West Midlands Combined Authority

Wellbeing Board

Date: Monday 5 December 2022

Time: 10.00 am   **Public meeting**   Yes

Venue: Room 116, 16 Summer Lane, Birmingham, B19 3SD | Microsoft Teams

Membership

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Margaret Bell	Warwickshire County Council
Councillor Ian Bevan	Dudley Metropolitan Borough Council
Councillor Kamran Caan	Coventry City Council
Councillor Tony Dicicco	Solihull Metropolitan Borough Council
Councillor Gary Flint	Walsall Metropolitan Borough Council
Councillor Julian Gutteridge	Nuneaton and Bedworth Borough Council
Councillor Suzanne Hartwell	Sandwell Metropolitan Borough Council
Councillor Jasbir Jaspal	City of Wolverhampton Council
Councillor Karen McCarthy	Birmingham City Council
Mark Axcell	Black Country Integrated Care Ssystem
Dr Sue Ibbotson	Office for Health Improvement and Disparities
Philip Johns	Coventry and Warwickshire Integrated Care System
Sarah Marwick	NHS England, General Practitioner Representative
Sean Russell	Universities West Midlands (Coventry)
Lisa Stalley-Green	Birmingham and Solihull Integrated Care System
Dr Justin Varney	Birmingham City Council, West Midlands Association of Directors of Public Health Representative
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   Craig Evans, Governance Services Officer
Telephone   07584 009024
Email   craig.evans@wmca.org.uk

AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
2.	Notification of Substitutes	Chair	None
3.	Declarations of Interest Members are reminded of the need to declare any disclosable pecuniary interests they have in an item being discussed during the course of the item being discussed during the course of the meeting. In addition, the receipt of any gift or hospitality should be declared where the value of it was thought to have exceeded £25 (gifts) or £40 (hospitality)	Chair	None
4.	Chair's Remarks (if any)	Chair	None
5.	Minutes - 6 September 2022	Chair	1 - 4
6.	Matters Arising	Chair	None
7.	Trailblazing Devolution Deal - Health	Mubasshir Ajaz	Verbal Report
8.	Mental Health Commission Interim Report	Jed Francique	5 - 44
9.	Skills, Employment and Health	Tatum Matharu	45 - 52
10.	Delivering a long lasting Commonwealth Games Physical Activity and Wellbeing Legacy	Simon Hall	53 - 66
11.	Wellbeing Programmes Update	Mubasshir Ajaz	67 - 76
12.	Forward Plan	Chair	None
13.	Date of next meeting Monday 6 March 2023.	Chair	None

West Midlands Combined Authority

Wellbeing Board

Tuesday 6 September 2022 at 11.15 am

Minutes

Present

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Julian Gutteridge	Nuneaton and Bedworth Borough Council
Councillor Suzanne Hartwell	Sandwell Metropolitan Borough Council
Councillor Jasbir Jaspal	City of Wolverhampton Council
Mark Axcell	Black Country Integrated Care Board
Dr Sue Ibbotson	Office for Health Improvement and Disparities
Jo Pitman	West Midlands Police
Sean Russell	Universities West Midlands (Coventry)
Lisa Stalley-Green	Birmingham and Solihull Integrated Care Board

Item
No   Title

11.   Welcome and Introductions

The Chair welcomed board members to the Wellbeing Board and introduced Jo Pitman from West Midlands Police to the membership of the board.

12.   Apologies for Absence

Apologies for absence were received from the following Wellbeing Board members:

Councillor Margaret Bell (Warwickshire), Councillor Ian Bevan (Dudley), Councillor Kamran Caan (Coventry), Councillor Tony Dicicco (Solihull), Councillor Karen McCarthy (Birmingham) and Pete Wilson (West Midlands Fire Service).

13.   Notification of Substitutes

The following substitute had been received from a Wellbeing Board member:

Andrea Simmonds (West Midlands Fire Service) for Pete Wilson.

14.   Chair's Remarks

The Chair gave thanks to everybody involved in the Commonwealth Games and to Mark Fosbrook for his work on accessibility. The Chair noted it was a fantastic and well organised event that showcased the West Midlands exceptionally well and hoped the legacy from the Commonwealth Games would be seen for years to come to benefit everyone.

15. **Minutes of the last meeting**

The Wellbeing Board considered the minutes of the previous meeting.

Resolved:

(1) The minutes of the meeting held on Wednesday 13 July were agreed as a correct record.

16. **Matters Arising**

There were no matters arising from the minutes of the previous meeting.

17. **Appointment of Vice-Chair**

The Chair noted for Wellbeing Board members to send their expressions of interest for the role of Vice-Chair to the Governance Services Officer for the board to vote and appoint at the next Wellbeing Board.

18. **Trailblazer Devolution Deal Health Proposal**

The board received a presentation from the Head of Health and Communities to update on the focus of the Trailblazer Devolution Deal Health Proposal following previous feedback received from board members and health and care leaders.

The Head of Health and Communities welcomed further comments and observations from board members on whether the board was satisfied that all previous comments had been addressed, if there were any further amendments for recommendation, and how best the proposal could be championed amongst local and regional partners.

The board thanked the Head of Health and Communities and his team for their work in developing the proposal and noted their support of the four devolution asks and principles of the proposal to add value to the health and inequalities of the region.

The Head of Health and Communities thanked the board for their comments and observations and noted that the added value was the WMCA's goal. The next steps would be to schedule key dates for further conversations with colleagues from the Directors of Public Health, Integrated Care Boards and the Office for Health Improvement and Disparities to note detailed feedback and make any final changes, as well as to champion the devolution deal health asks with meetings scheduled for the WMCA to discuss with local authorities and partners.

Resolved:

(1) The Trailblazer Devolution Deal Health Proposal was discussed and noted.

19. **Include Me WM - Citizens Voice**

The board considered a report from the Strategic Lead for Wellbeing & Prevention and the Include Me WM Manager on the growing purpose, impact and value of the WMCA's Include Me WM Citizen's Network and Panel.

The board received a presentation from the Include Me WM Manager to highlight a summary of the Include Me WM Citizen Panel 2022/23 priorities which had been developed following consultation with its members to highlight the importance of both sport and physical activity in health outcomes, additional barriers which prevent disabled people getting active and improved health outcomes for disabled people.

Resolved:

(1) The Wellbeing Board advised how members could support in strengthening the local to regional citizen voice by linking to local authority, emergency services and NHS networks.

(2) The Wellbeing Board discussed the Include Me WM Citizen Panel priorities and advised on its role to gather further evidence and influence on needs and barriers.

(3) The Wellbeing Board to continue to champion the commitment to being an exemplar region in improving the health outcomes of disabled people and co-development of future initiatives with the panel.

20.   **Wellbeing Board High Level Deliverables Update**
The board considered a report from the Head of Health and Communities on an update to the Wellbeing Board High-Level Deliverables and milestones to date.

The Chair thanked the Head of Health and Communities for the updates and noted that it would be good for the Wellbeing Board to receive an impact on the legacy of the Commonwealth Games and in how disability may have changed as a result, as well as to obtain feedback on the outcomes from the implementation of innovative pilots to reduce health inequalities and physical inactivity as a long-lasting legacy partnership with Sport England following the Commonwealth Games.

 Resolved:

(1) The progress to date on the 2022/23 High-level Deliverables was considered.

(2) The Wellbeing Board to continue to receive an update on the High-level Deliverables at each future board meeting was agreed.

21.   **Forward Plan**
The Wellbeing Board agreed for the following items at future board meetings.

Agreed:

(1) Update on WMCA and Sport England's Commonwealth Games legacy plan.

(2) The Head of Health and Communities noted his team now sat within the WMCA's Economy, Skills and Communities Directorate and would be beneficial for members of the team in skills and employment to attend a future Wellbeing Board for identification of overlaps and for the board to be made aware of opportunities in skills for disabled people in the region.

[The meeting ended at 1.00pm]

West Midlands Combined Authority

Wellbeing Board

Date	05.12.22
Report title	Mental Health Commission – update
Portfolio Lead	Cllr Isobel 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	Dr Julie Nugent, Director of Economy, Skills & Communities Julie.Nugent@wmca.org.uk Dr Mubasshir Ajaz, Head of Health and Communities Mubasshir.Ajaz@wmca.org.uk

Recommendation(s) for action or decision:

It is recommended that the Wellbeing Board:
a) Notes the progress that has been made with the work of the Mental Health (MH) Commission thus far;
b) Provides feedback on the initial findings and emerging recommendations comprised in the respective 'topic reports', particularly indicating priority areas for action and highlighting other useful, local sources of evidence;
c) Identifies any key stakeholders from whom feedback on the initial findings and emerging recommendations should be sought;
d) Notes that there will be a final MH Commission session at the end of January 2023 to start developing the final report, which will be brought back to the Wellbeing Board for consideration.

MENTAL HEALTH COMMISSION – UPDATE

1.   Purpose of the paper

1.1   This paper provides and update on the work of the WMCA-convened Mental Health (MH) Commission, particularly providing:

- A brief re-cap on the membership, purpose and scope of the MH Commission;
- An update on the work of the Commission thus far and inviting feedback on the initial findings and emerging recommendations;
- An indication of the forthcoming work of the MH Commission;

2.   MH Commission purpose, scope and membership

2.1   The West Midlands Combined Authority (WMCA) has convened a Mental Health Commission due to the strong consensus that the pandemic has undermined mental health and wellbeing in the West Midlands, as deemed from the evidence gathered in the Health of the Region report. The evidence showed that the impact has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and also children and young people.

2.2   The West Midlands MH Commission therefore aims to support the pursuit of a mentally healthier region by:

a)   Supporting a clear regional understanding of the differential mental health and wellbeing impacts of the COVID-19 pandemic on local people – at home, in education, at work and at play.

b)   Understanding the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;

c)   Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

2.3   The Commission is fulfilling its role by exploring 6 priority topic areas which its members have chosen and are set out in section 2.5.2 below.

2.4   Membership – the Commission comprises the following members:

- Independent Chair – Danielle Oum, Chair of the Coventry and Warwickshire ICS; Chair of the Birmingham & Solihull MH Trust
- Chief Executive Sponsor – Dr Helen Paterson, Chief Executive of Walsall MBC;

- Integrated Care System reps – Patrick Vernon, (Non-Executive Director, Birmingham & Solihull ICS); Dr Arun Saini (MH Lead GP, Black Country ICS);
- West Midlands OPCC – Tom McNeil (Assistant Police & Crime Commissioner);
- NHS England & Improvement – Giles Tinsley (Programme Director for MH);
- Public Health - Dr Lola Abudu (OHID Midlands Deputy Director); Paul Sanderson (OHID Midlands MH Programme Lead); Dr Justin Varney (Director of Public Health, Birmingham City Council);
- WMCA – Dr Mubasshir Ajaz (Head of Health and Communities)
- Independent members – Jo Strong (Include Me Panel), Lynne Bowers (Health Creation Alliance); Louise Bown (Expert by Experience);
- Social Housing – Fay Shanahan (Corporate Director of Operations, Walsall Housing Group);
- Voluntary, Community & Faith Sector – Gavin Cartwright (Citizens UK); Ruth Jacobs (Faith Strategic Group), Sheikh Nuru (Faith Strategic Group);
- Sports & Physical Activities – Russell Turner (Strategic Lead for Local Delivery, Sport England);

2.5 Programme of work

2.5.1 There was initial work undertaken prior to the Commission starting its exploration of the issues, particularly:

- ***Initial community listening exercise*** – particularly highlighting feedback on mental health and wellbeing impacts and experiences for groups who are seldom heard;
- ***Mental Health Star Awards*** – recognising good practice in supporting mental health and wellbeing during the pandemic.

2.5.2 Consideration of 6 topic areas, agreed through discussion with Commission members.

Month	Topic
May 2022	The impact on children & young people in the education system, particularly those with special educational needs and disabilities
Jun 2022	The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing
Sep 2022	The mental health implications of the cost of living crisis (in conjunction with the Health of the Region Core Group)
Oct 2022	The core ingredients that support mentally thriving communities
Nov 2022	Racial inequalities and MH – what works, for whom and why? (in liaison with the Race Equalities Taskforce)

Dec 2022	The contribution of the voluntary, community and faith sector to meeting MH needs, including early help and prevention, particularly for women and girls

2.6   The outline process for considering each topic area

For each topic, work is initially undertaken to capture local and national insights – predominantly through the work of the Centre for Mental Health – and formed into an 'evidence pack' / insights paper to inform a Commission discussion. This discussion then generates some initial findings and recommendations. These are captured in a draft 'topic report' which is then then 'stress tested' through further stakeholder communication and engagement to arrive at finalised findings and recommendations. See below:
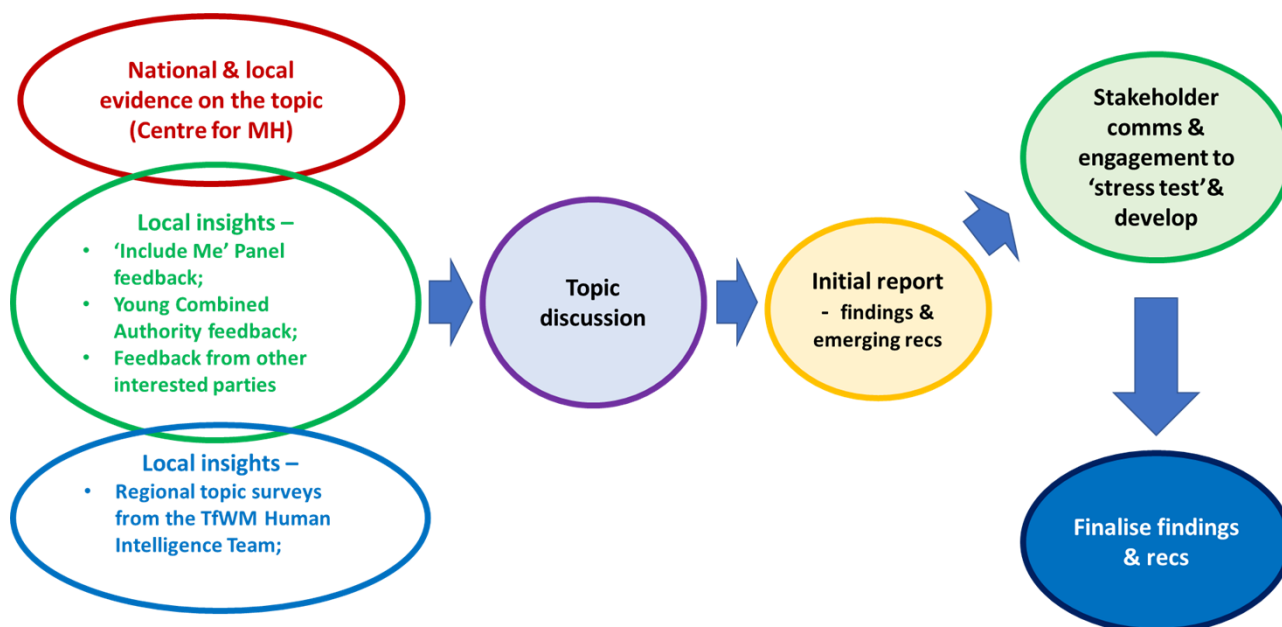
3.   Emerging Commission recommendations from the first 3 topics

3.1   **Topic 1:** *The impact on children & young people in the education system, particularly those with special educational needs and disabilities.* Emerging recommendations:

a.   Include Mental Health within all school curricula as a staple and protected part of the education system at all ages, with appropriate resourcing and staff training to implement this;

b.   Make counselling available to all children in all schools and make counselling and other therapeutic support available for mild-moderate mental health difficulties in other appropriate settings;

c.   Make access to the Education, Health and Care Plan (EHCP) process for SEND children easier as the gateway to resources for support. Take steps to

create a fairer EHCP system overall to enable all SEND children to receive the support required;

d. Agree with schools and local authorities in the region a target for zero exclusions, with partnership support to meet that target, drawing on learning from other areas (e.g. the London Borough of Southwark's 100% inclusion commitment).

e. Support and enable a priority focus by local Integrated Care Systems on prevention and early intervention in respect of mental health difficulties for children and young people.

f. Capture, evaluate and publicise existing good practice in these areas through regional research collaborations and Communities of Practice;

g. Address loneliness and isolation issues affecting children and young people by developing further mental health and wellbeing social prescribing opportunities;

h. Develop and implement a regional process to monitor the annual progress in delivery mental health and wellbeing improvement actions indicated by the Commission.

3.2 **Topic 2: *The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing.*** Emerging recommendations:

a. Physical activities being designed into toolkits for those waiting for MH treatment / support. (Led by MH service providers);

b. Systematically build physical activities (including sport) into health and care 'treatment' pathways for mental health; (Led by MH service providers);

c. Systematically reduce barriers that may prevent local people from engaging in physical activities – cost, cultural issues / perceived norms, transport, the range of activities on offer, etc. in part through co-designing inclusive physical activities with key communities to better meet their needs. (Led by local authority lead, with local sports partnerships);

d. Support local people into employment in the sports sector and support the roll-out of sector training on mental health and wellbeing; (Leadership from WMCA, with involvement of OHID);

e. Refreshing regional leadership / stewardship arrangements for the physical activities and mental health agenda - to oversee and drive a cohesive approach, to co-develop and enable delivery of priorities that maximise positive impact to enable the delivery of a long-lasting legacy; (Led jointly by WMCA and Sport England);

f. Systemically reduce financial & other barriers to local people using the Commonwealth Games facilities & other facilities on their doorstep; (Led by local authority, with sports partnerships);

g. Build a stronger 'real time' evidence base of the impact of engaging in physical activities and sport – drawing on local academic institutions,

grassroots & elite sports organisations and local communities. (Leadership between WMCA, Sport England and HE sector).

3.3 **Topic 3: *The mental health and wellbeing implications of the cost of living crisis.*** Emerging potential opportunities for action, reflecting further feedback, are:
  a. Opportunities to increase income:
  - Amplified regional campaign to pay a real living wage – particularly through engagement with private and public sector 'anchor' institutions and their key suppliers / contractors;
  - Amplified regional drive to progress the delivery of social value in procurement, putting money in the pockets of local people and organisations, particularly working with private and public sector 'anchor' institutions.
  - Continue to develop and deliver targeted skills development and career development opportunities;
  - Coordinated work across system partners to maximise benefits take up;
  b. Opportunities to reduce costs:
  - Continue to explore opportunities to provide reduced / subsidised public transport for key groups to access a range of health-supporting opportunities e.g. work, training and leisure. Groups under consideration to include young people up to the age of 25 and healthcare and other key workers (accepting eligibility definitional difficulties);
  - Explore to potential to introduce rent controls
  - Emergency funding to support local people to meet food costs, energy & fuel costs;
  - Support with Council tax payments and a sensitive approach to addressing council tax arrears;

  c. Other mitigating actions:
  - Support to enable the ongoing face-to-face and on-line provision of community advice services, particularly those targeting 'seldom heard' parts of the population;
  - Making a case to central government for sustained local funding and discretion over how it is used to mitigate cost of living challenges;
  - Advocating for action to achieve timely and supportive benefits processes, such as Disability Living Allowance;
  - Ongoing pursuit of genuinely affordable housing;
  - Ongoing pursuit of energy efficient housing;
  - Enable community, voluntary and faith networks to support those most affected.

3.4 Part of the stakeholder engagement work in respect of the emerging recommendations is to determine the respective priority of the proposed action areas and to gauge who might need to be involved to enable delivery.

3.5 Work is currently underway to generate the 'topic reports' for topics 4 and 5.

3.6 The Commission is due to explore topic 6 on 13th December.

3.7 An event is being planned in January 2023 with the Young Combined Authority to get the views of young people on the initial findings and emerging recommendations arising from the Commission's work.

4. Financial implications

4.1 There is no new funding ask within this paper. The costs outlined below are within the Health and Communities portfolio external advice budget to support the activities of the MH Commission. Specific areas of expenditure have included:

a) Procurement of additional support to identify and synthesise relevant evidence, to facilitate Commission deliberations, to facilitate the co-development of actionable recommendations and co-author a final report. (circa £36,000);

b) Organisational development support for the set up of the Commission including supporting the recruitment of the independent members and also facilitating agreement of the ways of working for the Commission. (circa £4,500);

5. Legal Implications

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

6. Equalities implications

6.1 There have been clear steps taken to maximise the focus and approach of the MH Commission on issues pertaining to 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 via engagement with the Include Me panel and also the Young Combined Authority, plus some steps to collaborate with the Health of the Region Core Group and the Race Equalities Taskforce.

b) Focus – a focus on protected characteristics is reflected in racial inequalities, children and young people and women and girls being cross cutting considerations that feature in the evidence presented to the Commission and consequently in Commission deliberations. Also, 3 of the respective Commission topics explicitly aim to consider the aforementioned issues – see section 2.5.2.

7.   Inclusive Growth implications

7.1   The scoping work for the Mental Health Commission took into account several of the fundamentals of inclusive growth, which are protective factors when present, and risk factors when absent. These fundamentals have features in Commission discussions thus far.

7.2   The Commission's 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, and perspectives provided to 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.

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   Topic 1 report – The impact on children & young people in the education system, particularly those with special educational needs and disabilities.

10.2   Topic 2 report – The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing.

10.3   Topic 3 report - The mental health and wellbeing implications of the cost of living crisis & associated mapping of mitigating action.

WEST MIDLANDS MENTAL HEALTH COMMISSION INTERIM TOPIC REPORT:

Topic 1: The pandemic's impact on the mental health and wellbeing of children and young people in the education system, particularly those with Special Educational Needs and Disabilities (SEND) and those transitioning to different parts of the education system

The purpose of this document

This document sets out the initial findings and emerging recommendations from the first topic that the West Midlands Mental Health Commission explored in May 2022 to share with interested parties to get initial feedback. The feedback will then be collated and used to inform the final findings and recommendations of the Commission. Some key considerations are:

a) *Findings* – do they cover the key issues? Is there any further, substantive evidence or information available to further develop them, particularly in respect of the local issues?

b) *Recommendations* – do they cover the key issues? What are the highest priority ones? How might the recommendations be delivered and involving whom?

What is the West Midlands Mental Health Commission?

There is a strong consensus[1] that the pandemic has undermined mental health in the West Midlands, and that this has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and children and young people.

As such, a new West Midlands Mental Health Commission has been convened to support the pursuit of a mentally healthier region by:

1. Supporting a clear regional understanding of the differential mental health and wellbeing impacts of the COVID-19 pandemic on local people – at home, in education, at work and at play.

2. Understanding the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing.

3. Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

It is fulfilling its role by exploring 6 priority topic areas which its members have chosen. For more information on the West Midlands Mental Health Commission: https://beta.wmca.org.uk/what-we-do/wellbeing/west-midlands-mental-health-commission/

## Summary Findings of the West Midlands Mental Health Commission

The potential of schools, colleges and universities to influence children's and young people's wellbeing for better or worse is widely recognised. At their worst, they can add to young people's feelings of being unsafe, anxious and stressed. At their best, they can play a positive role, protecting and promoting mental health and wellbeing. Some findings in respect of the pandemic's impact are highlighted below.

1. The longest lasting mental health impacts are likely to be[2] as a result of unprecedented pandemic disruption, especially linked to periods of school closure, potentially unsettling children's emotional, cognitive and social development.

2. Whilst most children's mental health improved after restrictions were reduced, some have experienced longer-term difficulties and the national picture of greater demand for children and young people's mental health services has been reflected in the region. The biggest reductions in wellbeing have been noted among children and young people with SEND[3]. Greater impacts were also noted overall among girls and among children from the most disadvantaged backgrounds.

3. A regional survey of West Midlands parents / carers with at least 1 child / young person in their household under the age of 25 yielded 160 responses and highlighted the following:
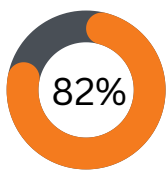
82% — 82% said the pandemic had had a negative impact on the mental wellbeing of the children / young people in their household.
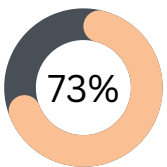
73% — 73% included 'being away from school, college, university or workplace' among the factors that the children / young people in their household found most challenging.
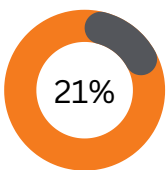
21% — 21% included 'support provided by school, college, university or workplace' among the factors that the children / young people in their household found most supportive.
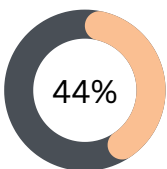
44% — 44% included 'better support for my children e.g. SEND' among the factors that would improve their mental wellbeing.

4. One in eight 5-19 year olds experience at least one mental health condition. It is estimated that around three quarters of diagnosable mental health conditions emerge by the age of 24[4]. Yet despite this, young people with mental health difficulties on average go ten years between first becoming unwell and getting any help.

5. Risk factors for children and young people experiencing mental health difficulties are varied and often linked to inequalities including living with a carer with poor mental health, low household income, living in poor quality housing, being disabled and being LGBTQ+ [5].

6. Over a third of 5-19 year olds with a mental health problem (35.6%) are also recognised as having special educational needs[6].

7. Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than those without. This means that 14% of all children and young people with mental health difficulties in the UK will also have a learning disability. Evidence indicates[7] that these children and young people face unique inequalities when it comes to their mental health and wellbeing. Sometimes this is because problems are mis-attributed to their learning disabilities or educational need, resulting in the underlying mental health problem(s) going unrecognised. Other times, this is because mental health interventions fail to take the needs of children and young people with special educational needs and disabilities into account.

8. School exclusions have increased significantly nationally and in the region. They are much more common among children with a mental health difficulty (6.8%) than those without (0.5%) and there is a two-way relationship between psychological distress and school exclusion: young people who have poor mental health are more likely to be excluded, and exclusion is associated with worsening mental health. Young people with a diagnosis of Conduct Disorder or ADHD are more likely to be excluded than young people with other types of mental health difficulty. The rate of both fixed-term and permanent exclusion is highest among Black Caribbean and Gypsy / Roma and Traveller pupils. 78% of permanent exclusions issued during secondary school were to pupils who either had special educational needs, were classified as in need or were eligible for free school meals. 11% of permanent exclusions were to pupils who had all three characteristics[8].

9. Research has demonstrated that, for many children and young people, transitions in educational settings, which approximately coincide with developmental transitions, are points of vulnerability for their mental health and wellbeing. They bring challenges, for all children and young people but especially those with SEND, as they must navigate new environments, new relationships and new expectations about their work and behaviour.

10.   The evidence base for what works in maintaining good mental health and wellbeing in relation to transitions, SEND and exclusions is limited. However, the recognised hallmark of good support for mental health and wellbeing in educational settings is a whole school approach (or a whole college or whole university approach). This is one in which students, all school staff (not only wellbeing staff) parents, carers and the wider community work together such as in the developing Birmingham Education Partnership NewStart project comprising secondary schools and primary schools in East Birmingham[9]. Mental health and wellbeing is not only explicitly addressed by dedicated services (e.g. student counselling) and lessons (e.g. in the personal, social, health and economic (RSHE) syllabus), but is integral to the whole ethos and environment of the educational setting. This includes trauma-informed responses to challenging behaviours which can help to minimise exclusions. A whole school approach also seeks to identify and address challenges and concerns as they emerge, rather than following a set checklist, responding to the changing needs of the setting and of individual students.

11.   Integrated Care Systems offer an opportunity to create better, more collaborative approaches to planning, commissioning and delivering services for children and young people's mental health through improved co-ordination and join-up between local authorities, NHS and other partners.
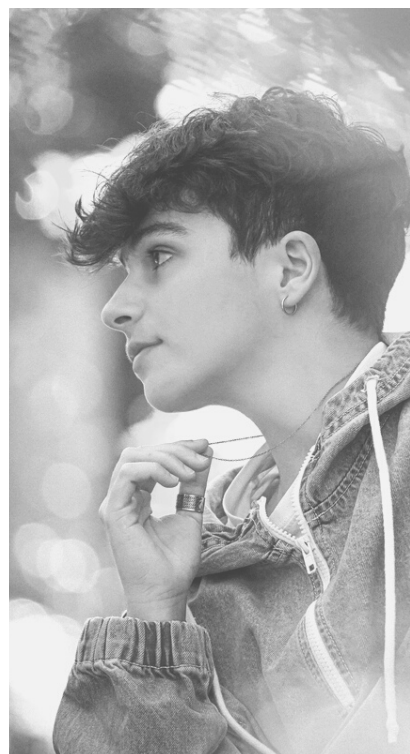
Emerging Recommendations

1. Include Mental Health within all school curricula as a staple and protected part of the education system at all ages, with appropriate resourcing and staff training to implement this;

2. Make counselling available to all children in all schools and make counselling and other therapeutic support available for mild-moderate mental health difficulties in other appropriate settings;

3. Make access to the Education, Health and Care Plan (EHCP) process for SEND children easier as the gateway to resources for support. Take steps to create a fairer EHCP system overall to enable all SEND children to receive the support required;

4. Agree with schools and local authorities in the region a target for zero exclusions, with partnership support to meet that target, drawing on learning from other areas (e.g. the London Borough of Southwark's 100% inclusion commitment).

5. Support and enable a priority focus by local Integrated Care Systems on prevention and early intervention in respect of mental health difficulties for children and young people.

6. Capture, evaluate and publicise existing good practice in these areas through regional research collaborations and Communities of Practice;

7. Address loneliness and isolation issues affecting children and young people by developing further mental health and wellbeing social prescribing opportunities;

8. Develop and implement a regional process to monitor the annual progress in delivery mental health and wellbeing improvement actions indicated by the Commission.

6

Appendix - Dan's Story

Having autism can affect your self-esteem…This can make it difficult to fit or make friends. Throughout my childhood I have struggled to fit in and strived to be "normal". Of course, this has had a detrimental effect on my mental health, as I was not accepting myself and putting unobtainable expectations on myself (there is no such thing as normal, after all!).

This is particularly highlighted in the transitional periods of my education. When I went to my first specialist school (year 5), I felt secluded as I was taken away from a mainstream school (due to lack of proper support). At the time it was as though I was being punished, taken away from the 'normal' kinds and put with the "special" or "different" kids.

When I went to my secondary school, which was also specialist, that feeling continued. During my GCSE's, I had to argue against my head of years and teachers to get onto the courses, as there was little faith in my ability to complete them or get a sufficient grade. This, of course, affected my self-esteem. My perception at the time was that I had to do a range of GCSE's and had to get onto an A-level course, as I believed that was what all 'normal' people did. Again, this made me feel different, isolated and "lesser".

I did manage to achieve the 5 GCSE's to get onto A-level courses, where I went to a mainstream college. This was my first time in a mainstream classroom, where a large majority of my peers were neurotypical. I had extreme levels of stress at this stage, as I felt that I didn't fit in. I would over analyse the differences in behaviour, attitudes, clothes, hairstyles, and progress on the course. That anxiety was ever-present in my first year, causing me poor anxiety and depressive episodes.

The experience with college was similar to university, though with the added stress of moving!

Overall, in my experience the key stresses for those with SEN at periods of transition are as follows:

- Fitting in, in a new environment
- Socialising and social skills
- Educational development and feeling on a similar level to mainstream kids
- Inclusion – feeling left out
- Vulnerability – being singled out, such as people being aware of your disability or avoiding you

All these key stressed revolve around fitting in and being included. I spent most my life trying to be "normal" and it caused me incredible stress, anxiety, and depressive episodes. These were all highlighted at times of transition as I was given little support when exposed to new environments.

I can't say with confidence what should be done to help with this. I know that support should be given when transitioning. I always found my tutors at college helpful, as they discreetly offered help and support, having conversations with me and ensuring I was settling in fine.

Beyond this, large scale change to the education system is most desirable. I was, in some sense, isolated when I went to SEN specialist schools. Having integrated schools, with SEN classrooms inside mainstream schools is an idea I think is preferable. One way which it could operate, is where classes are accessible to students with SEN in subjects that they need them. For example, mainstream classes is subjects they are stronger in, SEN classes where they need extra support. This would integrate the students together and reduced feelings of 'otherness' and isolation.

I was lucky to receive support from tutors, mentors and my family. Many, however, do not have these support networks in place.

I understand this isn't a comprehensive letter, nor does it solve any issues. I don't want for it to feel like a sob letter either. I instead hope it provides a basic insight into the stresses and experiences that those with SEN face when transitioning at different points of education.

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[4] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
[5] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
[6] Centre for Mental Health (2022) West Midlands Mental Health Commission evidence pack on education settings
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MENTAL HEALTH COMMISSION INTERIM TOPIC REPORT:

Topic 2: The opportunities presented by Physical Activities and Sport (including the Commonwealth Games Legacy) to support Mental Health and Wellbeing

Introduction

This paper reviews evidence about the opportunities presented by physical activities and sports (including Birmingham's recent Commonwealth Games) to support mental health and wellbeing. The paper draws on local and national evidence and indicates potential actions to maximise the positive impact of physical activities and sports.

What is the Mental Health Commission?

The West Midlands Combined Authority (WMCA) has convened a Mental Health Commission because of the strong consensus that the pandemic has undermined mental health in the West Midlands, and that this has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and children and young people.

As such the West Midlands MH Commission aims to support the pursuit of a mentally healthier region by:
1.   Supporting a clear regional understanding of the differential mental health and wellbeing impacts of the COVID-19 pandemic on local people – at home, in education, at work and at play.
2.   Understanding the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;
3.   Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

It is fulfilling its role by exploring 6 priority topic areas which its members have chosen. The implications of the cost of living crisis is one of those topics. For more information on the Commission see https://beta.wmca.org.uk/what-we-do/wellbeing/west-midlands-mental-health-commission/.

Purpose of this document

This document sets out the initial findings and emerging recommendations from the third topic that the Commission explored, in September 2022, and further discussed with the Health of the Region Core Group. We are sharing this with interested parties to get initial feedback, which will then be used to stimulate action as well as being used to inform the final findings and recommendations of the Commission. Some key considerations are:

a) *Findings* – do they cover the key issues? Is there any further, substantive evidence or information available to further develop them, particularly in respect of the local issues?

b) *Recommendations* – do they cover the key issues? What are the highest priority ones? How might the recommendations be delivered and involving whom?

Sport, exercise and physical activity: What's the difference?

These terms are used in different ways by different people, but, in general, they are used to describe forms of movement that vary in terms of how planned and structured they are. 'Sport' is usually used to refer to planned and structured activities. The goal is often competitive (to outperform another person or team), and it is sometimes institutionalised (e.g. taking place in a formal setting and/or overseen by a professional body). Examples: gymnastics, netball, football and tennis.

When someone says that they're going to do some exercise, they're usually talking about some form of physical activity that is less formal and structured than sport. Also, the emphasis tends to be more on maintaining or developing physical fitness (with mental wellbeing benefits) than on competition. Examples: going for a swim before work, jogging around the park, taking part in a yoga class.

Physical activity is an overarching category that covers sport, exercise and all other forms of being 'on the go'. This includes very informal and unstructured activities that are open to a majority of people, not only those who are motivated to be active and who already have reasonable levels of fitness and mobility. Examples: dancing, walking the dog, playing in the playground, gardening.

The national, WMCA and local attention including the Commonwealth Games legacy is to increase the number of people who are doing some physical activity and making it part of their everyday lives. This is where the greatest health and community gains can be made in behaviour change. Although, most health benefits can be made by doing more than 150 mins of moderately intensive activity per week.

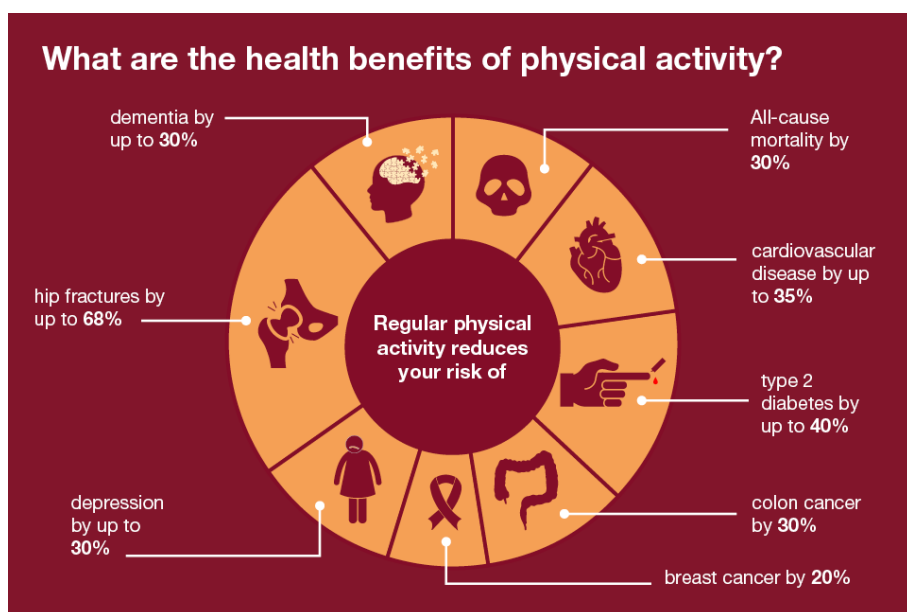## What do we know about the connection between physical activity and mental health / wellbeing?

Physical activity can help prevent and manage mental health problems and promote mental wellbeing, for instance in neurobiological, psychosocial, behavioural, environmental and physical terms.

Physical activity can be used in treatment for depression, and is included in the recently updated National Institute for Health Care and Excellence (NICE) guidance for the management and treatment of depression in adults. Although there are more gaps in the literature, there is also good evidence that physical activity can be beneficial in addressing anxiety disorders.

There is evidence that, for people with a diagnosis of severe mental illness, physical activity can help with mental health symptoms and quality of life. It can also help with physical health problems and weight gain, which people with a diagnosis of severe mental illness experience at disproportionately high rates, and which can have a negative impact on mental wellbeing in their own right.

Physical activity is beneficial for people with neurodegenerative conditions such as dementia. It is both protective against dementia and, for people who are already living with the condition, it can slow further decline in functioning and improve quality of life.

What are the health benefits of physical activity?

dementia by up to **30%**

hip fractures by up to **68%**

depression by up to **30%**

Regular physical activity reduces your risk of

All-cause mortality by **30%**

cardiovascular disease by up to **35%**

type 2 diabetes by up to **40%**

colon cancer by **30%**

breast cancer by **20%**

Government: Physical Activity Applying All our health (2022)

There is strong evidence that physical activity is associated with a range of positive outcomes for mental wellbeing. These include increased self-confidence and self-esteem, increased resilience, reduced stress, improved mood, improved sleep and improved social connectedness through access to new social networks and activities.
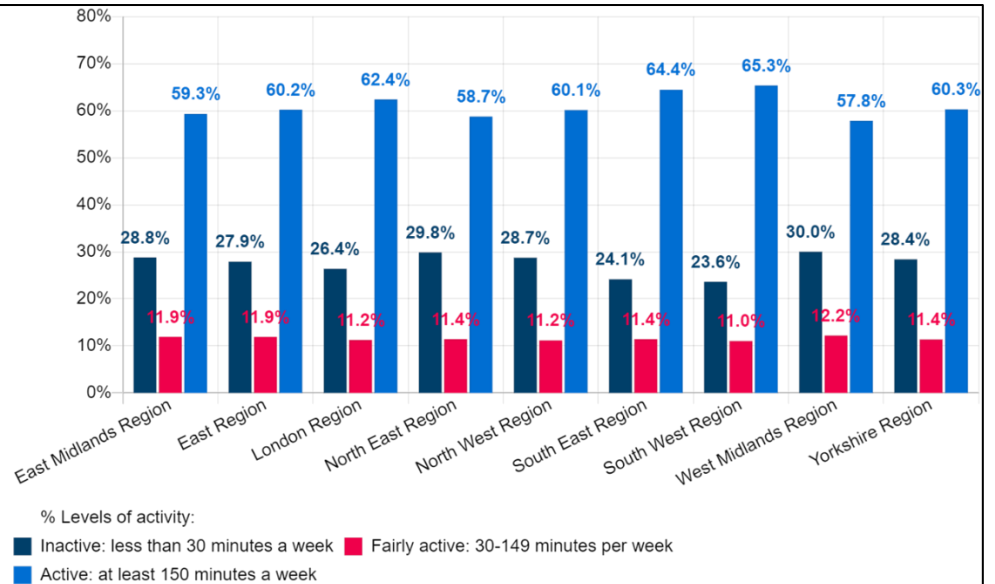
Currently, physical activities and sport are not routinely part of support for people waiting for mental health support.

Inactivity in the West Midlands

The number of adults, children and young people who are active is measured through Sport England's annual Active Lives Survey. The WMCA geography has the highest levels of physical inactivity in England and some of the greatest inequalities in those who take part. We know this has an impact on physical and mental health and wellbeing. Approximately 30% of adults without a disability and 48% of adults with a disability are physically inactive.

Context – Levels of activity (Nov 20 -21)

West Midlands = most inactive region

% Levels of activity:
- Inactive: less than 30 minutes a week
- Fairly active: 30-149 minutes per week
- Active: at least 150 minutes a week

Region	Inactive	Fairly active	Active
East Midlands Region	28.8%	11.9%	59.3%
East Region	27.9%	11.9%	60.2%
London Region	26.4%	11.2%	62.4%
North East Region	29.8%	11.4%	58.7%
North West Region	28.7%	11.2%	60.1%
South East Region	24.1%	11.4%	64.4%
South West Region	23.6%	11.0%	65.3%
West Midlands Region	30.0%	12.2%	57.8%
Yorkshire Region	28.4%	11.4%	60.3%

Recent research by Transport for West Midlands paints a mixed picture of the impact of Covid-19 on activity levels. There have been changes to how, and whether, people commute to work, and to their gym attendance. But if these changes add up to an overall increase or decrease in activity levels is unclear. More research will be needed.

There are a several initiatives in place to support people in the West Midlands to become more active and to reduce the inequalities in activity levels, and careful thought is being given to the legacy of the 2022 Commonwealth Games.

Intersectional inequalities

Adults from mixed or multiple ethnic backgrounds are most likely to be active, and least likely to be inactive. In contrast, adults from Pakistani, Bangladeshi, and Arab backgrounds are the least likely to be active, and most likely to be inactive. The inequalities in the physical activity levels of adults of different ethnic backgrounds are also observed in children and young people.

People from Black, Asian, & Minority Ethnic backgrounds are seven times more likely to live in an urban area than someone from a White ethnic background. These geographical factors can contribute to, and perpetuate, some of the socioeconomic, social cohesion and social mobility issues that influence a person's ability to engage in sport and physical activity.

There is a gender gap observed in physical activity levels across nearly all ethnic groups, such that women are less likely to be active than men; and, for Asian and Black African women the gap is even more pronounced.

People from a low socioeconomic classification are twice as likely to be inactive compared to a person from a high socioeconomic classification, and people from the Bangladeshi, Pakistani and Black communities are disproportionately likely to have a low socioeconomic classification. Unemployed adults are 59% more likely to be inactive compared to a person who is working full or part time. About one in ten adults from Pakistani, Bangladeshi, Black or Mixed ethnic backgrounds are unemployed, compared to one in twenty-five white British adults.

Adults from the most deprived quartile of neighbourhoods are 45% more likely to be inactive compared to a person from the least deprived quartile of neighbourhoods. People from Black (20%) and Asian (17%) ethnic groups are the most likely to live in the most deprived 10% of neighbourhoods. Within those groups, Pakistani (31%) and Bangladeshi (28%) adults are the most likely to live in the most deprived 10% of neighbourhoods.

Children and young people with low family affluence are 55% more likely to be less active compared to a child or young person with high family affluence. People living in a household headed by someone from a Black, Asian, or Minority Ethnic background are more likely to be on a relatively low income. This is particularly the case for households headed by someone of Bangladeshi, Chinese, Pakistani, or Black ethnicity, with 51%, 49%, 46%, and 41% respectively on relative low income. This compares to only 19% of White households on low income.

The patterns observed in adults when looking at the influence of ethnicity, gender, and socioeconomic status on participation are also observed in children and young people.

Birmingham's Commonwealth Games Legacy

The legacy objectives included

- Improving access and opportunities to get active;
- Targeting those most in need;
- Encouraging walking, cycling and developing facilities for community use;
- Supporting people and communities to look after their mental health;

Positive impact on mental health and wellbeing was designed into a number of legacy work strands, including volunteering, community cohesion programme, physical activity, cultural programme.

Specific areas of work included:
- **Construction workers** - Campaign resources signposted construction staff to free NHS-assured content and tools, accessible at any time;
- **Mental Health Awareness Training for Volunteers/ workforce -** Psychological First Aid training package adapted for potentially 13,000 Games-time volunteers and volunteer managers
- **Games-time public wellbeing campaign** - Used DHSC's Better Health campaign to highlight the positive link between physical activity and mental health

Potential opportunities to maximise the positive impact of physical activities and sports

1. Physical activities being designed into toolkits for those waiting for MH treatment / support.
2. Systematically build physical activities (including sport) into health and care 'treatment' pathways for mental health;
3. Systematically reduce barriers that may prevent local people from engaging in physical activities – cost, cultural issues / perceived norms, transport, the range of activities on offer, etc. in part through co-designing inclusive physical activities with key communities to better meet their needs.
4. Support local people into employment in the sports sector and support the roll-out of sector training on mental health and wellbeing;
5. Refreshing regional leadership / stewardship arrangements for the physical activities and mental health agenda - to oversee and drive a cohesive approach, to co-develop and enable delivery of priorities that maximise positive impact to enable the delivery of a long lasting legacy;
6. Systemically reduce financial & other barriers to local people using the Commonwealth Games facilities & other facilities on their doorstep;
7. Build a stronger 'real time' evidence base of the impact of engaging in physical activities and sport – drawing on local academic institutions, grassroots & elite sports organisations and local communities.

Proposed next steps

a)   Circulate the document to a range of stakeholders to 'stress test' the findings and potential action points (from early November 2022) with a view to highlighting relative priorities and indicating means of delivery.

b)   Support targeted discussions to maximise the Commonwealth Games mental wellbeing legacy;

4th November 2022

Powered by

Centre for
Mental Health

Andy Bell & Jo Wilton

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APPENDIX – ABOUT KERRY

Kerry consistently goes above and beyond as our Martial Arts Sensei at our kickboxing club. She runs women-only classes and a group for 12-16 year old girls. These classes not only focus on physical health but also mental health, supporting women and girls to become more confident and in tune with themselves. While Kerry trains in martial arts, she goes above and beyond by facilitating an extra supportive environment. She encourages us to support each other too.

As a deaf member of the community, Kerry had her own struggles through the pandemic which she was open about and used time during lockdowns to improve her knowledge to help herself & her members. She's told us that she struggled when wearing masks but she has overcome her fears to not be afraid of asking people to repeat themselves.

Kerry has a holistic approach to health and is just as interested in how you're feeling as how high you can kick. To reflect this, Kerry created and delivered a programme throughout lockdown (and continues to do so) to keep her team focused, motivated, inspired with a strong emphasis on mental wellbeing. Kerry uses her experience to help as many people as possible overcome their fears and worries and encourages self love and being the best version of ourselves. She finds ways to ensure everyone is included, even those with disabilities and injuries. Her academy is a safe place without judgement.

Increasing numbers of women and girls who have joined club are on waiting lists for support from mental health services. Kerry supports young girls who have experienced bullying and women who have experienced domestic violence and trauma just to name a few, while also volunteering for the NHS. She retrained & re-joined the NHS to administer Covid jabs in the community.

I'm in awe in how she is constantly developing and thinking of ways to support more people. On a personal level, Kerry helped me when I was suffering from PND. She didn't know that at the time but offered such a warm and caring environment of support that was the first step in helping me realise it was okay to seek help. Since joining the club, my anxiety has significantly decreased and regular check-ins with Kerry mean I've become more aware of what I do and how this can impact my mood.

Time is regularly set aside in club sessions to check in with each other and discuss goals and worries. We talk things through, we come up with a plan together, we have weekly catch-up sessions either in person or via text/zoom calls. This has been done on an individual basis or small group – women of different ages all working together to get through tasks.

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JOINT MENTAL HEALTH COMMISSION & HEALTH OF THE REGION CORE GROUP INTERIM TOPIC REPORT:

Topic 3: The Mental Health and Cost of Living Crisis

Introduction

This paper reviews evidence about the relationship between mental health and the cost of living crisis, drawing on national and international evidence about this topic and indicating potential mitigating actions at the regional and local levels.

What is the Mental Health Commission?

The West Midlands Combined Authority (WMCA) has convened a Mental Health Commission because of the strong consensus that the pandemic has undermined mental health in the West Midlands, and that this has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and children and young people.

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It is fulfilling its role by exploring 6 priority topic areas which its members have chosen. The implications of the cost of living crisis is one of those topics. For more information on the Commission see https://beta.wmca.org.uk/what-we-do/wellbeing/west-midlands-mental-health-commission/.

What is the Health of the Region Core Group?
In October 2020 the WMCA, in collaboration with partners from across the health and wellbeing system, published the Health of the Region Report. It highlighted longstanding inequalities in the region and identified 4 interconnected challenges to tackling health inequalities and a collaborative framework for action:

1. Improving outcomes for ethnic minorities and vulnerable groups
2. Tackling the wider determinants of health
3. Widening access to health and care
4. Enabling people-powered health, i.e. enabling people to take control of their health.

The Health of the Region Roundtable was initially convened to understand the impact of Covid-19 on ethnic minority groups and is now a regional forum for communities to directly engage with health and wellbeing leaders on issues identified in the Health of the Region report and is Chaired by the Mayor. Action is driven forward by its independent Core Group with leaders and representatives from the health and wellbeing system including the WMCA and voluntary, community and faith organisations. The functions of the action-focused Core Group is to:

a) Act in advisory capacity to WMCA Health & Communities Team on health inequalities activity
b) Take collective action that adds value to existing work and aligns resources and influence of its members

The MH Commission and the Core Group have agreed to work together to identify local and regional action that can be taken to support local people during cost of living challenges.

The purpose of this document

This document sets out the initial findings and emerging recommendations from the third topic that the Commission explored, in September 2022, and further discussed with the Health of the Region Core Group. We are sharing this with interested parties to get initial feedback, which will then be used to stimulate action as well as being used to inform the final findings and recommendations of the Commission. Some key considerations are:
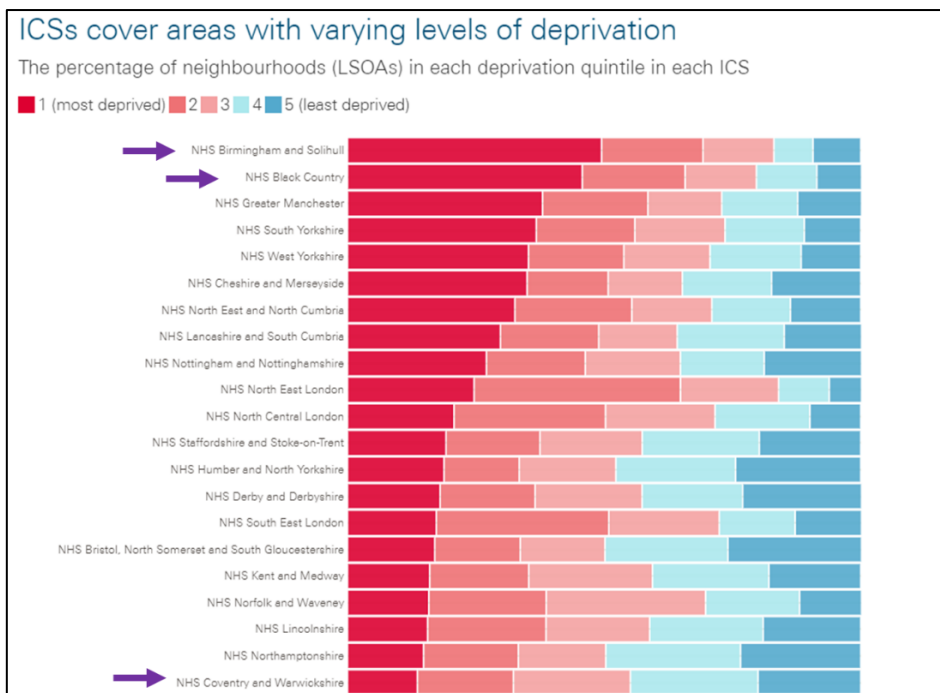
a) **Findings** – do they cover the key issues? Is there any further, substantive evidence or information available to further develop them, particularly in respect of the local issues?

b) **Recommendations** – do they cover the key issues? What are the highest priority ones? How might the recommendations be delivered and involving whom?

Mental health and financial wellbeing

There is compelling evidence that financial wellbeing is a major determinant of mental health and the biggest single factor in explaining mental health inequalities. Mapping from the Government's Fingertips tool (originally created by Public Health England, now the Office for Health Improvement and Disparities) further shows a clear correspondence between rates of child poverty and poor mental health in different areas of the country.

Research has firmly established that poverty is associated with increased risk for at least 16 diseases, including psychiatric disorders, that form a 'cascade' of interrelated health conditions including later heart disease, lung cancer and dementia. It is clear that poverty is a key social determinant of health and illness and responsible for a large proportion of ill health, early deaths and costly health and care services.

Furthermore, deprivation is a particular challenge in the West Midlands, with Birmingham & Solihull ICS area having the highest proportion in the country of their population in the most deprived quintile and with Black Country ICS second highest. The remaining ICS, Coventry & Warwickshire, has the 21st highest proportion of the most deprived group out of the 42 ICSs nationally. (Please see diagram below).

ICSs cover areas with varying levels of deprivation

The percentage of neighbourhoods (LSOAs) in each deprivation quintile in each ICS

1 (most deprived) ▉ 2 ▉ 3 ▉ 4 ▉ 5 (least deprived)

- → NHS Birmingham and Solihull
- → NHS Black Country
- NHS Greater Manchester
- NHS South Yorkshire
- NHS West Yorkshire
- NHS Cheshire and Merseyside
- NHS North East and North Cumbria
- NHS Lancashire and South Cumbria
- NHS Nottingham and Nottinghamshire
- NHS North East London
- NHS North Central London
- NHS Staffordshire and Stoke-on-Trent
- NHS Humber and North Yorkshire
- NHS Derby and Derbyshire
- NHS South East London
- NHS Bristol, North Somerset and South Gloucestershire
- NHS Kent and Medway
- NHS Norfolk and Waveney
- NHS Lincolnshire
- NHS Northamptonshire
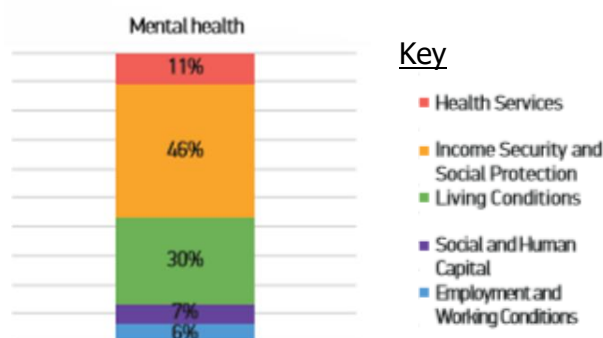- → NHS Coventry and Warwickshire

In 2020 researchers from the Massachusetts Institute of Technology (MIT) and Harvard University brought together the evidence linking poverty to mental ill health. They found multiple studies showing that job loss leads to reduced income and precedes episodes of mental illness. Evidence from 'natural experiments' confirms that this relationship is causal.

The most compelling causal evidence that poverty causes mental illness comes from randomised-controlled trials that evaluate anti-poverty programmes. The MIT / Harvard researchers cite several studies evaluating cash transfer and broader anti-poverty programmes which have found significant positive impacts on mental health, including over long time horizons, after the effects of any initial celebratory reactions among recipients have worn off. Across a wide range of populations and study designs, positive economic 'shocks' to individuals are shown to improve mental health, whereas negative economic shocks undermine mental health.

The adjacent chart, produced by the World Health Organisation, demonstrates the contributions in EU countries (2003 – 2016) from 5 conditions to mental health – highlighting the significance of income security and social protection.

Financial inequalities are the biggest influence on inequalities in overall health and wellbeing, and even more so for mental health, across Europe.

Mental health

11%
46%
30%
7%
6%

Key

- Health Services
- Income Security and Social Protection
- Living Conditions
- Social and Human Capital
- Employment and Working Conditions

As such, there is evidence that indicates that detrimental changes in economic circumstances and poverty can *cause* mental illness. It therefore follows that raising people out of poverty reduces the risk of mental ill health and, presumably, taking steps to prevent people falling into poverty can have a preventative effect on the risk of mental ill health.

When looking at other facets of health – detention under the Mental Health Act, suicides and all physical illnesses (apart for sports injuries) – there is a clear correlation with levels of deprivation, as indicated in the adjacent graph.

Poverty increases the risk of experiencing multiple adverse childhood events (ACEs) which in turn leads to an increased risk of mental ill health. Research has indicated that ACEs are 5x more likely for the most deprived 20% of children.
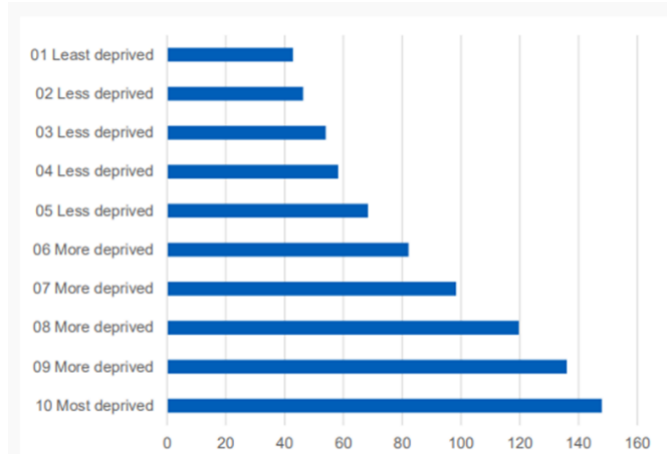
When one has experienced multiple ACEs, there is an increase of negative outcomes, such as:
- Depression: +460%;
- Suicide attempts: +1220%;
- Intravenous drug use: +4600%

Intersectional inequalities

Poverty rates vary significantly by ethnicity, but all racialised groups are more likely to be living in poverty. This is due to lower wages, higher unemployment rates, higher rates of part-time working, higher housing costs in England's large cities (including Birmingham), and slightly larger household sizes. People from some racialised communities (i.e. people from Black, Asian and other ethnic minority communities) in the UK experience much poorer mental health outcomes than White British people, and this intersects with levels of poverty.

It is important to note that research indicates that racism, in itself and independently of poverty, causes and worsens mental ill health. Also, around 18% of Bangladeshi workers, 11% of Pakistani and Chinese workers, and 5% of Black African and Indian workers are paid below the National Minimum Wage, compared to 3% of White workers.

Poverty and financial inequality also intersect with gender, disability as well as other protected characteristics and consequently place some people at far greater risk of poor mental health than others. For instance, we know that a greater proportions of disabled households are in 'serious financial difficulties' - 29% compared to 13% of other households. Also, recent research has indicated that over half of disabled people surveyed were concerned that increasing costs would negatively affect their mental health.

Other societal implications

According to colleagues from the West Midlands Office of the Police & Crime Commissioner, there are indications of that the cost of living challenges are a driver for criminal activity, including –
- More theft
- Increased domestic violence
- Increased sex work (resorting to sex work; forced into sex work; 'sex for rent');
- Rising child exploitation;
- Increasing substance misuse / addictions as a coping mechanism;
- Increased loan shark activity.

Potential opportunities for action

A number of potential mitigating action areas were identified that might help to keep local people 'afloat' in the stormy waters associated with the cost of living challenges. There are a mix of potential immediate term and medium term timescales, which require 'system agility', collaboration and reduced bureaucracy.

1. Opportunities to increase income

1.1 **Pay a living wage** –
- a) Take steps to encourage employers across different sectors to pay a living wage. This includes pursuit of accreditation by the Living Wage Foundation.
- b) Take steps to encourage major employers to use their leverage and 'soft power' to encourage contractors to also pay a living wage.
- c) Take steps to ensure that all jobs created in the region through investments, etc. are 'good jobs'.
- d) Embed the aspiration in emerging ICS strategies on health inequalities and on 'people' / workforce.
- e) Learn from local good practice (e.g. Birmingham City Council and Aston University) and also good practice from elsewhere in the country, e.g. work in London with NHS Trusts.

1.2 **Skills development and career opportunities**
- a) To support better access to good jobs, to job retention and to career progression, by addressing discriminatory barriers. (Walsall Housing Group has done some positive work with a local college and a local NHS Trust to improve the recruitment and retention of local people in NHS jobs by changing advertising arrangements, using plain language, etc.).
- b) To further promote existing and provide new skills development opportunities that help local people in good employment.
- c) Exploring the potential to provide job guarantees for people who have been long term unemployed and for people who have had long-term social care support.

1.3 **Driving social value in procurement**
- a) Systematic use of procurement levers to promote social goals, which lead to income ending up in the pockets of diverse groups of local people. Encourage the pursuit of this in key public and private sector organisations, learning from local good practice - the West Midlands OPCC have done some good work in this area. Work will include encouraging progressive practice and reducing risk aversion by commissioners, e.g. through myth busting activities.
- b) Market management - enabling smaller community organisations to form consortia, etc. to bid for local contracts.

1.4 **Maximising benefits take-up**
- a) Provide accessible, local (face-to-face and on-line) advice and support to enable local people to take up the benefits that they are entitled to, Healthy Start vouchers, etc. Walsall Housing Group has done some great work with their service users / tenants, helping them to access £5.6m worth of benefits that they were entitled to but had not taken up.
- b) Train, develop and pay local people to act as 'connectors' or 'health champions' to link local people with various types of advice and support in a way that responds to cultural nuances and differences.

2. Opportunities to reduce costs

2.1 **Explore rent controls, exploring learning from Scotland, etc.**

2.2 **Explore opportunities to reduce the costs of public transport**
- a) Subsidised and / or free transport for young people up to age of 25 and for some key workers;
- b) Improve the frequency of buses;
- c) Support with travel costs to access work, education, training, and leisure opportunities.
- d) Actions to promote active travel.

2.3 **Funding for food costs;** including free dinners for those children most in need.

2.4 **Council tax relief -** We know that the West Midlands is the 3rd highest region for council tax arrears. Explore schemes to ensure people facing the biggest threats to their finances are not at risk from non-payment or legal action (which is costly in human and financial terms).

2.5 **Emergency support with energy costs;**

3. Other mitigating actions

3.1 **Pursuit of genuinely affordable housing** – consistently use strict / contractual levers to ensure delivery of good proportions of social housing in new housing developments and housing for key workers;

3.2 **Energy efficient housing:** more energy efficient genuinely affordable homes. Ongoing help for people to insulate their homes, reducing the costs of heating to those with the lowest incomes. (NB There is evidence that having a warm home has a direct and causal positive impact on mental health, with knock-on benefits to physical health).

3.3 **Advocating for more timely and supportive benefits processes -** impact of Disability Living Allowance backlog / PIP reviews

3.4 **Funding to enable community advice services** (delivered by VCS orgs), specifically supporting a local, physical presence and provision targeted to highly vulnerable sections of the population.

3.5 **How faith communities might support those affected**, e.g. by further developing further knowledge / understanding / skills in relevant areas;

3.6 **Make a case to central government for sustained local funding** – ringfenced funding for up to 12 months which allow local flexibility in use.

4. Proposed Next Steps

4.1 In the spirit of 'deeds not words', some potential next steps are:
   a) Briefing WMCA senior leadership, including the Mayor, about the issues and about the potential opportunities for WMCA mitigating action (by the end of November 2022);
   b) Circulating the document to a range of stakeholders to 'stress test' the findings and potential action points (from late October 2022);
   c) Continue to take steps to understand what local actions are being taken to support local communities;
   d) Identifying and pursuing high priority 'quick wins' to mitigate the challenges of the cost of living crisis (from November 2022);

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	N.B	Birmingham	Coventry
Increase income			
Pay a living wage		Accredited; city-wide commitment	Steps towards LW taken, incl. external promotion; not accredited LW employer
Skills development & career opportunities		Various initiatives, incl. PURE project	Coventry Job Shop
Driving social value in procurement		SV policy in place; B'ham Business Charter for Social Responsibility	SV & Sustainability policy in place
Maximising benefits take-up		Part of CoL support (see next table); BCC funded CAB welfare advice service	Part of CoL support (see next table); embedded online benefits calculator
Reduce costs	*CoL support landing pages >>>*	https://www.birmingham.gov.uk/livingsupport	https://www.coventry.gov.uk/cost-living-wellbeing-support
Rent controls	*DWP discretionary housing payments (locally managed)*		
Council tax relief	*DLUHC discretionary council tax rebate / relief (locally manged)*		
Food costs	*DWP / HMRC Cost of Living Payment; DWP Household Support Fund;*	Local Welfare Provision policy & (crisis) fund; Food Justice Network & wider food strategy	Signposting to food banks, free school meals & Healthy Start vouchers
Emergency support for energy costs	*BEIS Energy Bills Support scheme & winter fuel payments*	Various initiatives / resources & Warm Welcome Spaces	Keeping Coventry Warm scheme
Costs of public transport	*TfWM remit*		

Other mitigating actions			
Affordable housing	Part of housing strategy; being refreshed	Part of housing (& homelessness) strategy	Part of (previous) housing strategy & homelessness prevention strategy; part of the Black Country Core Strategy
Energy efficient housing	3 Cities Retrofit programme; public sector housing retrofit scheme starting in Castle Vale; green grants; links to BCC Climate Emergency taskforce	3 Cities Retrofit programme; 'deep retrofit' of homes in Foleshill from Sustainable Warmth Competition; Green Homes Grant	Winter Warmth Support Scheme; Greener Homes, Green Lives (retrofit project)
Advocating better benefits processes			
Enabling community advice services	Funded community advice; training programmes on benefits for community partners under development		4-5 Community Empowerment Hubs being set up; welfare benefits training (for organisations)
Supporting through faith settings	BCC Faith Settings toolkit and embedding partnerships		
Sustainable funding for local government			*Poltical spa*

Dudley	Sandwell	Solihull	Walsall
Steps towards LW taken, incl. being a Real Living Wage employer since 2019; not accredited LW employer			
Various initiatives, incl. commissioned wraparound employment support and the Black Country Impact programme	Think Sandwell; Bridges programme; Family Matters programme; and Black Country Impact	Solihull for Success	Walsall Works; Black Country Impact
SV policy in place, aligned wth the Dudley Deal	SV policy in place; link to Think Sandwell local business support platform	SV policy in place	SV Charter and policy in place
Part of CoL support (see next table); signposts to calculators & support services	Part of CoL support (see next table); Welfare Rights team	Part of CoL support (see next table)	Part of CoL support (see next table)
https://www.dudley.gov.uk/council-community/cost-of-living/	https://www.sandwell.gov.uk/costoflivinghelp	https://www.solihull.gov.uk/here2help	https://go.walsall.gov.uk/benefits_and_cost_of_living_support
Signposting to food banks and related initiatives	Various initiatives, incl. Local Welfare Provision scheme & Food Action Plan	Signposting to food banks and related initiatives	Walsall Crisis Support Scheme; signposting to food banks and related initiatives
Discretionary energy support fund (council tax rebate); Dudley Energy Advice Line	Council Tax Energy Rebate; Warm Spaces	Discretionary crisis fund; Winter Warmth Campaign via Age UK Solihull	Various retrofit grants incl. Boiler Upgrade Scheme and crisis funding

Partnership in place to provide affordable rented homes for young people; Black Country Core Strategy		Part of housing strategy; Black Country Core Strategy	Black Country Core Strategy
	Sustainale Warmth Grants (retrofit); 'deep retrofit' of homes in Elmdon from Sustainable Warmth Competition	Walsall Health Through Warmth scheme; BEIS social decarbonisation funding	3 Cities Retrofit programme
	VCSE Development Reserve		

ace led by Leaders and Cabinets

Wolverhampton	WMCA
	Accredited living wage employer
Wolves at Work (WorkBox); Black Country Impact	Adult Education Budget (including Community Learning funding) & National Skills Fund delivery Employment support: Connecting Communities; Thrive into Work (IPS model) Sector-based Work Academy Programmes (SWAPs) with guaranteed interviews WM Apprenticeship Levy Transfer fund
SV charter & embedded approach; Wolverhampton Pound	Social value policy in place
Part of CoL support (see next table); local helpline	
https://www.wolverhampton.gov.uk/community/cost-of-living-support	
Signposting to food banks and free school meals	
Council tax rebate (energy payment); warm spaces (with shuttle service)	Warmer Homes West Midlands
	Proposals in response to CoL crisis under development (incl. potential extensions of concessions) – awaiting approval and subject to funding

	WMCA definition of affordable housing as 35% or less of the average gross earnings of the lowest quarter of wage earners in the local area (as opposed to 80% of market value)
	WM Design Charter incl. Zero Carbon Homes Net Zero Neighbourhood Demonstrator Retrofit projects incl. private homes & social housing
	Opposition to fragmented and short-term funding streams with rigid rules articulated as part of Trailblazer Devolution Deal

Wellbeing Board

Date	Monday 5th December 2022
Report title	Skills, Employment and Health
Portfolio Lead	Isobel Seccombe OBE, Leader Warwickshire County Council and Portfolio Holder for Wellbeing at WMCA isobelseccombe@warwickshire.gov.uk
Accountable Chief Executive	Laura Shoaf, Chief Executive, WMCA Laura.Shoaf@wmca.org.uk
Accountable Employee	Dr Tatum Matharu, Strategic Lead for Health Inequalities, WMCA tatum.matharu@wmca.org.uk
Report has been considered by	Dr Julie Nugent, Executive Director of Economy, Skills and Communities Directorate, WMCA Julie.Nugent@wmca.org.uk Dr Mubasshir Ajaz, Head of Health and Communities Mubasshir.Ajaz@wmca.org.uk

Recommendation(s) for action or decision:

The WMCA Wellbeing Board is recommended to:

(1) Consider the background and current activity in this area as set out in the report.

(2) Advise on additional activity, including specific interventions (if any), areas of best practice and key stakeholders to engage, to amplify HIAP in employment and skills.

(3) Consider, if there is sufficient interest and availability, agreeing a Board lead for more regular consultation to advise further development in this area of work.

1. Purpose

1.1.1 This paper follows the continued evolution of the WMCA's role in the health and wellbeing space, and agreement around the key contribution it can uniquely make on the wider determinants of health through its devolved levers.

1.1.2. The WMCA's Health and Communities Team is now focused on embedding the central aim of improving health within all WMCA strategies, policies, investments and activities. This builds upon the WMCA's work on Inclusive Growth, which steers all economic activity in the region (including by the WMCA itself) to positively contribute to the lives and outcomes of citizens in the region. Capitalising on this framework, the Health and Communities Team will work with colleagues across the WMCA to explore the opportunities and challenges that exist within their area to influence health, first introducing evidence relating to health within that area and then working with partners, including those across the regional health and care system, to maximise the opportunities to improve health outcomes through current WMCA activity and future collaboration.

1.1.3. This paper thus begins to make real the proposition of a 'health in all policies' (HIAP) approach, starting with skills and employment. It firstly gives a brief overview of the WMCA skills portfolio, followed by insight into the impact of skills (and employment and income) on health and, finally, the paper explores current and emerging activity for further development, which the Wellbeing Board is asked to reflect upon and steer.

2. Skills, Employment and Health

2.1. Overview of WMCA Skills Portfolio

2.1.1. The WMCA has devolved responsibility over skills provision across the region, increasing employment opportunities and aligning local / regional demand and supply in employment and skills, which it achieves through a number of funding levers and regional initiatives, as follows.

2.1.2. The WMCA's circa £130m per annum Adult Education Budget funds:
- every adult resident's legal entitlement to English (incl. ESOL), maths and digital skills from Entry Level to Level 2 (equivalent to GSCEs);
- Adult & Community Learning (ACL) provision, via Local Authorities, in programmes such as digital inclusion, health & wellbeing, family learning and ESOL for Life and Basic Skills;
- and specific skills provision aligned to regional priorities such as construction (linked to the Commonwealth Games), digital (pioneering a 'bootcamp' model), sustainability (e.g. retrofit, electric vehicle maintenance) and health and social care (with progression pathways into Level 5).

2.1.3. The WMCA continues to secure complementary funding streams from the Department for Education, including the National Skills Fund (supporting the Lifetime Skills Guarantee), Digital Retraining Fund (extending the successful bootcamps) and, most recently, Multiply (for flexibly delivered numeracy training to those in work) – all of which contribute towards enabling residents to access jobs, maintain employment or progress within careers and to generate higher incomes. These outcomes support people to live

more fulfilled – and therefore, healthier – lives, as set out in further detail in the following section.

2.1.4. The WMCA also works closely with the Department for Work and Pensions on initiatives such as Youth Hubs across the region, which provide bespoke advice and guidance to young people on Universal Credit (UC) through dedicated work coaches, and Sector-based Work Academy Programmes (SWAPs), which help prepare people in receipt of unemployment benefits[1] to gain the relevant skills and work experience required to work in a different sector, organised with specific employers that have existing vacancies and are prepared to guarantee job interviews for SWAP participants. Moving people away from unemployment, and associated conditions, and into employment can positively impact health, as set out in further detail below.

2.1.5. Alongside the responsiveness to employment sector needs that has been achieved through skills devolution (i.e. construction, digital etc., as above), provision has also been tailored to specific cohorts of need, reflecting the demographics of the region. Initiatives include a clear focus on young people, given the relatively high proportion of young people in the region and relatively high rates of young people Not in Education, Employment, or Training (NEETs), through the active support of more vocational training routes explicitly linked to employment, such as Apprenticeships, Kickstart and T-Levels. Similarly, much of the bootcamp provision has been directed to specific cohorts such as women, people from black and minority ethnic backgrounds, refugees and carers. More recently, in response to changes in the employment market and associated needs, tailored support for those aged 50 and above has emerged as an area of focus.

2.1.6. It is noteworthy that a number of the interventions that involve employment support also include 'wraparound' elements i.e. tailored signposting (or 'handholding' to varying degrees) to services such as health and social care and other issues that are barriers to employment and also impact health (e.g. housing, financial wellbeing etc.). Examples of this include some ESOL provision, Youth Hubs and SWAPs.

2.2. The Impact of Skills on Health

2.2.1. Education (and skills) is a wider determinant of health; it is one of the 'causes of the causes' that impact the circumstances in which a person is born, grows, lives, works and ages. High levels of educational attainment strongly and significantly correlate with good health (and vice versa). Firm educational / skills foundations can support healthier futures, mitigate social stressors, and provide access to employment opportunities and life chances that could protect individuals from later-life disadvantage[2].

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[1] This includes those on, for example, zero-hour contracts.
[2] https://www.health.org.uk/infographics/how-do-our-education-and-skills-influence-our-health

Education and skills

Investing in education and skills is investing in health

By the age of 30 those with the highest levels of education are expected to live four years longer than those with the lowest levels of education.

A good education helps build strong foundations for:
- **Supportive social connections**
- **Accessing good work**
- **Life-long learning and problem solving**
- **Feeling empowered and valued**

These foundations support healthier lives by increasing our opportunity to:

Develop life-long healthy habits

Manage and limit exposure to life's challenges

Afford a good quality of life

Live and work in safe and healthy environments

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics
© 2019 The Health Foundation.

2.2.2. Education and skills can be the key to unlocking other wider determinants of health, namely employment and, in turn, income. Employment – specifically *good* work – provides people with a core role, identity and purpose; it provides social interaction, which protects against social exclusion; and it provides income[3]. Conversely, unemployment is associated with an increased risk of mortality and morbidity (i.e. death and disease, respectively)[4]. There is also reverse causation at play: poor health can prevent people from accessing and maintaining employment[5]. People on low incomes are more likely to engage in unhealthy behaviours (e.g. drinking and smoking) and endure psychosociological stressors (e.g. lack of financial safety net; lack of control), whereas higher incomes can enable people to access health-promoting goods and services[6,7].

2.2.3. Education (and skills) has been described as the single most important *modifiable* wider determinant of health[8].

2.2.4. As set out above, the WMCA's remit focuses on adult education. Adult learning is key to skill acquisition and employability (the latter both in terms of finding and sustaining employment as well as contributing towards in-work progression), thereby enabling access to higher income levels. There is some evidence that adult learning correlates with improvements in physical health, and good evidence that adult learning results in improved mental health (improved confidence, reduced depression and improved wellbeing or life satisfaction)[9]. Adult learning can contribute to enhanced social capital

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[3] https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

[4] https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

[5] https://www.jrf.org.uk/report/how-does-money-influence-health

[6] https://www.health.org.uk/infographic/poverty-and-health

[7] https://www.jrf.org.uk/report/how-does-money-influence-health

[8] https://www.health.org.uk/infographics/how-do-our-education-and-skills-influence-our-health (emphasis added)

[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356063/Review4_Adult_learning_health_inequalities.pdf

and connectedness and also have a positive impact on health-related behaviours (e.g. decreased alcohol consumption, increased exercise)[10].

2.3. Areas of Joined-Up Activity and Emerging Opportunities

2.3.1. The relationship between health and employment garnered significant attention at a strategic, policy level through:

- the 2010 Marmot Review, *Fair Society, Healthy Lives*, which recommended fair employment and good work for all as a policy objective[11];
- the 2017 Taylor Review, *Good Work*, which drew attention to the implications of modern working practices[12];
- and the 2017 Stevenson / Farmer Review, *Thriving at Work*, which highlighted the role of employers supporting employees' mental health[13].

2.3.2. These policy drivers contributed towards the development of WMCA programmes specifically focused on health and employment, namely:

- Thrive at Work, a workplace wellbeing programme that recognises the health-promoting behaviours of employers in the region through accreditation awards;
- and Thrive into Work, an intensive employment support service modelled on Individual Placement and Support (IPS) that provides a personalised and integrated service to those with health-related barriers to employment.

Both of these programmes began in pilot form and have evolved in order to maximise their effectiveness in changing landscapes.

2.3.3. The Covid19 pandemic radically impacted the world of work and health in multiple ways. It tangibly demonstrated the relationship between work and health for many, and it highlighted and exacerbated related inequalities; certain groups had to continue to work in frontline services with high risks of exposure to the virus and many had to continue to access work (or other services) using relatively high-risk modes (i.e. using public transport rather than more enclosed private transport). During the height of the pandemic, labour markets changed in response to changing business needs, such as lockdowns in the hospitality sector, and some of the implications of exiting the EU were also beginning to be felt, for example in the haulage industry, all while people experienced significant variation in their working practices and thus their quality of life and health. In the now 'post-pandemic' world, working practices such as 'hybrid' returns to workplaces are still evolving while the 'cost of living' crisis has hit – all with profound implications for health and employment. The region's Claimant Count has fluctuated accordingly; it has fallen by 16.8% over the past year but remains 21.7% higher than it was in March 2020 (having peaked at 34.3% in February 2021)[14]. Both nationally and regionally, numbers of unfilled vacancies are at near-record highs, while there have been significant increases in the number of people that are economically inactive due to long-term ill health.

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[10] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356063/Review4_Adult_learning_health_inequalities.pdf

[11] https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010

[12] https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices

[13] https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers

[14] NB. These regional figures are from DWP West Midlands Group, which is not exactly co-terminous with the WMCA area.

2.3.4. The WMCA and partners are now working to amplify health concerns and inequalities within skills and employment work programmes, further prioritising or integrating health-related interventions into 'business as usual'. This is in response to Covid19 and subsequent developments (as captured above), as well as internal programme drivers, namely:

- the Health of the Region report (2020), commitments around integrating a HIAP approach therein, and the evolution of the WMCA's role to focus on devolved levers associated with the wider determinants of health as a key contribution to the regional health system;
- and ongoing work with the Health Foundation (and The Kings Fund) to bring together expertise from across the Mayoral Combined Authorities, engendering peer support and enabling national leadership in a complex and delicate space.

2.3.5. Current developments include advocating for more wraparound support, including health, in skills provision and exploring tailored employment support for emergent cohorts, such as 50+ year old returners to the job market. The WMCA is working closely with the regional DWP team to design three pilots to this end. Relatedly, the narrative around 'Good Work' has been reinvigorated, drawing in understandings around current high levels of economic inactivity to underline the fact that it is not necessarily any work but emphatically *good* work (decent wages, optimal hours, job security etc.) that is healthful and not harmful. The WMCA's role in co-ordinating skills provision with employers' needs as well as wider business support, now being strengthened with the integration of the Local Enterprise Partnerships, enables significant influence in this space.

2.3.6. While the benefits of these interventions on health are clear, it is not straightforward to capture and quantify them in terms of their return on investment – an argument which could stimulate further investment in this area and encourage a systemic shift towards preventative care. It would take years, likely decades, to capture the impacts of such interventions on health conditions and any causal links would be tenuous. It would be useful and pragmatic to develop subjective wellbeing metrics as a means of understanding the broader picture of health and wellbeing related to the wider determinants of health and to translate these data into investment terms (and eventually into investable propositions). Integrating this into programme design would mutually reinforce the WMCA's HIAP and Inclusive Growth work and would align with HM Treasury's Green Book guidance on wellbeing[15]. It could also supplement WMCA outcomes data more generally; for example, in skills provision and employment support, capturing improvements in subjective wellbeing could contribute towards a measure of 'distance travelled' for an individual as yet too far from the labour market to reach the more standard achievement of securing employment or moving off UC. This could be a key area of joint exploration and positive impact.

2.3.7. Another emerging opportunity relates to the proposal of a Regional Disability Strategy, which has been gaining traction during Trailblazer Devolution Deal negotiations. Simultaneously, the difficulties of those with special educational needs and disabilities (SEND) has been underlined by the current Mental Health Commission. It is pertinent to recognise that support interventions are in place – not least Thrive into Work – though there is clearly an appetite to expand or strengthen provision for this cohort (and further intersectional cohorts therein, if possible). It is a complex issue, with complex jurisdictions and complex funding streams, but working to close the employment gap that people with disabilities suffer would prove an invaluable area of joint action.

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[15] https://www.gov.uk/government/publications/green-book-supplementary-guidance-wellbeing

2.3.8. A clear and immediate priority for joint action is around the health and social care workforce, which is in a critical state of shortage, struggling to attract and retain staff due to pay, conditions, working practices and cultures, rigid rules and the relative attractiveness of alternatives. The WMCA has a firm foundation in negotiating local skills pathways and flexibly delivered training in this sector, having recently developed a Health Science and Care Services Plan[16]. Building on this foundation, in conjunction with wider organisational changes (the recent establishment of Integrated Care Systems, Partnerships and Boards, and the more localised integration of Health Education England), there could be further ways to co-ordinate and commission innovative training and guaranteed job interview schemes against specific areas of critical shortage that could unblock the system. If unprecedented numbers of people are turning away from the labour market due to poor health and wellbeing, it is vital to support and expand the workforce that protects and enables health and wellbeing, and in turn wealth and growth.

3.   Financial Implications

There are no significant or immediate financial implications, however subsequent decisions on specific actions to take forward may impact upon budget allocations / distribution in the next and potentially subsequent financial years.

4.   Legal Implications

None.

5.   Equalities Implications

Any actions developed from this report will address health inequalities and, following the Marmot principle of proportionate universalism, will necessarily have positive implications in terms of equalities considerations. Any new WMCA-led initiatives on this agenda will undergo a health and equity impact assessment.

6.   Inclusive Growth Implications

Any actions developed from this report will contribute towards WMCA's inclusive growth aims, particularly (but not exclusively) increasing skills levels, increasing household income and reducing health inequalities. Specific outcome indicators include:
- reducing the proportion (%) of working age people (between 20-29) with no qualifications in the 3 LEP area;
- increasing the total number of learners; and
- reducing the gap in healthy life expectancy.

7.   Geographical Area of Report's Implications

The subject matter of this report is relevant across the full WMCA geography.

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[16] https://www.wmca.org.uk/news/new-skills-and-training-plan-to-help-local-people-gain-thousands-of-jobs-in-health-sciences-and-care/

8.   Other Implications

None.

9.   Schedule of Background Papers

None.

Wellbeing Board

Date	Monday 5 December 2022
Report title	Delivering a long lasting Commonwealth Games Physical Activity and Wellbeing Legacy
Portfolio Lead	Isobel Seccombe OBE, Leader Warwickshire County Council and Portfolio Holder for Wellbeing at WMCA isobelseccombe@warwickshire.gov.uk
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Laura.Shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities Mubasshir.Ajaz@wmca.org.uk
Report has been considered by	Dr Julie Nugent, Executive Director of Economy, Skills and Communities Directorate Julie.Nugent@wmca.org.uk

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

(1)   Note the overview of the Commonwealth Games Sport and Physical Activity legacy delivery.

(2)   Receive a regular briefing on the impact and learning on Commonwealth Games physical activity delivery.   Although the WMCA is not accountable, there is considerable value in highlighting the progress, impact and learning.

(3)   Receive a report for approval at the next meeting on the WMCA and Sport England partnership setting out intentions on contributing to the proposed health duty and also enabling the delivery of a long-lasting Games physical activity legacy, co-designed with Wellbeing Board stakeholders..

1.   Purpose
This paper provides a summary of the Commonwealth Games Physical Activity and Wellbeing legacy and how the WMCA, Sport England and partners are working together to ensure that the Games is a catalyst for long term change to improve health and reduce equalities by getting more people active. In doing so, it sets out intentions to develop a long-term Sport England and WMCA partnership. This will include a joint presentation by WMCA and Sport England.

2.   Birmingham Commonwealth Games 2022
2.1   Many of us have our memorable Commonwealth Games moments, the atmosphere, the competition, the bull, the 14,000 volunteers and the opening and closing ceremonies.

2.2. The Commonwealth Games has a proud record for being delivered in a record 4.5 years, sold more tickets than any previous UK Commonwealth Games, the most sustainable games yet and the biggest inclusive para sport programme with more women events and medals and the first social value charter.

2.3 The legacy planning also started 4 years ago initially led by Government, Birmingham CC and the WMCA, with the ambitions for the games:

- A game for everyone;
- Bring people together;
- Improve health and wellbeing
- Put us on the global stage
- Help the region to grow and succeed

2.2 These are early days, we are beginning to realise these ambitions with for example 40k jobs and skills delivered, many of the Cultural legacy events. As the Games ended, the sport and physical activity legacy started in earnest and this paper focuses on what is been delivered and why and how it intends to provide the catalyst for change in improving health outcomes by getting more people active.

3. Commonwealth Games physical activity and mental wellbeing legacy

3.1 DCMS contracted Sport England to lead the work on the physical activity legacy. With WMCA, OHID, Birmingham City Council, a physical activity legacy framework was established with 4 objectives to steer priorities and inform funding decisions:

- Improving access and opportunities to reduce inactivity
- Target support to those most in need
- Encourage walking and cycling and developing facilities for community use
- Support people and communities to look after their mental health.

3.2 Mental Wellbeing legacy has been expertly led by OHID West Midlands and included:

- A Commonwealth Games construction and mental wellbeing campaign focusing on the Sandwell Aquatic Centre and Alexander Stadium;
- Encouraging all volunteers to be trained in mental wellbeing
- A Games time mental wellbeing promotion toolkit which was downloaded to a close to 1000 organisations during the Games time.

3.3. The breadth and scale of Sport and physical activity legacy is provided in Appendix 1 covering Birmingham City Council, Sport England, Transport for West Midlands, West Midlands Growth Company and Birmingham Organising Committee funded legacy programmes. The WMCA intends to provide the Wellbeing Board with a regular update on progress and impact.

3.4 The WMCA and OHID worked with DCMS, Sport England and partners to design the implementation programmes, stand up the Physical Activity and Wellbeing Legacy Group and jointly invest with Sport England, work at a local and regional level to provide expertise in joint working between stakeholders and with communities and capturing learning and impact.

3.5 This has been most significant with the "Commonwealth Active Communities" programme aimed to tackle inactivity in locally identified communities reflective of local need co-designed with communities and creating a multi-stakeholder approach to deliver change.

3.6 As the West Midlands sport and physical activity partners continue to learn from doing, attention has also been given to how the WM sport and physical activity system work together as the "stewards" to ensure there is a long-lasting legacy beyond the 2 years of

significant funding. One of the significant influencing factors for this, is the partnership between Sport England and the WMCA.

4. WMCA and Sport England Partnership

4.1   The WMCA and Sport England have recently completed its existing £569k funding agreement for the initial implementation of the WMCA's "West Midlands on the Move" Physical Activity Strategy. This test and trial stage instigated the collaborative leadership work needed to co-create the design of the Commonwealth Games physical activity legacy framework. Investment into the Black Country enabled Active Black Country and Local Authorities to do the ground work for Black Country Moving which has become their Commonwealth Active Communities legacy programme. The investment into getting more disabled people active, provides the context and evidence for the health devolution ask to become an exemplar region in determining what levelling up means for disabled people.

4.2   The Commonwealth Games legacy, Health devolution ask and the test and trial funding has informed Sport England and WMCA's thinking on developing a more mature longer term partnership to work together with partners to champion the life changing impact being active has on a fairer, healthier and inclusive West Midlands. Being a partner in enabling the delivery of the proposed health duty.

4.3   This would be achieved by:
- Ensuring our respective investment, policy development and practices benefit health and reduce health inequalities by advocating movement and physical activity by utilising our expertise, insight, evidence and investment to influence and change policy and practice in areas of mutual interest.
- Championing a long lasting physical activity by joining forces with Local Authorities, NHS, community partners and Sport England's System Partners such as Active Partnerships and Streetgames to create a regional voice for sport and physical activity on those big issues that will impact on a fairer, healthier and inclusive West Midlands.
- Building capacity and capability in the West Midlands sport and physical activity ecosystem and other systems we collectively have influence in to utilise sport as a catalyst for change in improving health, employment and skills and community outcomes.

4.4   The West Midlands Mayor and WMCA Chief Executive met with the Sport England Chief Executive and his Directors on 17th November to explore this partnership and set out direction. An update will be provided at the Wellbeing Board meeting.

4.5   The WMCA seeks agreement from the Wellbeing Board to pursue this partnership and translate these objectives into a set of policy priorities, investments and impacts bringing a partnership plan to the next meeting for agreement.

5.   Financial Implications

6.1   There is no further financial implications for the WMCA in 2022/23 in developing this partnership. Future years budget requests will be subject to agreement by the WMCA.

6.   Legal Implications

6.1   In discussions with the WMCA's legal team that, subject to the WMCA agreement of a resourced Partnership Plan and subsequent grant agreements, that Sport England and WMCA should establish a "Project Board" reporting to the Wellbeing Board on investment

decisions, outputs and impacts, risks and issues. A shadow Board should be created as the partnership plan evolves.

6.2 Clear contractual obligations need to be agreed between WMCA and Sport England and captured in writing that set out each party's roles and responsibilities, how costs are to be apportioned and any relevant agreed governance and reporting arrangements. This should also include any relevant funding terms and conditions that either party have to comply with as part of any obligations placed on them by a funding stream i.e. monitoring and provision of information.

6.3 Grant Agreements that will be required as part of this Programme will need to be drafted by legal to ensure that sufficient terms and conditions are included to protect WMCA interests and also to flow down/mirror any funding terms and conditions that may have been imposed on WMCA by a funding stream. The funding agreements between WMCA and any recipient of grant funding should be agreed, and signed by both parties before funding is released.

6.4 Legal also note that there is reference within this report to "legacy matters". Should WMCA be required to accept novation or assignment of any contract before agreeing to do so the author is requested to speak to legal first to ensure that WMCA have the relevant powers to be able to accept any novation or assignment and also have the opportunity to review the contracts to be novated/assigned and the terms of any deed of novation/ assignment.

7. Equalities Implications to update

7.1 This is in line with the proposed Partnership objectives and plan delivery contributing to the proposed Health duty by reducing health inequalities by getting more people active. As part of the Partnership Plan's development, the WMCA will produce and share an Equality and Health Impact Assessment to steer policy priorities, investment and evaluation.

8. Inclusive Growth Implications

8.1 The inclusive growth implications of this work are largely positive: The objectives complements the Inclusive Growth framework and practice as it focuses on a fairer, greener and healthier West Midlands co -designed with residents to understand the enablers and address the barriers to change:

Inclusive Growth Fundamental	Indicator	Justification
Affordable, safe and connected places	Local centres and neighbourhoods Reducing crime Digital and place connectivity	Realising the potential of sport and physical activity in place making. Addressing the wider determinants of health

Equality	Public services Protected characteristics Income and wealth Social mobility	Reducing health inequalities through policy influence and change
Health and Wellbeing	Healthy development Wellbeing Being active	Improving health by getting more people active.
Power, influence, and participation	Democratic participation Economic participation	By encouraging positive behaviour change including co-design and evaluation with communities

9. Geographical Area of Report's Implications

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

10. Other Implications

None.

11. Schedule of Background Papers

11.1 HM Government Commonwealth Games Highlight Report 2022

12. Appendices

Appendix 1 – Summary of the Commonwealth Games Physical Activity Legacy

Appendix 1 – Summary of the Birmingham Commonwealth Games physical activity legacy programmes

Programme	Lead	Purpose	Outputs/ Outcomes	Timescales
Sport England funded				
Commonwealth Active Communities The following lists the 4 CACs	**Sport England**	Devised by Sport England built from its learning over the last 4 years of place-based working with input from WMCA and others, it focuses on getting people active by tackling inequalities in some of the most deprived and inactive areas of the WMCA geography, by using the power and the opportunity of the Games to inspire local communities and where there is scope to join up legacy from the Games venues and/or events. The CACs are 4 locally determined local areas designed to be collaborative in style putting the voice of community central and distributing leadership within the community, linked to Local Strategic Priorities. Evaluated by Sheffield Hallam University	Part of games evaluation plan led by DCMS. Change to how sport and physical activity is planned and delivered locally. At intervention level increased activity levels and associated wellbeing outcomes.	2022-24
Coventry Moves	Coventry CC	A partnership approach led by Coventry CC aiming to use the Games, post pandemic to tackle isolation and loneliness through sport in response to the pandemic focusing on: • **Go -parks** -developing and enhancing physical activity and sport activities for young people across over 50 parks with links to the sports, festivals and culture events. • **Go Streets** – activating 22 streets over 2 years on community designed activities and services targeted at the family. • **Adult social Care physical activity programme** – co-designing physical activity and wellbeing programme at Care Centres for older people, including using Games athletes to inspire older people to get active.	(see above)	2022/24

So Go - Solihull	Solihull MBC	Supporting those across the community that suffer with poor mental health using the value of sport and physical activity to connect and support people and in doing so address inactivity Borough wide. This is in response to the increasing prevalence of mental health issues exacerbated by the pandemic. The ambition is to create a more integrated physical activity and mental health pathway including a wellbeing programme of co-designed activities and connecting communities to activities such as the Being on the Move Campaign, Ping! Solihull, "Bike it" Solihull and Swim Solihull. This includes "Solihull gets Active" a disability focused programme connecting disabled young people and adults through festivals and events to inspire people to get active.	(see above)	2022/24
Black Country Moving	Active Black Country on behalf of the 4 LAs	Builds on the programme that the WMCA funded via its Sport England grant focusing on creating more physically active communities in targeted areas • Dudley (Brierley Hill, St Thomas and St James), • Sandwell (Langley, Soho and Victoria & St Pauls) • Walsall (Birchills Leamore, Town Centre, Willenhall South) • Wolverhampton (Bilston East, Bushbury South and Low Hill, East Park). It includes programmes with the Canals and Rivers Trust, a social prescribing element focusing on harnessing the festival effect of the Games and activities including Active Streets celebrations and cycling activities; a network of community connectors, a People's Panel, micro-grant scheme, a digital wayfinding solution and community activity academy.	(see above)	2022/24
Birmingham	Sport Birmingham on behalf of local partners	A partnership approach which builds on the learning from Sport England's Birmingham and Solihull Local Delivery Pilot and other practice using the Games to encourage behaviour change to create a City where	(see above)	2022/24

		physical activity is the norm, inequalities reduced and the barriers to sport and physical activity area are removed. Delivery is in the 5 most inactive and most deprived areas of the City – **Alum Rock, Castle Vale, Heartlands, Lozells and Sparkbrook and Balsall Heath East** delivering social prescribing, a network of youth and family connectors, space activation around streets, canals and parks, community games festivals a cycling training programme, inclusive sports hubs, establishing a community campus where communities can engage with stakeholders giving young people a stronger voice.		
Small Grants Programme	6 WM Active Partnerships	A £100 to £2500 grant programme aimed to support community activation in 2022 connecting to the cultural vibrancy of the Commonwealth Games, supporting cultural diversity and inclusion and local priority groups to improve health and wellbeing.	3 areas of focus for the fund: Bringing people together through Sport and Physical Activity. Enhancing the workforce for Sport and Physical activity in the region. Improving health and well being.	6 months
Gen 22/Volunteering	Active Black Country on behalf of the 6 WM Active Partnerships	Part of B2022 £1m Gen 22 programme creating opportunities for local young people (16-24 years) to gain life skills from Games-related activities. Aimed at young people who might otherwise to struggle to access such opportunities such as the lack of confidence, being a young carer, undertaking a 30 hour volunteering assignment with B2022 authorised organisations.	360 young people volunteering	Over 2 years
	Streetgames	Streetgames is a flagship provider for the B2022 OC (not Sport England funded)	100 placement opportunities	Completed
Beat the Street	Intelligent Health	Activating the West Midlands pre, during and after the Games. Beat the Street is a 12 month community wide programme which uses digital boxes to create a trail across a city or town to improve the health and wellbeing of all ages, by getting people moving and a creating a social norm around walking.	Dudley 89 primary schools involved, 25,534 players covered 100,169 miles during the six - week game phase. Birmingham game 18 schools involved approx.. 8k players.	Gradual roll out across areas

Daily Mile Legacy Plan	Daily Mile Foundation	Help schools to be inspired by the Games and walk the Commonwealth by doing the Daily Mile. 2 yr funded national Programme Manager.	**The Daily Mile Commonwealth Challenge resource**: A free resource encouraging primary schools to deliver The Daily Mile and embed this into their physical activity offer following the Games	2 years
Schools Games	Youth Sport Trust, Active Partnerships and School Games Organisers	Connecting to the existing School Games programme to B2022 with a focus on participation and inclusivity. For example, each organizer is using local data and insight to identify the inequalities faced by young people in different areas and ensure those who need it most, get help to be active.	*Over 1900 **B2022 inspired School Games activities, events and opportunities*** engaged 211,411 children and young people in the 2021-22 academic year. Targeted these events at disadvantaged and inactive young people with many representing their school for the first time ***B2022 School Games national virtual competition:*** achieved a social reach of 40,597 and 1,869 downloads across schools	By Sept 22
School Games National Finals	Youth Sport Trust	A 4 day multi-sport competition that helps accustom the country's promising young athletes to **a high quality, multi sport performance environment. 1000 young school–aged athletes** representing England, Scotland, Wales and Northern Ireland competing across 10 sports. Includes an **athlete education programme** which has a large focus on mental and physical health and wellbeing. A vast number of **workforce and volunteers** support the event. It provides them with valuable experience at a large multi sport event. **Livestreaming channel available during Finals**, providing opportunity to engage family, friends and the wider population.	Supporting 1000 young athletes with a high quality multi-sport performance environment preparing them for the future.	Sept 2022

Talent	National Governing Bodies of Sport (NGBs)	To help NGBs prepare both staff and athletes for the games, creating an inclusive environment that promotes positive mental health and maximise medal potential. To give potential stars of the future the chance to experience a big multi sport event for the first time and help them prepare for the future. (Team England Futures TEF)	Team England games time medal performances.176 medals in total. TEF: 954 (844 athletes and 110 support staff) supported including immersive games time experience.	Sport England funds Commonwealth Games England on a 4 year cycle. .
Digital and Innovation	21 NGBs	This fund supports national governing bodies to activate their sport around the games with a focus on tackling inequality in participation. Includes a strong but not exclusive focus to Birmingham and the West Midlands.. Also support NGBs to use innovative, non-traditional digital ideas to drive participation. This includes the following examples: • **Swimming and Diving** – community outreach; workforce and young people (Key Stage 2 programmes) in Birmingham and the Black Country. • **Netball** – national with focus on Birmingham, Black Country and Coventry to promote existing programmes e.g. ChangemakeHER and Bee Netball and key learning how to best engage with under-represented groups e.g. Muslim women and provide positive experiences by creating a network of leaders to engage more diverse audiences and create positive experiences for children. • **Boxing -** Vision for B2022 legacy centres across England and providing 10 'Boxing Activator Apprenticeships' for a group of young people (aged 18-25) from underrepresented groups such as Travelling Community and Women & Girls to create and deliver new boxing session to reach underrepresented groups.	Tackling inequalities in participation within sport. Each sport has set out its priorities based on insight.	Funds run through to December 2023.

Places and Spaces Programme	Sport England/Crowd Funder	To create, enhance or redevelop sports facilities for the benefit of the community as part of the Games' legacy. £10k maximum match available. Targeted at organisations in the wider West Midlands region. Examples include: Moseley Ashfield Cricket Club who raised £12k from their own supporters and have been awarded £4k to refurbish facilities and provide new opportunities.	Improved places to play sport leading to improved experiences and greater levels of activity.	TBC.
Birmingham Venues	B2022	To support strategic sporting capital infrastructure, including investment into new multi-use games area at Holford Drive Community Sports Hub, improvements to Wyndley Leisure Centre, Improvements to Birmingham BMX site at Perry Park. Potentially 2x2 beach volleyball court sites in Birmingham post Games and a joint initiative between Birmingham city Council, Sport England and England Basketball to enhance upto 20 3x3 basketball sites across the city in the next 12 months to grow the game with local community groups/networks.	Improved places to play sport leading to improved experiences and greater levels of activity.	Through to Dec 2023.
Cannock	Forestry Commission	Providing a local and national legacy by delivering new blue grade bike trail using the Commonwealth Games course and community bike learn and play facility, Active Forests programme and support for British Cycling staff for activation, cycling promotion, campaigns and local way finding project.	Improved places to play sport leading to improved experiences and greater levels of activity.	

Other Sport and Physical Activity Legacy Programmes

Programme	Lead	Purpose	Outcomes/Outputs	Timescales
Cycling for Everyone	TfWM	A wide programme of work around cycling, focusing on reducing inequalities and aligning with the development and delivery of games time operations, maximising opportunities around the West Midlands Cycle hire scheme, adapted cycles and links to the WMCA led work on active environments legacy and climate change aspirations. We are working with	Improved cycling confidence and maintenance skills, improved health and wellbeing outcomes, improved social cohesion, increased local journeys by pedal cycle, and better access to pedal cycles	Year 1 closes 30th November 2022

		Local Authorities to ensure funding is used to address communities' specific needs.	when they couldn't otherwise afford one.	
Sports Equipment Gift Scheme	Sport England	Provides the opportunity for clubs, education and organisations to access up to 16k pieces of sports equipment used during the games or at training sites from boxing gloves to cones. Priority is given to those small organisations where there is most need to support activity in their communities and not had the opportunity or ability to seek support elsewhere e.g support people who have previously felt excluded from getting active.	16k pieces of games sport equipment helping communities of need to 290+ community organisations following assessment of 2.4k applications. Some equipment funding available to strong but not funded applicants	Announced 08 November 2022

Legacy Plans

Programme	Lead	Purpose
Games Legacy Plan	Birmingham CC	The City Council's legacy plan based on 5 priorities: a) **A Thriving City** – strengthening the capability of the City to attract world class sporting and other events to Birmingham by new infrastructure, competitive operational plans and Major Sporting Events strategy 2022-32) b) **An Inspirational City** -deliver an ongoing school learning programme to enhance knowledge of the heritage and history of the Commonwealth; **A Healthy City** – launch a new Sport Strategy linking health and wellbeing approaches to a broader sporting agenda, developing sporting pathways and making the best use of assets. This included plans to train 1000 Physical Activity Clinical Champions and profiling the health benefits of all of the Commonwealth Games sports. The City Council also had a small grants programme and a £1m physical activity programme which included £350k to the Active Wellbeing Society to deliver a youth programme and £350k to Sport Birmingham for 8 Community Games and a Club Together programme. c) **A Welcoming City** – working with key partners, develop a viable and sustainable annual cultural event in 2023 called the Birmingham International Festival, bringing local people and visitors here to celebrate the best there is from the local area.

		d) **A Green Growth City** – secure the long term regeneration of Perry Barr, delivering new homes, jobs and infrastructure as part of this key sustainable growth area, supported by technology and data).
United by 2022 Charity (includes, but not exclusively sport)	United by 2022 Charity	Developing a Community Fund to carry on the best projects started by the Games, creating more opportunities for young people, empower people to solve challenges on their doorstep, champion fairness and inclusivity and insure and turn Games' venues into well loved and community spaces. United by 2022 is targeted at those who have been socially excluded by supporting projects that are: • Community led, enabling communities to put their ideas into action and work to solve the challenges on their doorstep; • Keep the games vision for everyone alive and promote fairness and inclusion • Ensure venues and other Games assets are turned into well loved community spaces after the Games.
Major Sports Events Strategy	West Midlands Growth Company	WMGC continue to develop relationships nationally and internationally with International Federations and Rights Holders and identify Major Events Hosting opportunities which are the right fit for the West Midlands. Over the coming months the WMGC will develop this pipeline of major event opportunities for 2023 – 2027 and be developing the bids in collaboration with partners. **Advocacy and Promotion** We will seek to maintain the momentum we have created during the Commonwealth Games and continue to promote our ambitions for hosting Major Sporting events and our regions offer through our marketing and comms partnerships and by utilising our own channels. We will also be implementing a more targeted follow–up B2B campaign to reinforce our relationships with International Federations over the coming months and we are planning a number of targeted meetings and attending events to enable this over coming months. **QBR Activity and Familiarisation Visits to WM** QBR missions are currently being considered for India relating to the Kabaddi World Cup 2023/24 and also Singapore, relating to our partnership with Global Esports Federation who have developed a Innovation and research hub there.

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West Midlands Combined Authority

Wellbeing Board

Date	Monday 5 December 2022
Report title	Wellbeing Board High Level Deliverables Update
Portfolio Lead	Isobel Seccombe OBE, Leader Warwickshire County Council and Portfolio Holder for Wellbeing at WMCA isobelseccombe@warwickshire.gov.uk
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Laura.Shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities Mubasshir.Ajaz@wmca.org.uk
Report has been considered by	Dr Julie Nugent, Executive Director of Economy, Skills and Communities Directorate Julie.Nugent@wmca.org.uk

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

(1)   Consider the progress to date on the 2022/3 High Level Deliverables
(2)   Agree to continue to receive an update on the High-level Deliverables at each future Board meeting.

1.   Purpose

1.1   This paper outlines the progress made against high level deliverables agreed by the Wellbeing Board in July 2022.

2.   Health and Communities High Level Deliverables for 2022/23

2.1   The team operate within the Economy, Skills and Communities directorate and our focus is on reducing health inequalities and maximising the impact on health outcomes through the CA's current devolved responsibilities on transport, housing, skills and inclusive economic growth work. Operating in this directorate gives us a greater opportunity to address those underlying issues, the wider determinants of health and really exploring the link between health and wealth.

2.2   We are also working on obtaining a trailblazing devolution deal for health. This is a testament to our success in engaging with the local and regional health and care system and becoming a regional voice on health and health inequalities. In order to achieve our

core mission of creating a healthier West Midlands we maximise the opportunities to enable, influence and delivery system change using the following principles:

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

2.3 In July 2022, the Wellbeing Board approved the High levels Deliverables below and provide an update on impact and progress against each deliverable, along with partners involved.

HLD	Associated Milestones
Conclude the Mental Health Commission and take forward the recommendations with internal and external partners	Develop a Commission report, which sets out key recommendations to support pursuit of a mentally healthier region;
	Develop and publish key outputs from the recommendations of the MH Commission by March 2023, including a Mental Health Work Programme and documented delivery arrangements
Develop and deliver a work programme to promote and enhance an evidence-based approach to preventing and tackling health inequalities in the WMCA and amongst other regional partners.	Work with Transport and Housing on embedding HiAP approach to impact health outcomes through monthly meetings, shared work programme and disseminate impact and evaluation reports to DsPH, OHID and NHSEI
	Pursue exemplar region in improving the health outcomes of disabled people by getting 2-3% more disabled people active and convening the system on disabilities related issues through workshops
	Promote wellbeing and prevention through implementing innovation pilots around social prescribing and developing a strategic sustainable relationship with Sport England on health inequalities through a shared agreement
	Deliver Health of the Region update report by April 2022, develop online data hub by October 2022, run HOTR Roundtable bi-monthly and establish working group for a new HOTR report to be completed in October 2023
	Support the promotion of health tech and drive investment for prevention in region through pursuit of remote diagnostics and Smart City region, through the Levelling Up work and Radical Health Prevention Fund as well as convening system through: - Monthly engagement with Smart City partners - Develop proposals for region with LA partners through Radical Health Prevention Fund - Procure/develop regional remote diagnostics

	Complete the design sprint projects, i.e. Accessible Housing Design, Digital Inclusion and Community Decision Making, by working with partners and setting out recommendations by January 2023 and presented to WB Board by March 2023.
	Co-produce a 'Race to Thrive' model with partners to contribute to addressing racial disparities in pathways into work and MH support at work.
Continue to deliver and extend the Thrive into Work programme and move to embed it as business as usual in primary and community care.	Form and support Coalition Panel led by an independent Chair by June 2022
	Apply for IPS Expansion Funding for funding beyond 2023 by submitting business case before August 2022
	Develop and deliver plans for sustainability of programme post grant funding by March 2023 to the Well-Being Board.
Continue delivery of Thrive at Work programme as it transitions to becoming a more self-sustaining and autonomous project	Review and refresh the Thrive at Work model, allied to other effective "health and work" initiatives like This is Me, MHFA and the broader refresh of MHPP by December 2022
	Develop a plan for the financial sustainability of the Thrive at Work model, in conjunction with MHPP by September 2022

3.   Current Programme Updates

WM Mental Health Commission

3.1   3.1   Please see separate paper (interim report) on the agenda for the Wellbeing Board meeting.

Health Inequalities and Health in all Policies

3.2 **Health of the Region (HOTR)**

a) The next HOTR Roundtable will be held in person on Wednesday 11th January 2023. The agenda will include parallel breakout sessions on recent and ongoing collective activity, maximising engagement and influence.

b) The HOTR Core Group has recently decided its 'big ticket' item for collective advocacy, which is on integrating financial wellbeing into frontline health and related services (including for staff). This is now being aligned with work from the Mental Health Commission focused on the 'cost of living' crisis, and collective action that can be taken forward. Officers are supporting these two independent groups by mapping existing response activity (e.g. at a local level) and scoping opportunities for additive activity and for sharing, amplifying and co-ordinating good practice in frontline delivery across the region.

3.3 **Healthtech / Medtech**

a) We are continuing to work closely with colleagues in WM5G (leading the SMART city-region proposal for the Trailblazer Devolution Deal), exploring ways to add value in terms of health and connectivity and / or adoption of innovation beyond the devolution asks.

b) We are continuing to work with colleagues leading the Innovation Accelerator work programme (which is focused on healthtech / medtech), particularly as this and related workstreams are expanding with LEP integration.

3.4 **Design Sprints**

a) Accessible Housing – given the progress on the Health TDD, Healthy Communities and Housing and Region intend to contract some initial work to work with local authorities on current practice and barriers around accessible homes.

b) Community Decision Making: Resulting from a design sprint involving system partners, the CDM project explores the feasibility of potential shared decision-making mechanisms with communities within NHS strategic processes. It is jointly funded with Birmingham Community Healthcare Trust and delivered by Flourish, a community health collaborative who on the Ladywood & Perry Barr Integrated Care Partnership. The substantive focus of the decision-making will be towards co-production of parent- / citizen- led roadmaps for children with additional needs and disabilities. The project will be evaluated by the New Economics Foundation to produce a replicable and adaptable model of engagement, co-design and accountability specially through a race equity lens.

3.5 **The Kings Fund Workshop Programme**

a) At the last Board meeting, we outlined the collaboration with The Kings Fund on the delivery of a monthly workshops for senior leaders in Local Authority Public Health, ICBs, commercial, voluntary and community sectors to inform ways of working, understand the barriers and consider individual and collective actions to influence policy and practice. Over 60 delegates have attended the first two workshops on Inclusive Growth and Homelessness which have been received positively and resulted in emerging actions:

   a. To consider climate change implications in Joint Strategic Needs Assessments
   b. To introduce or extend staff training on Net Zero and its implications on health;
   c. A commitment to reduce health inequalities and in doing so reduce homelessness.

b) The workshop series continues with a population focus on what levelling up means for disabled people on 14 December (now postponed due to rail strikes) and January's Regional health duty.

c) A final report on the actions, learning and impacts of this work will be presented to the Wellbeing Board at its next meeting.

3.6 **Work with Transport for West Midlands and Housing on embedding HiAP**

a) Work continues with Transport for West Midlands on the development of the Local Transport Core Strategy and area plans to shape policy on improving health and this focuses on:

   a. **Enabling walking and cycling** (for active travel and health) by making it easier, accessible, safe and enjoyable to get around. There is a positive partnership with TfWM to encourage behaviour change through investment such as the forthcoming Dept for Transport announcement on its Capability and Ambition Fund. If successful, there will be funding to take forward some of the work of the social prescribing walking and cycling activity. In consultation with Local Authorities and other partners, getting more people walking and cycling was identified as the highest shared priority.
   b. **That transport is accessible, affordable, safe and efficient for everyone.** The Communities team has been working with TfWM on evidencing health improvement and reducing inequalities in emerging TfWM's road safety and community transport strategies and DfT bids to get more people using public

transport post pandemic by offering free transport for patients who are prescribed activities. The Communities team is also convening local authority and community partnerships to bid through the Motability grants scheme to improve motability and access for disabled people.

c. **Supports safe and community friendly streets and spaces** through well designed streets and open spaces by reducing speed and pavement obstacles.

d. Minimise the **harmful effects of the environment** as air and noise pollution are the biggest health risk factors in Europe.

e. **Contributing to improving to other health outcomes** such as fast food advertising, healthy design and workforce upskilling.

3.7 **Pursuing and exemplar improving health outcomes for disabled people region**

a) At the last meeting, the Wellbeing Board considered the West Midlands Citizen voice priorities including housing, transport and Net Zero. This work is now being pursued with relevant WMCA Directorates.

b) Work continues to prepare for the implementation of a Pan Disability Strategic Needs Assessment to determine the WM strategic priorities to determine what levelling up means for disabled people as part of our ambition to be an exemplar region in improving the health outcomes for disabled people.

3.8 **Implementing innovative pilots and embedding a strategic relationship with Sport England**

a) Impactful delivery continues with the healthy and active environment work to co-create community active spaces with Solihull (central), Dudley (Brierley Hill, St Thomas and St James) Coventry (Foleshill), Birmingham (east Birmingham) and Sandwell (Tipton). Delivery has told us the value of unlocking green assets with the community and activating areas to improve safety, route planning and creating paths and routes for everyday use.

b) The Sport England partnership is summarised in a separate paper.

4. Thrive at Work

4.1 *Current performance* - Just over 300 organisations across the region are currently in receipt of Thrive at Work accreditation (at Foundation, Bronze or Silver levels respectively) or are pursuing accreditation – please see chart below. Accreditations in July 2022 have included 2 schools (Bridgetown Primary and St Matthew's Bloxham C of

E Primary School), exi, Leadac Ltd, MES Systems Ltd, TruTac Ltd and Valley House.
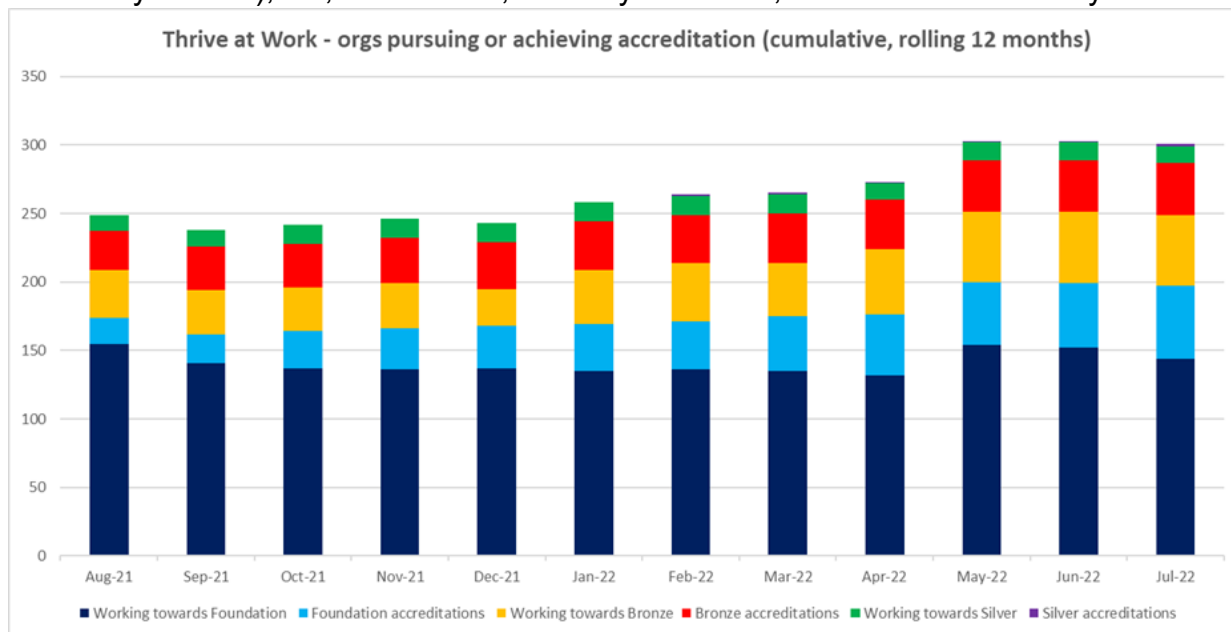

Table 1 – Organisations pursuing or achieving accreditation

4.2 ***Work to refresh the programme*** – this is ongoing and both aligned to the refresh of the Mental Health & Productivity Pilot (MHPP) and also to developmental work taking place within the Economy, Skills and Communities (ESC) directorate. Areas of activity include:

a. Refreshing the programme deliverables (including a minimum dataset and impact measures);
b. Exploring updated solutions for organisation diagnostics and evidence collection for workplace wellbeing;
c. Determining programme developments required to respond to the implications of varying new ways of working (ushered in by the pandemic, etc.);
d. Securing feedback from organisations on the barriers and opportunities to progressing Thrive at Work and workplace wellbeing initiatives generally;
e. Review ESC sector / industry analyses to inform potential targeting of types of organisations sectors to maximise programme impact and benefit;
f. Identify programme health and wellbeing topic / theme developments to maintain the currency / fitness for purpose of the programme.
g. Developing a stakeholder communication and engagement strategy and plan, and narrative, in conjunction with ESC and MHPP colleagues.

5. Thrive into Work

5.1 Performance

![West Midlands Combined Authority]

Thrive into Work (Extended Service) KPI Dashboard — 31 October 2022

	Referrals	OOW Engagements	IW Engagements	Job Starts	Job Retentions	13 Week Sustainments
Monthly Total	426	208	48	59	22	31
Target	240	163	28	41	12	28
Service Extension Total To Date	1434	699	199	174	58	121
Target	960	651	114	152	40	112

Employment Outcomes

Lot	Outcomes
Lot 1 - Dudley & Walsall	260 Job Outcomes (To Date), 27% Job Start Rate, 40% Job Retention Rate
Lot 2 - Sandwell & Wolv	258 Job Outcomes (To Date), 30% Job Start Rate, 54% Job Retention Rate
Lot 3 - Bham & Solihull	92 Job Outcomes (To Date), 18% Job Start Rate, 18% Job Retention Rate
Lot 4 - Coventry	98 Job Outcomes (To Date), 19% Job Start Rate, 43% Job Retention Rate
Lot 5 - Specialist Pathways	93 Job Outcomes (To Date), 24% Job Start Rate, 35% Job Retention Rate

Job Starts

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Lot 5	5	7	8	4	0	0	0	0	0
Lot 4	6	5	7	10	0	0	0	0	0
Lot 3	6	6	14	16	0	0	0	0	0
Lot 2	12	12	7	16	0	0	0	0	0
Lot 1	10	5	5	13	0	0	0	0	0
Target	37	37	37	41	41	41	44	44	42

Job Retentions

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Lot 5	2	1	2	3	0	0	0	0	0
Lot 4	1	2	4	7	0	0	0	0	0
Lot 3	1	0	3	1	0	0	0	0	0
Lot 2	1	5	3	6	0	0	0	0	0
Lot 1	4	4	3	5	0	0	0	0	0
Target	9.536	9.536	9.536	11.536	11.5718	11.5718	12.5718	12.5718	11.5718

The Programme continues to progress well evidencing a clear demand for this service. 3248 people have been supported as of October 22; this is ahead of total targets to date in 4 out of 5 Lots. Service engagement since the extension has been outperforming targets (114% engagement target achieved July22-Oct22) and additional employment specialists have been taken on to increase capacity and meet the demand.

826 people have been supported into work as of October 22 (90% of OOW Target; 112% of IW Target). Job outcomes in Lots 3-4 were previously impacted by the slow ramp up for engagement when service launched in July 21, however these Lots have been exceeding recent monthly targets to make up this deficit. The job conversion rate in the older Black Country Lots is currently 29% and job retention rate is 45%. Approximately 63% of those in work have successfully evidenced a 13-week sustainment, and of those who sustained 79% reported an increase in ability to manage their health condition and 50% of those already interacting with primary care reported less interactions. The average weekly salary is around £389 per week and 74% of service users in employment are working for over 16 hours a week.

The IPS Team are now developing strong links with the WMCA Head of Employment Services to strengthen employment offers to vulnerable people whilst supporting business to have confidence in this talent pool.

Since our last report we have had a private meeting with Chloe Smith Minister for Disabled People Work and Health. Our IPS work will feature in the Health and Disability White Paper

due to be announced in the autumn. She had the opportunity to meet those who have accessed our service with a noticeably clear message of the important association between health and work which the Minister has endorsed.

We have now submitted our bid for additional funding to continue with IPS provision through to 2025. This will allow us to concentrate on sustainability of the work that we have developed. We have been ambitious in our funding ask but feel we have provided a good case for investment.

6. Financial Implications

6.1 The WMCA budget agreed was agreed in February 2022 has been built around these draft High Level Deliverables. There are no other direct spend or budgetary implications as a result of the recommendations within this report.

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 of the portfolio. There are no additional legal implications arising from the contents of this report.

8. Equalities Implications to update

8.1 Portfolio Equality Impact Assessment 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 The inclusive growth implications of this work are largely positive: reducing health inequalities is a headline health and Equality outcome of the Inclusive Growth Framework, with improvements in mental health and wellbeing, increased levels of physical activity and greater inclusion of people with disabilities also sitting as key objectives.

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

None.

12.   Schedule of Background Papers

12.1   Wellbeing Board Minutes July 2022 approving the 2022/23 HLDs and reporting

13.   Appendices

None

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