy and programme development. To facilitate the required cultural change to achieve HiAP, there is need to consider health equity at a strategic organisational level for example by inclusion within the single assurance framework. Work is currently underway with the WMCA's Equality and Diversity Manager to ensure that the HiAP approach is aligned to the WMCA's policy and tools such as Equality Impact Assessment. There is also opportunity for consideration in performance and planning cycles, as well as other organisational documents for example, inclusion in project initiation documents.

3.4 *Evidence, good practice and relationship building*

Building a body of evidence to advocate for the HiAP approach and application of HEAT will act as a lever to enable good practice to be replicated throughout WMCA. This work in time will also break down preconceptions that a HiAP approach is additional work as shared outcomes and benefits to directorates individual outcomes are realised.

There is also an ambition to create an advocates group to provide peer support with practical application and the opportunity to share experience, for example around HEAT or common challenges. In addition to the advocates group relationship building at senior levels within WMCA are also key to unlocking potential.

3.5 *Share with wider system*

Learning through the creation of a HiAP approach and the application of HEAT in a wider setting at WMCA will create tools, resources and learning that can be applied

across other organisations wishing to take a similar approach. There is scope to establish a community of practice to build and share learning and application across the system.

3.6 *Test, learn and evolve*

Testing, learning and the evolution of HiAP is fundamental to its success and as such run through all the whole model. It will inform a continuous improvement approach to implementation and maximise its impact. The following provides two examples of Early Adoption Pilots which illustrate the HiAP approach.

4. Early adoption pilots

4.1 To support the development of the proposed framework, several pilots are in progress with WMCA directorates. These have been critical to the development of the above approach. The following brings to life actions taken, lessons learnt and progress to date.

4.2 **Transport**

4.2.1 The purpose of the work with Transport is to develop and test a HiAP approach with TfWM and builds on foundations created through long standing partnership work on active travel. The benefit of active travel to health and wellbeing is recognised by both TfWM and the Wellbeing Team, and as such provided an ideal test bed for development.

4.2.2 The role of active travel in improving health is well documented, with the Health Foundation (2019) highlighting contributory factors to a healthy and sustainable transport system (see figure below). The WMCA Inclusive Growth approach echoes these benefits in reducing health inequalities and enabling transport policy and investments to benefit health.



Local Transport Plan Green Paper

4.2.3 TfWM is seeking permission to go to public consultation on the Local Transport Plan (LTP) at WMCA Board on 14th January. The consultation document considers TfWM role in inclusive growth and in addressing health inequalities.

4.2.4 One of WMCA's statutory duties as the Local Transport Authority is to publish and review the [Local Transport Plan \(LTP\)](#) for the area covered by the 7 constituent

authorities. The LTP sets out the policies to promote safe, integrate, efficient and economic transport to, from and within our area as well as plans to implement those policies. The TfWM published Green Paper outlines how transport can better support a prosperous and well-connected West Midlands which is fairer, greener and healthier.

- 4.2.5 The Green Paper identifies five motives for change if we want to use Transport to drive inclusive growth:
- o Creating a fairer society
 - o Supporting local communities and places
 - o Becoming more active
 - o Tackling the climate emergency
 - o Sustaining economic success.

HEAT Tool Application Pilots

- 4.2.6 HEAT has currently been, or is planned to be applied, to three joint WMCA Wellbeing and TfWM projects. The aim of applying HEAT to these projects is to understand the difference and impact this makes to planning, delivery and evaluation. These are detailed below:
- o **Transport without Barriers** – funded by WMCA Wellbeing and Sport England – a behaviour change trial on whether a travel app will increase confidence of disabled people and people with long term health conditions in using public transport. Scheduled to be launched in February 2022.
 - o **Cycling for Everyone** – currently developing a legacy package to enable those who otherwise would not benefit from the existing network and infrastructure investments to take advantage of the interventions to support long term behaviour change and confidence. HEAT will be used to determine audiences and inform the evaluation framework.
 - o **DfT Social Prescribing Walking and Cycling Pilot Bid.** An example of work to ensure all WM economic investments benefit health includes the work that the Wellbeing Team are leading alongside TfWM, Local Authorities, NHS and Community partners in bidding to become one of the Department for Transport Social Prescribing Walking and Cycling pilot areas. This focuses on increasing the referral of people in ill health to walking and cycling and measuring impact. HEAT has been applied to the development of the project to ensure that health equity was embedded from the outset and considered from project inception. The outcome of this bid will be known in the new year and if successful the Feasibility Study will lead to a 3-year funded pilot from Summer 2022.

4.3 Housing

- 4.3.1 One of the agreed High-Level Deliverables is reduce health inequalities in housing, focusing on Accessible Housing for disabled people and those with long term health conditions across all ages. Initial discussions have started with the Housing and Regeneration Directorate and Local Authority Public Health to determine purpose and priorities. Given the early stage of this work, progress will be presented at the next Wellbeing Board meeting.

5. Next steps

- 5.1 Subject to the Wellbeing Board's approval, we will continue to take forward the ongoing pilots, developing and sharing our learning with partners to refine and evidence the impact of this approach. In doing so, develop a common narrative around health

inequalities across the WMCA and to grow our work across other Directorates.

6. Financial Implications

- 6.1 Currently there are no additional financial implications for the WMCA as initial scoping and development work set out above are funded through existing WMCA budgets. However, there would be financial implications from being awarded one of the DfT Social Prescribing walking and cycling pilots, which would be subject to DfT grant conditions and would need approval via the WMCA Single Assurance Framework.

7. Legal Implications

- 7.1 There are no additional legal implications at present. The decision pending the WMCA social prescribing walking and cycling bid may change this and implication associated with the funding will be raised separately.

8. Equalities Implications

- 8.1. Work is currently underway with the WMCA's Equality and Diversity Manager to ensure that the HiAP approach is aligned to the WMCA's policy and tools such as Equality Impact Assessment. The HiAP emphasis is on reducing inequalities and in response to the Health of the Region Report's improving health outcomes for ethnic minority and vulnerable groups communities.

9. Inclusive Growth Implications

- 9.1 As explained within the report, reducing health inequalities is one of the headline outcomes of the Inclusive Growth Framework, aligned to the Health & Wellbeing fundamental. The HiAP approach is a practical means by which health inequalities can be considered and addressed as the resources of the WMCA and its partners are invested into the region. It is therefore an important mechanism of inclusive growth that needs to be honed through use, notably in policies and investments that are led by partners outside of the health system. It will also be important to share learning from this across and beyond the WMCA, and opportunities to do this via the Wellbeing Board and other forums will need to be planned in.

10. Geographical Area of Report's Implications

- 10.1 The delivery of our HiAP approach has an impact across the West Midlands, with specific consideration given areas of poor health and reducing health inequalities.

11. Schedule of Background Papers

WMCA Board 14 January 2022 ([Public Pack](#))[Agenda Document for WMCA Board, 14/01/2022](#) 11:00
October 2021 Wellbeing Board approved paper – [Wellbeing focus on Health Inequalities Health of the Region 2020 \(wmca.org.uk\)](#)

9. **Appendices**
None.

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Wellbeing Board

Date	18 January 2022
Report title	Wellbeing Annual Performance and Forward Planning
Portfolio Lead	Cllr Seccombe, Wellbeing
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Laura.Shoaf@wmca.org.uk
Accountable Employee	Ed Cox, Director of Inclusive Growth & Public Service Reform Ed.Cox@wmca.org.uk Mubasshir Ajaz, Head of Wellbeing and Prevention Mubasshir.Ajaz@wmca.org.uk
Report has been considered by	

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) 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.

2. High Level Deliverables for 2021/22

WB01
Aim: Extension of Thrive-into-Work Programme
Progress: - Please see attached paper (Item 3b)



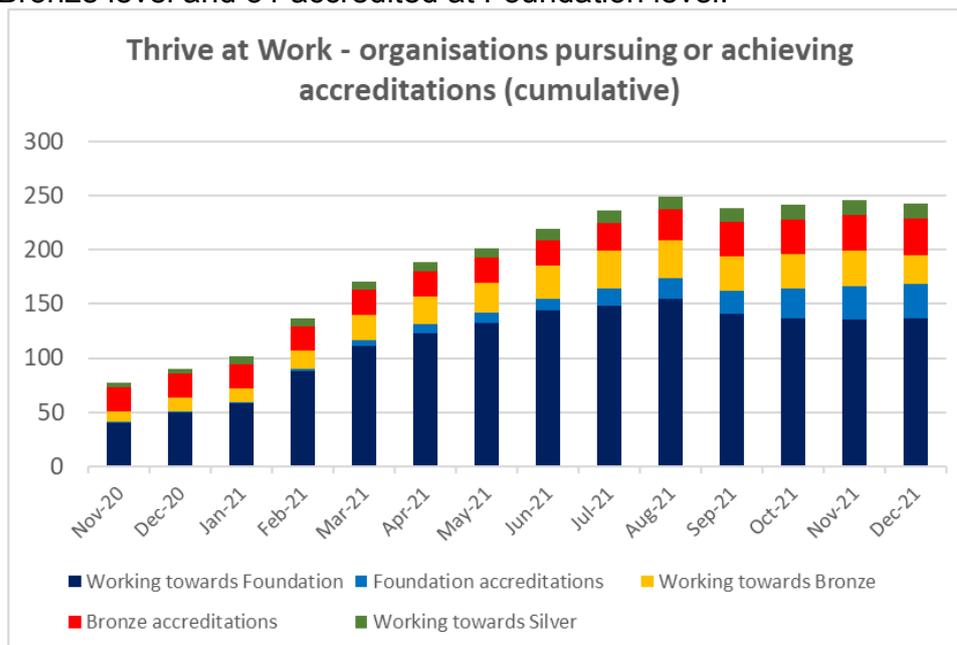
WB02

Aim:

Delivery of Thrive-at-Work Programme

Progress:

- The programme continues to recruit and support organisations to pursue and achieve accreditations. At the end of December 2021, there were 486 organisations signed up to Thrive at Work – 12 newly registered that month.
- At the end of December 2021, there were 34 organisations accredited at Bronze level and 31 accredited at Foundation level.



- The programme's funding term, via the Mental Health & Productivity Pilot (MHPP) is scheduled to end in June 2022, but the pandemic has disrupted the general reach and impact of the programme – particularly due to the impact of the pandemic on the capacity of organisations to be able to meaningfully focus on this agenda. As such, we have contributed to MHPP discussions with central government over extended funding, potentially for an additional 15 to 18 months, up to September / December 2023. Government finances are inevitably challenged and so the MHPP funding bid provides 3 different potential options of MHPP funding levels – all of which retain a substantial focus on the Thrive at Work programme.
- In addition, work will be taking place from January 2022, in conjunction with MHPP colleagues, to develop a plan for the future financial sustainability of the Thrive at Work programme.

WB03

Aim:

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

Progress:

- Please see attached paper (Item 3a)

WB04

Aim:

Develop and sustain a Physical Activity Programme with regional partners

Progress:

- Sport England has confirmed its physical activity legacy funding to the 4 Commonwealth Active Communities (CACs). The WMCA continues to support by co-funding with Sport England providing free 5 days **leadership expertise** from University of Birmingham, developing joint working across organisations and communities and understanding impact.
- **Public Space Design trial** - Walsall's Willenhall Park is now open with NESTA/WMCA funding creating a new and digital active space for local communities. Coventry CC and Sandwell MBC continue to work with communities to design and plan future provision by the Foleshill canal network and Tipton Parklet, scheduled to be opened later in the year.
- **Sport England collaboration**- over £569k funding has been received over the last 2 years. In line with the Wellbeing Board's approval for Wellbeing Priorities and Sport England's Uniting the Movement Strategy Implementation Plan, the WMCA is discussing a future partnership which is aligned to the priorities and working with Local Authorities, Active Partnerships and other partners to demonstrate added value and impact.

WB05

Aim:

Making WM an exemplar region for getting more disabled people active

Progress:

- **Include Me Citizens Network and Panel** - Progressing but in its infancy and time is spent on developing relationships, values and forward plan so that topics can be discussed in between meetings and across social media. It is proposed that the Citizens Network and Panel provide their vision and purpose at the next Wellbeing Board meeting.
- Over 90 organisations have signed up to the **Include Me WM Pledge** and commitment to be more inclusive, accessible and customer focused generating over 200 different actions including training.
- **Transport without Barriers pilot** to test whether digital prompts linked to SWIFT can improve disabled people's confidence in using public transport to get to places to be active. The pilot will be delivered in February 2022.
- **Include Me WM Review and Exemplar Region getting disabled people active** - following approval at the last Wellbeing Board, over 20 organisations (3/7 Local Authorities) met with the WMCA in December 2021 to discuss reconfirming their commitment to reduce health inequalities for disabled people and those with long term health conditions, start to explore how we achieve that collaboratively. All organisations agreed that this ambition was a priority and given the agenda is broad, agreed to meet and plan how we will work together to deliver long term change.

□

WB06

Aim: Develop WM Health Intelligence & Data Programme
Progress: - Please refer to presentation at today's (January 2022) Board Meeting

WB07
Aim: Develop collaborative programmes to tackle system-level Health Inequalities issues and embed HIAP approach in WMCA
Progress: - Please see attached paper (agenda item no.8)

WB08
Aim: Secure and implement the Radical Health Prevention Fund
Progress: <ul style="list-style-type: none"> - Regular meetings with DHSC continuing - Will be considered for this year's Budget - Also, exploring other avenues with DHSC to fund various aspects of RHPF

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 because 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 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 Linked papers at today’s Board meeting, Item 3a Update on Mental Health Commission and Item 3b Update on Thrive into Work.

10. Appendices

10.1 None.

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Wellbeing Board

Date	18 January 2022
Report title	Convening a new Mental Health Commission – update
Portfolio Lead	Cllr Seccombe,
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Laura.Shoaf@wmca.org.uk
Accountable Employee	Jed Francique, Head of Mental Health Partnerships Jed.Francique@wmca.org.uk
Report has been considered by	Ed Cox, Director of Inclusive Growth & Public Service Reform Ed.Cox@wmca.org.uk Mubasshir Ajaz, Head of Wellbeing and Prevention Mubasshir.Ajaz@wmca.org.uk

Recommendation(s) for action or decision:

It is recommended that the Wellbeing Board endorses the updated plans in respect of convening a new Mental Health Commission, as set out in this paper.

CONVENING A NEW MENTAL HEALTH COMMISSION – UPDATE

1. Purpose

- 1.1 This paper provides an update on the progress in convening a new Mental Health Commission.

2. Recap – Commission purpose

- 2.1 The West Midlands Combined Authority is committed to convening a new Mental Health Commission. It is important that the new Commission ‘adds value’ by building on the work which has taken place and continues to take place in the 7 constituent local met areas and by taking account of the body of evidence that continues to emerge nationally. In particular, it will aim to:

- a) Provide a clear, nuanced regional understanding of the impact of and response to the COVID-19 pandemic in terms of the mental health & wellbeing of local people – at home, in education, at work and at play;
- b) Identify, recognise and celebrate innovation and good practice in supporting mental health & wellbeing during the pandemic thus far, via the West Midlands Mental Health Star Awards;
- c) Co-develop actionable recommendations that support the pursuit of mentally healthier communities, a mentally healthier region, and reductions in inequalities within mental health and wellbeing.

3. Focus of the Commission’s work

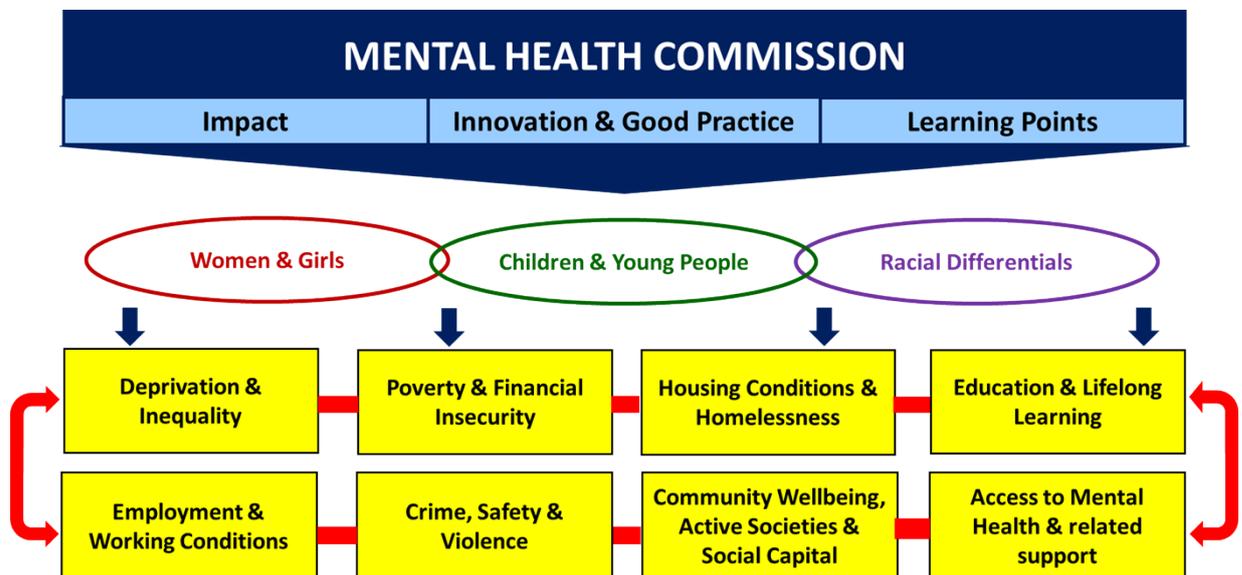
- 3.1 The WMCA is convening a Commission, with cross-sectoral representation – see section 4. The focus of the Commission’s work will clearly take account of the WMCA’s devolved powers and key areas of influence, but will also give consideration to jointly agreed topic areas that go beyond this.
- 3.2 It is considered important for Commission members to collectively decide on the detailed focus of the Commission’s work, informed by available evidence, and with an overall framework guided by existing work (e.g. frameworks from WHO and Public Health England, as was). It is an explicit goal of the Commission to provide added value / additionality, particularly in respect of:
- Understanding of differential and gross impact;
 - Identification of innovation and good practice;
 - Consideration of learning points for wider dissemination and potential adoption to support the development of mentally healthier communities.

3.3 Embedding a systematic consideration of inequalities

- 3.3.1 It is intended that the Health Equity Assessment Tool (HEAT) will be used throughout the life of the Commission to support a clear, systemic focus on health inequalities –

in terms of both understanding the issues and supporting co-development of corrective action.

- 3.3.2 It is intended that 3 cross-cutting themes will be considered in the examination of all topics and potentially also in their own right. These are:
- The implications there have been for **women and girls**. (NB it is recognised that there is also a need to understand the implications for males, as male mental ill health can often cause detriment to the quality of life of women and girls, as family members, etc.).
 - The implications in terms of **racial differentials** (considered in conjunction with the work of the Race Equalities Taskforce);
 - The implications there have been for **children and young people** (supported by a dedicated young person's panel / Commission drawn from the refreshed Young Combined Authority, if workable).
- 3.3.3 It is also intended that the Commission draws on the expertise of the IncludeMe citizens' panel, reflecting perspectives from people with disabilities (mental health, physical health, learning disabilities and neurodevelopmental conditions) and people with long term health conditions.
- 3.4 **A proposed 'longlist' of topics** - areas pertaining to factors that influence mental health which may have been exacerbated during the pandemic are highlighted in the diagram and sections below:



- 3.4.1 **Impact on deprivation and inequality:** The pandemic has brought inequalities, generally pre-existing, into sharp focus. There is a close relationship between mental health and many forms of inequality, with experiences of disadvantage often increasing the risk of mental health difficulties. Existing evidence indicates that people with existing mental health difficulties are often adversely affected in respect

to employment, income and relationships. In terms of people living in deprived areas – i.e. with a lack of access to a range of key resources, including money, adequate housing, green space, etc. – there is a greater likelihood of needing mental healthcare but a lower likelihood of accessing support and a lower likelihood of recovery following treatment. We also know that populations with large differences in wealth and resource between individuals are associated with higher levels of mental health difficulties for the population as a whole.

3.4.2 *Impact on poverty and financial insecurity:* Personal and family financial security are protective factors for mental health, whilst low income and debt are risk factors. Poverty can be both a causal factor and a consequence of mental ill health. Consideration should also be given, as indicated in the commissioned community listening exercise, to the impact on for those with no recourse to public funds.

3.4.3 *Impact on housing conditions and homelessness:* Stable access to good quality housing is a protective factor for mental health and contributes to recovery. Conversely, poor quality housing (including overcrowded conditions) and homelessness are risk factors for mental health difficulties. There are particular mental health challenges associated with people caught in the ‘revolving door’, between hostels, prison, hospitals and the streets.

3.4.4 *Impact on access to education and lifelong learning:* There has been a significant amount of disruption to schooling and other educational provision during the pandemic. Schools, colleges and universities make differing but respectively important contributions to promoting and supporting mental health amongst children and young people. Amongst other things, school interventions can support resilience and can appropriately enable targeted support for children struggling with mental health difficulties. Young people who are neither in education, employment nor training (NEET) have been found to be at increased risk of depression and suicide. In addition, community-based adult education programmes can aid mental health and wellbeing through access to social networks and activities.

3.4.5 *Impact on employment and working conditions:* Good workplaces can provide vital support and encouragement for employee wellbeing. Stable and rewarding employment is a protective factor for mental health and can make a strong contribution to recovery from mental health difficulties. The pandemic has placed sustained pressures on a range of key workers, frontline staff and their managers across many sectors, which have challenged their mental health and wellbeing. In addition, we know that unemployment and unstable employment are risk factors for mental health difficulties.

3.4.6 *Impact on crime, safety and violence:* The relationship between crime and mental health problems is complex, with people with mental health difficulties being more likely to be a victim of crime than the general population and also more likely to be a victim of assault (considerably more likely for a woman). Being a victim of intimate partner violence or domestic abuse increases the risk of mental health problems. People in contact with the criminal justice system have a high prevalence of mental

health needs and have substantially more risk factors for suicide (e.g. substance misuse and socioeconomic deprivation). Consideration needs to be given to the added pressures placed on policing and the criminal justice system and also the implications for those in the system and their respective family networks.

3.4.7 *Impact on community wellbeing, active societies and social capital:* An individual's mental wellbeing is linked to the wider social, economic, cultural and environmental conditions in which they live, in addition to their own social, emotional and physical wellbeing. As such, it would be useful to explore the impact of the pandemic on access to social networks (including faith networks), to public green space, to sport and physical activities, to arts and cultural offers, and to volunteering opportunities. There is a 'Mental Health and Sports Symposium' planned in April 2022 to feed into the Commission, which will examine evidence of sports and physical activities as a protective factor during the pandemic and also to consider the effectiveness of plans to maximise the opportunity that the Birmingham 2022 Commonwealth Games presents to support local and regional mental wellbeing.

3.4.8 *Impact on access to mental health and related support:* The pandemic has had a dramatic impact on the availability of mental health and related support (e.g. support for substance misuse issues) from statutory, VCS and independent sector organisations and also how this support has been made available. There have been differential impacts on different groups. For instance, access to help for those at risk of suicide, such as young males, or differing levels of disruption to the appointment regimes of people with pre-existing disabilities and health conditions, and for people with substance misuse issues.

3.4.9 *Intersectionality* – it is recognised that the people do not neatly and wholly fit into the above-mentioned individual topic areas and that there will be a need to explore and understand intersections between topic areas.

4. The membership of the Commission

4.1 It is intended that the members of the Commission will have been fully recruited by the end of January 2022 and that the membership will take account of the geographic and demographic diversity of the region and will comprise:

- **Co-chairs** – Danielle Oum, Chair of Coventry & Warwickshire ICS (agreed). Sir Norman Lamb – discussions underway.
- **Chief Executive Sponsor** – Dr Helen Paterson, Chief Executive of Walsall MBC (agreed);
- **NHSE & I** – Giles Tinsley, Regional Lead for MH (agreed);
- **Public Health** – intention to secure a senior rep from OHID and a local Director of Public Health (or nominee).
- **Local Health & Care systems** – intention to secure 3 reps reflecting statutory and VCS representation.
- **Services for Children & Young People** – intention to secure a senior rep, ideally from a school;

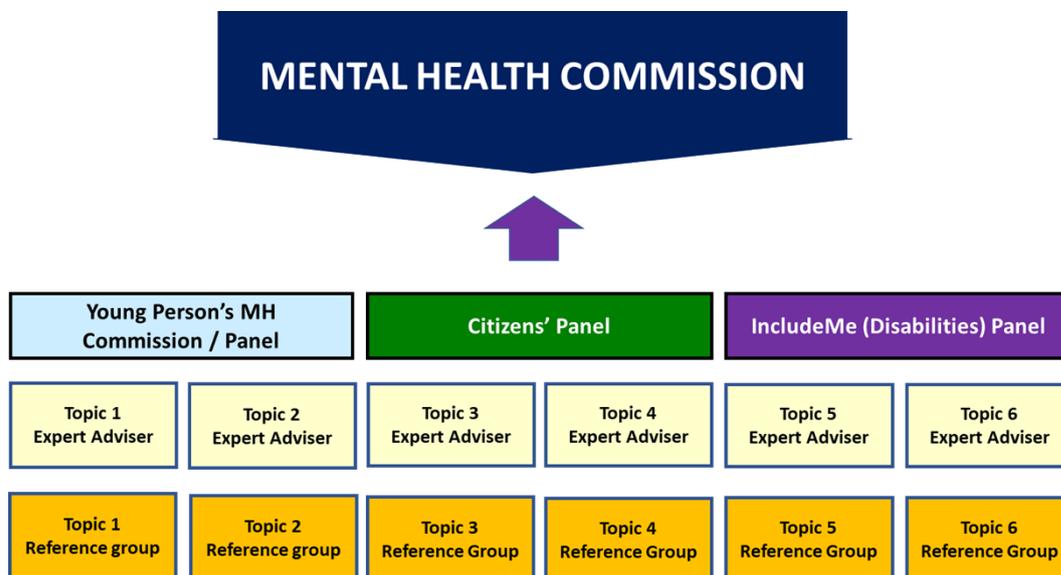
- **Police & Criminal Justice** – Tom McNeil, Assistant Police & Crime Commissioner or nominee (agreed);
- **WMCA rep** – to be confirmed;
- **General / Lay Members** – intention to secure 3 reps via open recruitment process, with a priority for ‘experts by experience’.
- **Business reps** – intention to secure 2 reps ideally from a Chamber of Commerce or similar plus a rep from a business with a track record in supporting mental wellbeing.
- **Sports sector** – Sport England rep to be confirmed.
- **General workforce rep** – intention to secure a representative from a workforce body or public sector union.
- **Built or natural environment** – rep to be considered;

5. The proposed set up and operation of the Commission

5.1 A planned timeline of activities is set out below:

		2022											
Ref	TASKS	J	F	M	A	M	J	J	A	S	O	N	D
1	Recruitment of Commission members	█											
2	Procure additional evidential support	█											
3	Initiation / set up work, including OD support and finalising focus	█	█										
4	Awareness campaign on the forthcoming Commission & associated MH Star Awards	█	█										
5	MH Star Awards event			█									
6.	Set up citizens’ panel, Youth MH Commission and topic reference groups	█	█	█									
7	MH & Sport Symposium				█								
8	Session 1 / Topic 1 and session notes			█									
9	Session 2 / Topic 2 and session notes				█								
10	Session 3 / Topic 3 and session notes					█							
11	Mid-term review						█						
12	Session 4 / Topic 4 and session notes							█					
13	Session 5 / Topic 5 and session notes								█				
14	Session 6 / Topic 6 and session notes									█			
15	Commission wrap up and agreeing recommendation delivery arrangements										█	█	
16	Final report											█	█

- 5.2 The Initiation process for the Commission is to commence at the end of January, involving the Co-Chairs, Chief Executive Sponsor and Project Team to further detail the operation, scope and focus of the Commission.
- 5.3 An initiation workshop with all Commission members will take place to agree the final list of topics, initial key lines of enquiry, plus ways of working.
- 5.4 It is intended that the Commission will meet on a monthly basis to consider respective topics, in the terms agreed.
- 5.5 The Commission will be supported by infrastructure as indicated below:



- 5.6 **Mental Health Star Awards** – The awards event is scheduled to take place on 23rd March and is an early output of the MH Commission. It will recognise and celebrate good work and innovation by individuals and teams / organisations in supporting mental health and wellbeing during the pandemic. The call for nominations is already open. It is intended that Commission members will contribute to the selection of award winners.
- 5.7 **On-line MH Commission presence** – it is planned to set up an online presence for the MH Commission to comprise key resources, including information on Commission members, MH Star Awards, evidence and progress with the Commission's work.
6. **Financial Implications**
- 6.1 There are sufficient funds within the Wellbeing portfolio budget to support the activities of the MH Commission. Specific areas of expenditure include:

- a) Procurement of additional support to identify and synthesise relevant evidence, to support Commission deliberations and the co-development of actionable recommendations. (circa £21,000);
- b) Organisational development support for the ways of working of the Commission. (circa £4,500);
- c) Support for engagement of 'general / lay' Commission members and those involved in the support infrastructure, including the Young Person's Panel / Commission and the IncludeMe panel. (circa £4,500).

7. Legal Implications

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

8. Equalities Implications

- 8.1 There are clear steps being taken to maximise the focus of the MH Commission on addressing equalities, diversity and inclusion. These include the following:
- a) Membership of the Commission & support infrastructure – aiming for diversity of representation, including arrangements to amplify the voice of young people and the voice of disabled people.
 - b) Focus – women and girls, racial differences, and children and young people are cross cutting themes that will be embedded in the work of the Commission and its consideration of a range of key topic areas. One of the proposed specific topics is the impact on deprivation and inequality. It is intended that there will be joint work with the Race Equalities Taskforce on mental health racial disparities.
 - c) Equality Impact Assessments at project design / delivery stage will help ensure that key equality considerations are taken into account so that solutions are inclusive for different protected characteristics.
 - d) It is intended that the Health Equity Assessment Tool (HEAT) will be used to support a systematic consideration of health inequalities.

9. Inclusive Growth Implications

- 9.1 The scoping work for the second Mental Health Commission takes into account several of the fundamentals of inclusive growth, which are protective factors when present, and risk factors when absent. Whilst it is not known at this stage how the commission members will prioritise these topics, it is right that this should be so.
- 9.2 The work is also taking an intersectional approach, in order to ensure that societal inequalities are given the consideration they need to be addressed. Ensuring diverse representation on the commission will also ensure that people who have been most affected by mental ill health during the Covid-19 pandemic are prioritised and heard.

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 None

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WMCA Wellbeing Board

Date	18 th January 2022
Report title	Individual Placement Support (IPS) Thrive into Work - IPS Programme Update
Portfolio Lead	Cllr Izzi Seccombe – Wellbeing
Accountable Chief Executive	Laura Shoaf Chief Executive
Accountable Employee	Anita Hallbrook Strategy and Delivery Lead, Thrive into Work Mubasshir Ajaz, Head of Wellbeing and Prevention
Report has been considered by	Ed Cox, Director of Inclusive Growth and Public Services Reform;

The Wellbeing Board is recommended to:

- Note progress of the IPS Programme.
- Note the IPS programme funding position
- Support the proposed governance arrangements for the IPS Programme.

1. Purpose and Decisions Required

1.1 The purpose of the paper is to:

- a) Update the Board on the work taking place on the Thrive into Work IPS Programme.
- b) Highlight the future funding intentions of government, specifically through the Work and Health Unit.
- c) Outline the proposed governance arrangements moving forward.
- d) This work links directly with high level deliverable, WB01 – Extension of Thrive into Work.

2. Background

2.1 This report is a follow up to the discussion at the last Board meeting (19th October, 2021) on the late addition paper on the IPS Programme governance plans and the formation of an advisory council. The members felt that this required a further explanation on the overall plan for the programme, the role/remit of the advisory body (now named Regional Thrive into Work Coalition) and the appointment of Mark Axcell as chair of this body. Members also requested a further update on the government's future funding decisions in relation to the IPS Programme.

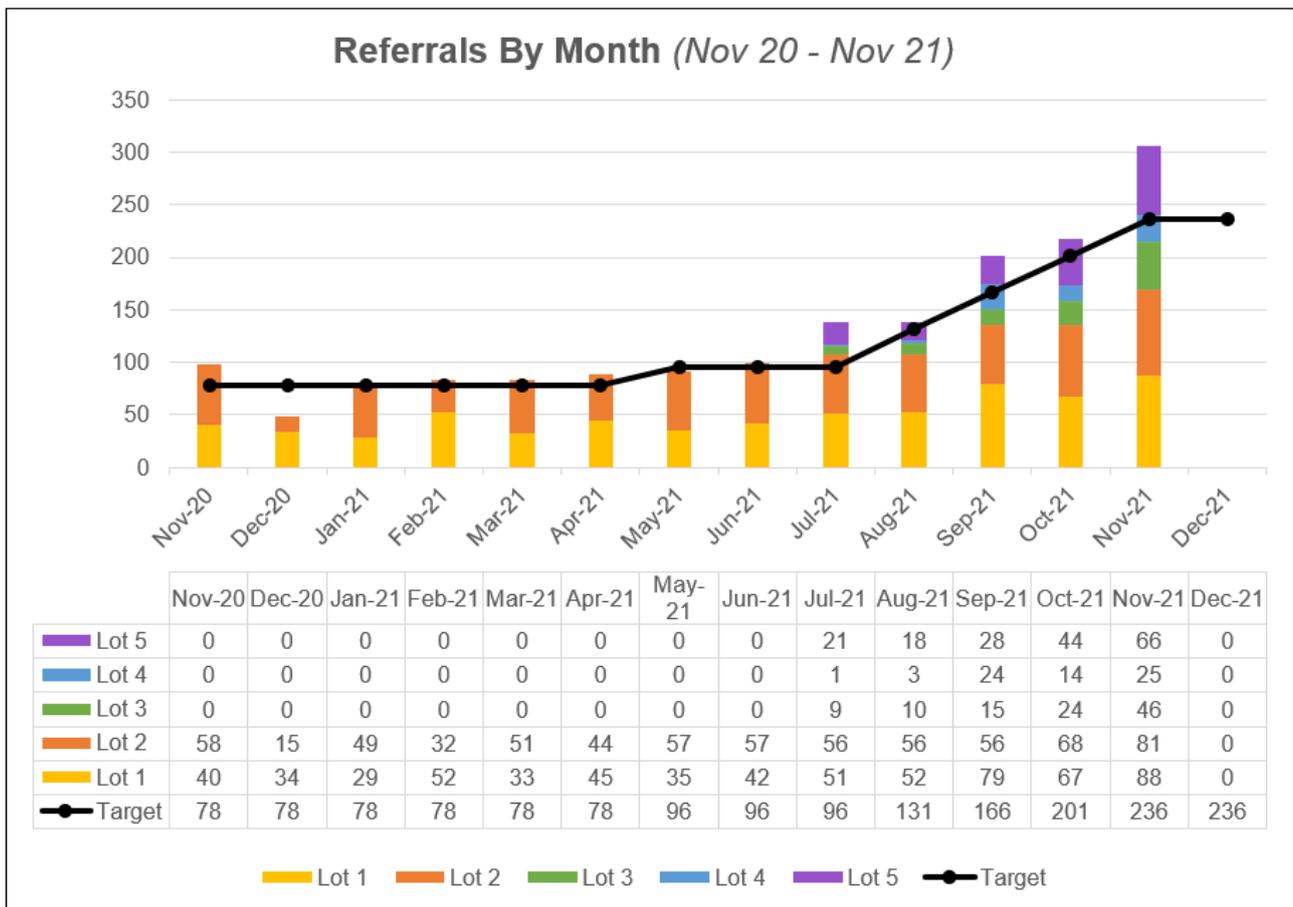
3. Thrive into Work IPS Programme Delivery and Sustainability

3.1 Current Investment Focus

On 2nd December 2021 the Work and Health Unit (WHU) awarded the WMCA a further funding allocation of £2.84m to support the continuation of IPS service provision across the region until 31st March 2023. This will allow the programme to:

- **Extend** existing services being delivered in primary and community care settings withing the Black Country, Birmingham and Solihull and Coventry and Rugby.
- **Extend** services aimed at **exploring** the impact of IPS in specialist pathways for those with neuro-development barriers, those at risk of homelessness and individuals in custodial diversion pathways across the region.

Recent reporting shows that targets are exceeding expectations both in preventing people from falling out of work and for those entering the job market. Demand for the IPS Service continues to grow with referrals into the service at 130% of target with significant growth in the Neurodiversity Pathway.



3.2 Future Investment Focus

A Comprehensive Spending Review bid was submitted by the WHU to roll out 5 -7 IPS pilots across the country and to increase scale and spread across the West Midlands, Sheffield and Wales. Departmental financial allocations have been determined and the WHU are now undertaking a prioritisation and business planning process. This will

determine which programmes will receive future funding through to 2025 and our Thrive into Work IPS Programme will be considered as part of this process.

The WHU have advised that decisions to upscale will be, in part, determined by the outcome of the Impact Evaluation which was conducted as part of the Randomised Control Trial. This report has been completed and the results are expected to be communicated imminently.

The Thrive into Work Strategy and Delivery Lead has been supporting the WHU to determine the process and timelines that would be required to successfully grow and expand IPS through to 2025 and has been asked to co-write sections of the Business Case. This signifies the strong relationship our programme has with the WHU and their commitment to working with us on the future of the programme.

3.3 IPS Governance Arrangements

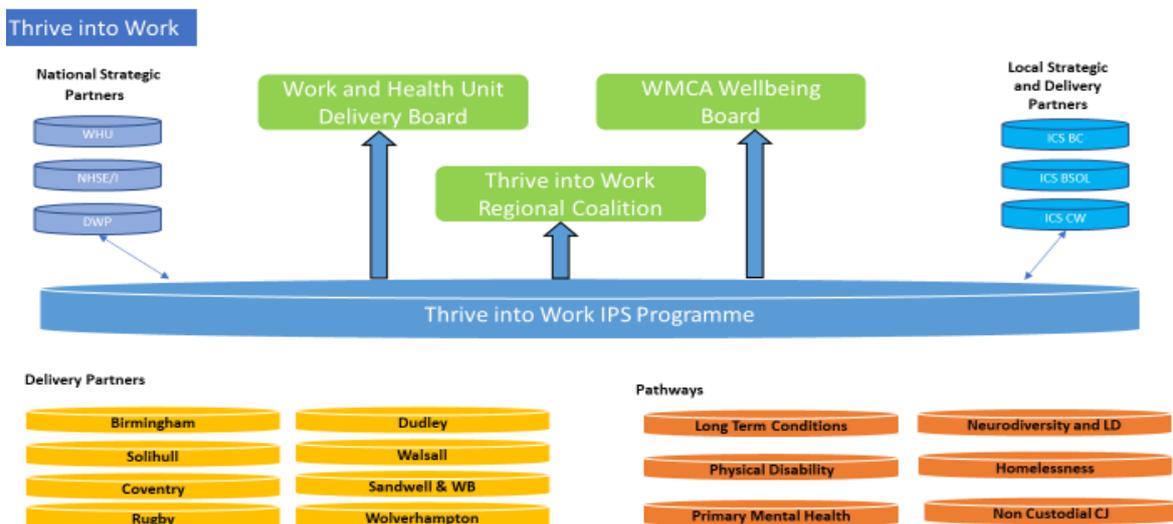
3.3.1 Sustainability

There is an expectation that the Region will be working towards a “business as usual” sustainable position whilst funding remains in place. This will involve strategic discussions in relation to future commissioning of IPS provision via mainstream services in primary, secondary and community care. Should there be no further funding post March 2023 this work will need to accelerate with the support of key system leaders operating within a supporting governance framework. It is therefore intended to have in place a Regional Thrive into Work Coalition, which will provide an advisory function, to drive, influence and enable:

- Future strategic commissioning intentions within Integrated Care System planning.
- Drawing on collective resources to maximise investment that will integrate IPS delivery within health and social care systems where appropriate.
- Oversight of the development of a joined-up Expression of Interest between the West Midlands Combined Authority and its Integrated Care System Partners should additional funding become available.
- Oversee, on-going performance of the IPS Programme.

A formal terms of reference for the group will be agreed and presented to the Board.

3.3.2 Thrive into Work Programme Governance Overview



3.3.3 Coalition Membership and Leadership

Coalition Membership would comprise of a cross sector of senior leaders' representative of the West Midlands Region, from within the health and care system, including the NHS and local authorities, as well as wider stakeholders from the business and voluntary sectors.

The Coalition will require strong leadership and co-ordination from a knowledgeable and credible individual willing to act as an advocate for the IPS approach in addition to:

- Having a strong connection to the West Midlands.
- Be credible with system partners.
- An excellent understanding of health and social care systems both strategically and operationally.
- A commitment to driving down health inequalities by tackling the wider determinants of health.
- Strong local and national network links

As endorsed by the Board in October 2021 meeting, Mark Axcell, Interim Chief Executive of the Black Country Integrated Care System has agreed to Chair the Regional Thrive into Work Coalition.

Mark has been a critical champion of the IPS programme since its initiation in 2017. He is a credible respected leader across the NHS, Social Care and third sector landscape. Mark has 25 years of experience within the NHS across both primary and secondary care services particularly in Mental Health.

Mark has also represented the IPS Programme in meetings with Ministers and their representatives and has been a keynote speaker at a number of related events.

3.3.4 Timeline

The first Coalition meeting will take place in February 2022 and it is anticipated will take place on a quarterly cycle.

4. Summary

- 4.1 The West Midlands Combined Authority and its regional partners are now viewed as a "centre of excellence" for IPS Delivery, positively supporting those with health barriers to gain meaningful and fulfilling employment. The acknowledgement of the impact on an individual's health outcomes and contribution to tackling health inequalities through successful delivery of the IPS Programme has led to significant investment in the West Midlands Region and will likely influence future health policy.

5. Legal Implications

- 5.1 There are no specific legal implications

6. Financial Implications

6.1 There are no financial implications. Funding is received by way of a grant funded allocation.

7. Equalities Implications

7.1 The IPS Programme has been subject to an Equality Impact Assessment carried out by the Work and Health Unit.

8. Geographical Area of the Reports Implications

8.1 The current focus of the IPS Programme is, Birmingham, Solihull, Coventry and the Black Country with the intention to increase services across the region in line with future funding allocations.

9. Inclusive Growth

9.1 As a programme which supports people with complex needs into employment and purposeful activity, and so through to better health, Thrive into Work is an important policy mechanism of inclusive growth – touching particularly on the Health and Wellbeing and Inclusive Economy fundamentals of the Inclusive Growth Framework.

It is promising to see that the experience of delivery in the WMCA area is being shared more broadly, as this indicates that this model of delivery is being mainstreamed, bearing out the focus on developing an IPS workforce. Given its tailored, compassionate approach and good outcomes, IPS should become an increasingly important part of how employment support is delivered to a broader cross-section of citizens. As such, it will be important for DWP to provide data and insight on its growth, so the Board is more able to make smart decisions on targeted expansion and workforce development.

Creating a regional Thrive into Work Coalition with a view to turning the trial into mainstream practice within this region is the logical next step and will help to create the relationships required to enable joint commissioning and delivery.

As referenced in previous papers, it is also important that the coalition takes the views of experts by experience on board, and creating a position on the board for such a person is an important part of achieving this – although there will be a need for other, complimentary mechanisms to enhance this – such as, for example, regular deep dive case studies that enable partners to learn from both successes and setbacks. This touches on the Power, Influence and Participation fundamental of the Inclusive Growth Framework.

10. Schedule of Background Papers

10.1 IPS Programme – Board Report 19th October 2021.

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