



## Wellbeing Board

**Date:** Monday 6 March 2023

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

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

### Membership

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Jasbir Jaspal (Vice-Chair)	City of Wolverhampton Council
Councillor Karen McCarthy (Vice-Chair)	Birmingham City Council
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
Mark Axcell	Black Country Integrated Care Board
Dr Sue Ibbotson	Office for Health Improvement & Disparities
Philip Johns	Coventry & Warwickshire Integrated Care Board
Sarah Marwick	NHS England General Practitioner Representative
Jo Pitman	West Midlands Police
Sean Russell	Universities West Midlands (Coventry)
Lisa Stalley-Green	Birmingham & Solihull Integrated Care Board
Dr Justin Varney	West Midlands Association of Directors of Public Health Representative
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** Tanya Patel, Governance Services Officer  
**Telephone** 07825 356685  
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# AGENDA

No.	Item	Presenting	Pages
<b>Meeting Business Item</b>			
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 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 - 5 December 2022	Chair	1 - 6
6.	Matters Arising	Chair	None
<b>Business Items for Noting / Consideration</b>			
7.	Trailblazer Devolution Deal Update	Mubasshir Ajaz	Verbal Report
8.	Commonwealth Games Legacy Contingency Fund - Wellbeing Pillar Proposal	Mubasshir Ajaz	7 - 24
9.	WMCA Sport England Partnership	Simon Hall	Verbal Report
10.	West Midlands Mental Health Commission	Danielle Oum & Jed Francique	25 - 48
11.	Improving Health & Reducing Inequalities - Combined Authorities Programme	Mubasshir Ajaz & Grace Scrivens	49 - 56
12.	Wellbeing Board High Level Deliverables Update	Mubasshir Ajaz	57 - 64
<b>Date of Next Meeting</b>			
13.	To be confirmed	Chair	None



## West Midlands Combined Authority

### Wellbeing Board

Monday 5 December 2022 at 10.00 am

### Minutes

#### Present

Councillor Karen McCarthy  
Jo Pitman  
Pete Wilson

Birmingham City Council  
West Midlands Police  
West Midlands Fire Service

#### In attendance via MS Teams

Councillor Izzi Seccombe (Chair)  
Councillor Margaret Bell  
Councillor Ian Bevan  
Councillor Kamran Caan  
Councillor Tony Diccio  
Councillor Julian Gutteridge  
Councillor Suzanne Hartwell  
Councillor Jasbir Jaspal  
Sean Russell  
Justin Varney

Portfolio Lead for Wellbeing  
Warwickshire County Council  
Dudley Metropolitan Borough Council  
Coventry City Council  
Solihull Metropolitan Borough Council  
Nuneaton & Bedworth Borough Council  
Sandwell Metropolitan Borough Council  
City of Wolverhampton Council  
Universities West Midlands (Coventry)  
Association of Directors of Public Health  
Representative

#### Item Title No.

#### 22. Inquorate Meeting

The meeting was inquorate and therefore the recommendations contained within the minutes would be submitted to the WMCA Board on 13 January 2023 for formal approval.

#### 23. Apologies for Absence

Apologies for absence were received from Mark Axcell (Black Country Integrated Care Board), Dr Sue Ibbotson (Office for Health Improvement & Disparities) and Sarah Marwick (NHS England, General Practitioner Representative).

#### 24. Minutes - 6 September 2022

The minutes of the meeting held on 6 September 2022 were agreed as a correct record.

**25. Chair's Remarks (if any)**

The Chair noted that at the previous Wellbeing Board a proposal was put forward for any board members that may be interested in fulfilling the role of Vice-Chair which was previously held by Councillor Paulette Hamilton. The Chair was delighted to announce that two board members had shown keen interest who were Councillor Karen McCarty (Birmingham) and Councillor Jasbir Jaspal (Wolverhampton).

Justin Varney put forward a formal proposal to board members to consider acceptance of both candidates as Vice-Chairs to strengthen the resonance of the board by representation from the Black Country, Birmingham and Solihull areas.

Resolved:

- (1) That the nominations of Councillor Jasbir Jaspal (Wolverhampton) and Councillor Karen McCarthy (Birmingham) to fulfil the roles of Vice-Chairs of the Wellbeing Board be agreed.

**26. Trailblazing Devolution Deal - Health**

The board considered a presentation from the Head of Health & Communities to update on the health proposal of the Trailblazing Devolution Deal which would continue from the work of the Health of the Region report and the recognition of how hard systems were already working in the WMCA seeking to play a role within, to be able to aid the system and to move on and shift some long-standing inequalities. The health and wellbeing proposals would focus on four specific areas of the Devolution Deal in working with government to add value to current systems and local initiatives which were:

- i) Health Improvement Duty
- ii) Health Partnership
- iii) Health and work
- iv) Digital innovation and prevention

The Head of Health & Communities noted that the presentation was the first version which had already been seen by local authorities in the region and that the WMCA was working with government and ministers on what they would agree to and that following feedback a second version would be drafted and shared with local authorities and health partners including Integrated Care Board's for comment and agreement.

Resolved:

- (1) That the presentation be noted.

**27. Mental Health Commission Interim Report**

The board considered an interim report from the Head of Mental Health Partnerships to update on the work of the WMCA-convened Mental Health (MH) Commission, with a particular focus on the membership, purpose and scope on the work of the Commission thus far and forthcoming work.

The WMCA had convened a Mental Health Commission that commenced in May 2022 due to the strong consensus that the pandemic had undermined mental health and wellbeing in the region, as deemed from the evidence gathered in the Health of the Region report.

The Head of Mental Health Partnerships noted the six topic areas, as agreed through discussion with Commission members and highlighted the emerging recommendations from the first three topics.

The Head of Health & Communities re-iterated to the board that the interim report noted the emerging findings that were yet to be finalised and that it was hoped with the final recommendations following discussion with all of the relevant partners to ensure actionable items and identification in each of the partners to take forward.

Action:

- (1) The Chair agreed to an action raised by Justin Varney for board members to receive the emerging recommendations and to share within their respective organisations and feedback to the Head of Mental Health Partnerships as to whether the recommendations were pragmatic and achievable.

Resolved:

- (1) That the progress that had been made with the work of the Mental Health Commission thus far be noted;
- (2) That the feedback on the initial findings and emerging recommendations comprised in the respective 'topic reports', particularly indicating priority areas for action and highlighting other useful and local sources of evidence, be noted;
- (3) That the identification of any key stakeholders from whom feedback on the initial findings and emerging recommendations should be sought be noted;
- (4) That it be noted that there would be a final Mental Health Commission session at the end of January 2023 to start developing the final report, which would be brought back to the Wellbeing Board for consideration.

## **28. Skills, Employment and Health**

The board considered a report from the Head of Health & Communities to follow 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 and begin to realise the proposition of a 'health in all policies' (HIAP) approach, starting with skills and employment.

The Head of Health & Communities gave a brief overview of the WMCA skills portfolio, followed by insight into the impact of skills (and employment and income) on health and current and emerging activity for further development.

The Director of Employment & Skills provided a brief overview of the Skills Team and noted annual funding received which was used to commission a wide range of skills programmes and that it would be an exciting opportunity to work with the Health Team within the same directorate to join workstreams together to benefit employment and skills on health.

Resolved:

- (1) That the background and current activity in this area be noted;
- (2) That the additional activity, including specific interventions, areas of best practice and key stakeholders to engage, to amplify 'health in all policies' in employment and skills be noted.
- (3) If there was sufficient interest and availability, it be agreed that a board lead be appointed for more regular consultation to advise further development in this area of work.

**29. Delivering a Long Lasting Commonwealth Games Physical Activity and Wellbeing Legacy**

The board considered a report from the Strategic Lead for Wellbeing & Prevention to provide a summary of the Commonwealth Games Physical Activity and Wellbeing legacy and how the WEMCA, Sport England and partners were working together to ensure that the Games was a catalyst for long term change to improve health and reduce inequalities by getting more people active, and in by doing so, setting out the intentions to develop a long-term Sport England and WMCA partnership.

The agenda item included a joint presentation by the Strategic Lead for Wellbeing & Prevention and Adam Rigarlsford from Sport England which highlighted the achievements and opportunities the Games had presented to the West Midlands region, legacy ambitions and commitments for physical activity and wellbeing and to build on the Mental Health Commission sport and physical activity recommendations within the partnership plan.

Justin Varney noted the importance as a board to maintain a laser focus on physical inactivity and ambition to increase people achieving less than 30 minutes of physical activity per week as although the Games had reinvigorated people's passion and minds, the inactivity challenge remained a long-term concern and challenge. Justin further noted it would be helpful for the board to support this partnership approach in asking Integrated Care Systems in what they were doing in relation to secondary prevention in physical activity for creating change and embedment.

The Chair suggested whether more should be undertaken to support walking groups which not only brought people together to walk but also addressed other issues such as loneliness.

The Strategic Lead for Wellbeing & Prevention agreed with the comments received for a laser focus from locality up to region in targeting people doing less than 30 minutes per week physical activity and noted that walking and cycling during the Games was the biggest opportunity and highest evidence based to work better as a system with Transport for West Midlands colleagues and the Walking & Cycling Commissioner to begin to identify how to instigate that larger behaviour change to positively complement environmental change, air quality and community wellbeing with a partnership paper to be brought to a future board meeting.

The Chair summarised from the discussions that there were a lot of areas the report noted a focus on for the Games legacy, however out of the discussions there were a few areas that were not so obvious and were areas the board would like to address inactivity and in the identification of a board member to champion this piece of work through expressions of interest and to receive a further update report at a future board meeting.

Resolved:

- (1) That the overview of the Commonwealth Games Sport and Physical Activity legacy delivery be noted;
- (2) A regular briefing be received on the impact and learning on Commonwealth Games physical activity delivery. Although the WMCA was not accountable, there was considerable value in highlighting the progress, impact and learning;
- (3) It be agreed to 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.

### **30. Wellbeing Programmes Update**

The board considered a report from the Head of Health & Communities to outline the progress made against high level deliverables agreed by the Wellbeing Board in July 2022.

In response to a question from Councillor Karen McCarthy who queried the disparity in the Thrive into Work Key Performance Indicator figures lower for Birmingham and Solihull areas as compared to other areas of the region, the Head of Health & Communities noted further data had been received since the data was published within the report, however was already aware of the disparity and would seek further analysis from the performance team and would respond directly with an update to Councillor McCarthy and Councillor Tony Diccio.

Action:

- (1) The Chair agreed to a suggestion from the Thrive into Work – Strategy & Delivery Consultant to provide a report at a future Wellbeing Board meeting on the Thrive into Work funding allocation and activities of the programme.

Resolved:

- (1) That the progress to date on the 2022/23 High Level Deliverables be noted;
- (2) That it be agreed that the board continued to receive an update on the High Level Deliverables at each future meeting.

[The meeting ended at 12:01pm]





## Wellbeing Board

<b>Date</b>	6 March 2023
<b>Report title</b>	Commonwealth Games Legacy Contingency Funds – Wellbeing Pillar Proposal
<b>Portfolio Lead</b>	Isobel Seccombe, OBE
<b>Accountable Chief Executive</b>	Laura Shoaf, Chief Executive West Midlands Combined Authority <a href="mailto:Laura.Shoaf@wmca.org.uk">Laura.Shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Simon Hall, Strategic Lead for Wellbeing and Prevention, West Midlands Combined Authority <a href="mailto:Simon.Hall@wmca.org.uk">Simon.Hall@wmca.org.uk</a>  Dr Mubasshir Ajaz, Head of Health and Communities, West Midlands Combined Authority <a href="mailto:Mubasshir.Ajaz@wmca.org.uk">Mubasshir.Ajaz@wmca.org.uk</a>
<b>Report has been considered by</b>	Dr Julie Nugent, Executive Director of Economy, Skills and Communities, West Midlands Combined Authority <a href="mailto:Julie.Nugent@wmca.org.uk">Julie.Nugent@wmca.org.uk</a>

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

### Wellbeing Board is recommended to:

1. Note the overall process and funding allocations for each pillar in the Commonwealth Games Legacy Contingency Funding paper approved by the WMCA Board.
2. Advise and comment on the proposed process of business case approval as well as project proposals that will be funded through the Wellbeing portion of the Wellbeing and Sustainability pillar.
3. Approve the proposals that will be funded through the Wellbeing portion of the Wellbeing and Sustainability pillar.

## 1. Purpose

This paper provides proposals to be considered under the wellbeing pillar of the unspent contingency funding from the Birmingham 2022 Commonwealth Games (CWG) which DCMS has indicated will be allocated to WMCA to spend on a CWG Legacy Programme across 2023/24 and 2024/25.

## 2. Background

- 2.1 A paper was taken to the WMCA Board on 16 December 2022 which set out key decisions for the Board to take on the scoping of the Commonwealth Games (CWG) Legacy Fund – a £70m resource investment that WMCA will be granted by DCMS from 75% of the unallocated contingency funding in the CWG budget.
- 2.2 The paper proposed four thematic pillars that form the foundation of the CWG Legacy Fund Programme (and are based on the original B2022 Games Legacy Plan) along with proposed funding pools, which are:
  - Economy, trade, and tourism (£38.9m)
  - Culture and heritage (£4.07m)
  - Inclusive communities (£20.8m)
  - Wellbeing and sustainability (£4.07m)
- 2.3 At the WMCA Board meeting, Cllr Seccombe (Warwickshire) raised a point about a lack of proportionality in the proposed pillars and suggested allocated funding towards health and wellbeing outcomes. Members agreed that there was an expectation that all work streams will look to reduce health inequalities.
- 2.4 The WMCA's Health and Communities team is leading the Wellbeing portion of the Wellbeing and Sustainability pillar as well as working with the other workstrand SROs to embed work to address health inequalities.
- 2.5 £1.22m of the Wellbeing and Sustainability pillar is allocated towards Sustainability while the remaining £2.78m is for Wellbeing projects.
- 2.5 Sport England has agreed to consider match funding some of the workstreams above in line with the proposed long-term partnership Memorandum of Understanding with WMCA, which will have the potential to increase the Wellbeing portion as well influence other pillars. If they fully match fund the Wellbeing portion of this pillar, it could increase the funds available to £5.56m. We will return to the Wellbeing Board with a decision on allocation of the additional funds, using the same criteria as set out here.
- 2.6 This paper sets out the proposed areas of focus for the Wellbeing and Sustainability pillar and aspirations for other pillars, while also proposing the process for sign off on any decisions

## 3. Wellbeing (and Sustainability) Pillar

- 3.1 Given the relatively small funds available, we propose that the Wellbeing aspects of the Wellbeing and Sustainability pillar focus on high impact/low risk interventions that contribute to improving the public's health and wherever possible add value to local partner initiatives and seek match funding with partners to maximise the potential for impact and sustainability.

3.2 As such, the two broad WMCA bound themes proposed for this pillar are around Sport & Physical Activity, reflecting the legacy of the Commonwealth Games and Mental Health, implementing the recommendations of the Mental Health Commission:

### 3.2.1 Sport & Physical Activity (£1.5m)

Objective: To add value and capacity to local initiatives and improve public's health through tackling inequalities and physical inactivity levels, through:

- Extension of Commonwealth Active Communities (CAC): On the back of the most inclusive Commonwealth Games, we intend to invest in the WMCA, DCMS and Sport England co-designed 4 place-based CAC (see appendix A for more details) beyond their current 31 December 2023 Sport England funding. CAC's are working with communities to identify and address the barriers preventing people in targeted deprived areas to get active.
- Responsive to local need they will get more people active by implementing the WM Mental Health Commission sport & physical activity recommendations (to be finalised by Commission, but could include proposals for an ICS pilot of co-developing and systematically building physical activities into support for an agreed cohort of people waiting for MH treatment, etc.); getting more people walking as part of their behaviour change programme and delivering a co-ordinated Commonwealth Games annual celebration community sport events across WMCA region, embedding practice and longer-term sustainability.
- Working with Sport England, and given the extension of CACs, we will also extend the Sheffield Hallam University CAC evaluation contract (subject to findings from initial findings), which is designed to understand impact and behaviour change and increasing the volume of people, through stakeholder and community engagement.
- In response to evidence that more work is needed to build physical activity into the health care pathway; we will explore a pilot in partnership with our local ICS's on placing a Physical Activity champion within the primary care settings working alongside clinicians on a modified exercise referral scheme (ERS), this is based on evidence of success for [ERS](#), Social Prescribing and [All Our Health](#) principles. It will allow the connection of health and sport & physical activity systems by influencing practice.

### 3.2.2 Mental Health Commission Recommendations Implementation Programme (£1.12m)

Objective: To work with partners in delivering the recommendations of the WM Mental Health Commission

- The Mental Health Commission focused on six key thematic areas, which included amongst other things, children and young people, voluntary community sector and sport and physical activity, all in relation to mental health. While the Commission is meeting later this month to finalise recommendations and possible programme of work following the Commission, some potential projects have emerged for their consideration (see Appendix B). These include initiatives that reinforce the role of the VCFSE sector in supporting unmet mental health needs, initiatives that look to further address racial inequalities in mental health, initiatives which look to promote a mental health economic inclusion commitment with partners, among others under consideration.

- It is expected that the Commission will meet on 20<sup>th</sup> February to finalise its recommendations and propose a final programme of work to take forward for implementation of the recommendations. Most of the recommendations are linked to partner organisations in the West Midlands health and care system and the voluntary and community sector. We will work with those partners and accordingly allocate funds for the implementation of the work programme.

3.2.3 **Staffing & Admin Costs (£150k):** We will appoint programme support to be responsible for ensuring the local coordination, delivery and impact of these programmes. Most projects will be funded to 3<sup>rd</sup> parties in line with WMCA procurement requirements. Key roles will include managing risks, performance, impact and learning, not least ensuring spend by 31 March 2025. The administration costs will enable the Health and Communities team to draw on internal expertise such as communications, legal on relevant matters.

3.3 The above proposed allocation and projects are distributed based either on previously agreed allocation process (as the case with CACs, which are distributed across the 4 CAC sites within each of the 7 Local Authority areas of WMCA) or based on highest need of local populations (as is the plan with Mental Health Commission programmes). It is intended to achieve maximum devolution of funds to local partners and assets, spread across the WMCA region.

## 4 Other Pillars

This is also an opportunity to influence health outcomes through the other pillars to include initiatives that improve the health outcomes of our most vulnerable communities, either directly or indirectly:

4.2 **Sustainability** –to improve health and reducing inequalities by prioritising green grants that improve physical and mental wellbeing in areas of poor health e.g. sensory gardens, green gyms, walking routes. There is potential to negotiate some match funding from Sport England to activate the green grants.

4.3 **Economy, Trade and Tourism** – to provide a major sport events sport wellbeing legacy stream building on the Commonwealth Games, connecting trade and tourism with the sport and health system e.g. National Governing Bodies of Sport (NGB UK Athletics), Mental Health Trusts. Potential for match funding through NGBs e.g English Athletics (co-funded by Sport England).

4.4 **Inclusive Communities** - in line with the Race Equalities Taskforce and Health of the Region roundtable, prioritise inclusive and accessible projects which improve physical and mental wellbeing of vulnerable adults including those with long term health conditions, using wellbeing and sport for example as safe havens to address loneliness, bring communities together or improve mental wellbeing. Potential for some Sport England match funding.

4.5 **Culture and Heritage** - work with the Health and Communities team to embed policy and practice in improving mental and physical wellbeing through culture and heritage e.g. social prescribing arts and heritage. Invest in infrastructure projects in areas of poor health that evidence intended impact in reducing health inequalities.

## **5 Wellbeing Proposals Approval Process**

- 5.1 Early input into Wellbeing related proposal will be sought from the seven constituent Local Authority Directors of Public Health (DsPH) by February 15<sup>th</sup>, 2023.
- 5.2 Once we have DsPH input, the proposal is being presented to the WMCA Wellbeing Board (through this paper), to provide approval via email (to be submitted on February 15<sup>th</sup>, 2023).
- 5.3 The reason for email approval is the extraordinary circumstances in seeking approval before the next WMCA Board, where all pillars will be sent for final sign off. This meeting is being held on 17<sup>th</sup> of March, 2023. If we were to wait for sign off from the Wellbeing Board on the 6<sup>th</sup> of March, 2023 Board meeting, it would not leave enough time for it to be included in the papers for the WMCA Board. It was thus agreed with the Wellbeing Board Chair, Cllr Isobel Seccombe, that this paper be circulated via email for Board sign off.
- 5.4 Within the Wellbeing pillar, it is proposed that we seek approvals for the two programmes, Sport & Physical Activity and Mental Health, through the WMCA SAF Process. As such, business cases for each will be taken through this assurance process.
- 5.5 Once all approval has been received, we will develop project plans and all updates will be included in the regular deliverables update paper at each Wellbeing Board.

## **6. Financial Implications**

- 6.1 The Commonwealth Games Legacy Contingency Funding of c.£70m was approved for acceptance at WMCA Board in December 2022, with appropriate delegations and conditions on funding being secured.

This approval included the Wellbeing and sustainability funding of £4.07m, which has been split into the following interventions.

- Sport & Physical Activity (£1.5m)
- The Mental Health Commission (£1.12m)
- Staffing & Admin Costs (£0.15m)

There is a fourth intervention of Community Environment Fund (£1.2m), which is led by the Strategy, Integration and Net Zero, within WMCA.

## **7. Legal Implications**

- 7.1 No specific legal implications at this stage. Will review individual business cases when prepared and as they go through the internal CA governance and assurance process.

## **8. Equalities Implications**

- 8.1 Overall, the proposals highlighted within this report showcase a clear commitment to equality, with the potential to have a positive equality impact. The Wellbeing and Sustainability pillar of the CWG Legacy Fund Programme is underpinned by the aspiration to improve the lives of our residents. Emphasising the need to incorporate wellbeing and sustainability across the remaining three pillars also encourages further positive equality impact as wellbeing will be embedded across the Legacy Programme. The West Midlands is the most physically inactive region whilst simultaneously being the second most deprived

Combined Authority, indicating a correlation between them. Therefore, any workstreams that are linked to improving health outcomes will subsequently influence equality impact e.g. improved physical health will influence levels of obesity and obesity related disabilities which is likely to improve equitable outcomes. By being responsive to local need, there is an opportunity to target areas that are more likely to see a greater benefit from initiatives and thus reduce inequity.

The ambition to extend the lifetime of the CAC workstream as well as fund legacy projects on the MH Commission recommendations, will enable the ongoing positive work and outputs of these initiatives to continue, therefore influencing stronger commitment and behaviour change over the longer-term to embed lasting positive equality outcomes. It is difficult to understand the granular equality impact of these proposals at the current stage.

Any workstreams that are designed as a result of the funding obtained will be explored in-depth as part of a thorough Health and Equity Impact Assessment.

## **9. Inclusive Growth Implications**

- 9.1 The inclusive growth implications of this work are largely positive: The objectives support the creation of Inclusive Growth through a focus on creating a fairer, greener and healthier West Midlands co-designed with residents to understand the enablers and address the barriers to change. The fundamentals of inclusive growth are embodied by both of the main aspects of the proposals, around the Commonwealth Active Communities at place level and with the proposed areas of unmet need to be addressed by the recommendations of the Mental Health Commission. The most relevant fundamentals in this proposal are that of Equality (focusing on areas and population in most need and that have been underserved), Health and Wellbeing (focus on sport, physical activity and mental health), Connected Communities (place-level interventions that bring people together, reduce isolation and promote digital inclusion) as well as Power and Participation (co-developed solutions with community representatives that give greater voice to the seldom heard).

As the workstreams for the Pillars progress, application of the Inclusive Growth Framework is recommended to ensure that the outcomes included above are delivered through this work.

## **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 [Item 8 of WMCA Board Meeting held on 16 December, 2022 - Proposal for WMCA Acceptance of a Share of Unallocated Contingency Funding from Birmingham 2022 Commonwealth Games](#)

### **13. Appendices**

Appendix A – Overview of Commonwealth Active Communities

Appendix B – Emerging recommendations and potential projects WM Mental Health Commission

## Appendix A: Commonwealth Active Communities

1. In March 2021, the CWG Organising Committee launched the Games Legacy Plan setting out how the games will have a positive impact on jobs, skills, education, culture, physical activity and investment across the West Midlands. Physical activity is important as the WMCA geography continues to have the highest levels of physical inactivity in England (Sport England Active Lives Survey 2022)
2. The Plan included the CAC, a place based approach to harness the power of sport to support more inactive people to become active; reducing inequalities and improving physical, mental and community wellbeing. This is the cornerstone of the national sport and physical activity legacy.
3. The CAC's principles below has been informed by evidence based sport and physical activity place and community asset building approaches and were co-designed by Sport England, WMCA, OHID, Local Authorities and Sport England system partner, Active Partnerships.  
CAC principles:
  - a. Working in places with the largest health inequalities and areas of greatest levels of inactivity, where the impact can be greatest.
  - b. Ensuring an inclusive and accessible approach in the work it does.
  - c. Approaching the work in a collaborative style across sectors by co-producing methods and delivery with groups working through an asset-based community development model;
  - d. Having strong community engagement and being willing to distribute leadership within the community and create co-ownership.
  - e. Building approaches based on need, evidence, evaluation, and insight.
  - f. Building trusted partnerships.
  - g. Bringing partners that have a role to play in local wellbeing, working together to embed a sustainable approach to developing active communities.
  - h. Joining the work with their local strategic priorities complementing existing work and opportunities and bringing forward the chance for joint funding approaches.
  - i. Responding to the vision and the five key pillars of the CWG 2022.
4. As part of its CWG investment, Sport England has invested £3.1m into the CAC placed based work until 31 December 2023 based on local plans to reduce levels of inactivity and address inequalities through:
  - a. Physical spaces and spaces to be active in – from streets to open spaces, parks and waterways that connect communities.
  - b. Networks and organisations working together to support people to get active and environments where communities own what they want and need
  - c. People giving their time to support others.
  - d. Leaders across communities at all levels more closely working together.



- e. Policy and strategy changes to sustain approaches and enable further roll out in the future
5. Following assessment for which the WMCA was a member of a Peer Review Group; the following projects were awarded Sport England funded in Summer 2022:
- a. **Black Country Moving (BCM)** – a collaboration between the 4 Local Authorities and voluntary and community sector led by Active Black Country. This project builds on the community consultation and pilot funded by WMCA via its Sport England grant. The Sport England CAC funding has been used to fund 8 Community Connectors (two each LA) working with communities to understand and work towards reducing the barriers and finding the community solutions to get more people active, connecting people to activities and providing new. This includes an online activity finder. The Black Country Moving places are listed below:

<b>Dudley</b>	<b>Sandwell</b>	<b>Walsall</b>	<b>Wolverhampton</b>
Brierley Hill St Thomas  St James	Langley Soho & Victoria St Pauls	Birchills Leamore Walsall Town Centre  Willenhall South	Bilston East Bushbury S & Low Hill East Park

- b. **Coventry Moves**  
Managed by Coventry CC in partnership with its Physical Activity Network, Coventry Moves focuses on tackling inactivity in local communities by engaging underrepresented groups by delivering activity in local parks and green spaces; care homes and through street closures to get neighbourhoods together and be active.
  - c. **SAM! (Solihull Active Minds)**  
Led by Solihull MBC working with local partners, SAM is a community wellness programme using the CWG to help people be active and improve their mental wellbeing. It aims to improve knowledge on where to take part in physical activity; reducing physical inactivity in areas of deprivation; improved mental wellbeing; encouraging people to use places and spaces to get active developing pride in the local area.
  - d. **Birmingham**  
A partnership between Birmingham CC, The Active Wellbeing Society, Canals and Rivers Trust and Sport Birmingham who are the budget holders. Birmingham is targeting 5 areas Lozells, Sparkbrook, Balsall Heath East, Alum Rock, Castle Vale and Heartlands, creating a city wide “Active Birmingham” digital activity/way finder and getting more people active through social prescribing, creating active environments: volunteering and getting more children and young people active.
6. Sport England has contracted Sheffield Hallam University to lead the evaluation on the CAC impact and learning, with a strong focus on the transformational change and system maturity needed to create the conditions for long term sustainable Physical activity opportunities. Sport England and WMCA is also co-funding the work to bring partners

together to share practice and explore how by working together we can ensure there is a long-lasting legacy. WMCA is aiming to invest in extending this work through the contingency.

7. The proposed WMCA investment intends to build on local practice and need what's work extending the CACs beyond December 2023, exploring how the CACs respond to the WM Mental Health Commission recommendations, digital activation, encouraging behaviour change in getting more people walking as well as working together on a region wide CWG anniversary celebration weekend in August 2023 and onwards.

## Appendix B – Mental Health Commission Emerging Programme of Work (DRAFT)

### Implementation projects

There is a potential £1.2m from the Commonwealth Games Legacy Funds which is available to support implementation projects arising from the work of the MH Commission. Matters to be taken into account are:

- a) Implementation project details should be co-developed with key partners, including a lead local authority and people with lived experience / potential beneficiaries (and / or their representatives, e.g. in the VCS);
- b) Where procurement activity is required to mobilise a project, consideration will be given to utilising a progressive social value in procurement approach;
- c) Projects will be time-limited – to end by 31<sup>st</sup> March 2025;
- d) Consideration will be given as to how the respective implementation project would ‘add value’ - building on what already exists or helping to fill a key gap in addressing MH inequalities or improving MH;
- e) In the context of the MH system needing to continue to change and evolve, consideration will be given to how a respective implementation project might support a fresh and effective approach, e.g. supporting innovation or helping a more joined up or integrated / multi-sector approach?
- f) Consideration would be given on how a respective implementation might support prevention or early help in respect of mental ill health;
- g) Consideration will be given to the respective proposed scale of impact.
- h) Prospects for sustainability or a potential exit strategy will also need careful consideration;

There are 7 indicative areas of project focus that have been identified, arising from topic discussions. There would potentially be an opportunity for a met local authority to each lead on a respective project area.

All implementation projects would be subject to evaluation processes, which should be co-developed with ‘experts by experience’ and / or potential beneficiaries.

## MH Commission Implementation Project ideas

### 1. Further exemplify a whole school or college approach to MH

**Description:** Co-produce and pilot a holistic, tiered mentally healthy school and / or college approach, which builds on and supplements existing arrangements (Linked to Topic 1)

#### Potential project elements could include:

- a) Annual identification of MH needs of pupils / students and other key data;
- b) Co-develop meaningful approaches to building MH into school / college curricula;
- c) Make paid for counselling (and equally effective alternative MH support) available to all students, with supervision support for practitioners;
- d) Training multiple school / college senior leaders as MH 'champions', with trauma informed supervision, plus create a community of interest to share learning and good practice;
- e) Implement a workplace wellbeing framework for school / college staff (e.g. Thrive at Work) plus including embedded supervision, plus staff training & development on MH and child development;
- f) MH support and skills development for family members and others in the 'ecosystem' of the child / young person;
- g) Taking a 'zero exclusion' approach – acknowledging that exclusions can often result from unrecognised & unmet MH needs and developing a supportive inclusion system;
- h) Integrate existing school / college MH arrangements and external arrangements (e.g. Mental Health Support Teams);
- i) Evaluate & develop a 'road map' of what good looks like for mentally healthy colleges and make proposals for 'mainstream' commissioning changes;

#### Potential partners:

- A local school or college;
- WMCA (ESC dept);
- NHS MH Trust;
- Local authority
- NHS England & Improvement;
- Citizens UK

#### Outcome & output areas:

- Improved pupil MH and wellbeing;
- Improved school / college staff MH and wellbeing;
- MH training for 3 senior college / school leads as 'MH champions'
- Establish a community of practice to support learning and knowledge exchanges;
- Others tbc

## MH Commission Implementation Project ideas

**2. Further strengthen the contribution in the West Midlands of physical activities (including sport) to good MH & wellbeing**

**Description:** Locality pilots of a multi-faceted approach to strengthening the contribution of physical activities to positive MH and wellbeing

### Potential project elements:

- a) ICS pilots across the region of co-developing and systematically building physical activities into support for an agreed cohort of people waiting for MH treatment – to include a diverse range of social prescribing opportunities offered via a diverse range of social prescribers
- b) ICS pilots across the region of co-developing and systematically building physical activities into agreed MH treatment pathways as a meaningful option in / contribution to MH treatment;
- c) Locality pilot to build MH capacity, skills & confidence amongst grassroots / community providers of sports and physical activities - supporting identification of early signs, basic advice, signposting to MH & wider support, etc;
- d) Targeted, co-developed locality pilot focusing on achieving 30 mins of activity per day working with an agreed population cohort, who are furthest away from this target, to identify and reducing key barriers to achieving the target;
- e) Explore rolling out a 'green doctors' pilot
- f) Targeted locality focus to maximise targeted opportunities for active travel;
- g) Evaluation of the various strands and proposals for revised approaches to 'mainstream' commissioning;

### Potential partners:

- a) Sport England
- b) ICS / MH Trust
- c) WMCA
- d) VCS orgs
- e) Local authority

### Outcome & output areas

- No. of care pathways refreshed;
- Other outcomes & outputs tba

## MH Commission Implementation Project ideas

### 3. Reinforce the role of voluntary, community and faith sector in meeting diverse, unmet MH needs

**Description:** Piloting an approach which both further enhances and harnesses the contribution of the voluntary, community & faith sector to reducing in MH inequalities (in a locality or with a population cohort with a protected characteristic – women & girls, racialised communities);

#### Potential project elements:

- a) Enable commissioner investment in the VCFSE sector, particularly to further develop a workforce of ‘experiential practitioners’ / ‘experts by experience’ in a VCS alliance or network of organisations to work with an agreed population cohort (locality or population group) to deliver amplified, innovative preventative work and early help to meet diverse, unmet MH needs through planned community hubs or key community venues;
  - b) ICSs to create further joint learning opportunities / knowledge and skills development opportunities between statutory and VCS partners;
  - c) Utilise a small grants / micro grants programme to support community innovation by small grassroots organisations, with proportionate, culturally intelligent evaluation approaches;
- Co-develop a capacity building programme for VCS orgs, specifically in relation infrastructure & governance support (e.g. active advice from larger organisations as part of corporate social responsibility or exploring the potential for a regional mental health VCS infrastructure organisation);

#### Potential partners:

- ICS / MH Trust
- Local authority;
- WMCA (SINZ and ESC Directorates);
- VCS orgs

#### Outcome / outputs

tba

## MH Commission Implementation Project ideas

### 4. Develop an 'Equally Well' initiative to further address racial inequalities in MH

**Description:** To pilot a co-developed initiative which further contributes to a systematic tackling of racial inequalities in MH

#### Potential project elements:

- a) Undertake provider alliance / consortium development work specifically for VCS organisations led by people from racialised communities to strengthen opportunities to be commissioned to deliver MH support and to provide opportunities for shared learning and knowledge exchanges;
- b) Develop a targeted programme to train further cohorts of MH practitioners from racialised communities, linked to more inclusive training curricula and linked to clear career pathway progression opportunities;
- c) Co-develop a capacity building programme for VCS orgs from racialised communities, specifically in relation infrastructure & governance support, potentially through the development of a VCS infrastructure organisation);
- d) Co-develop community MH awareness campaigns to tackle stigma;
- e) Co-develop and pilot a community trauma response to racial inequalities, with an agreed population cohort, involving community-led orgs;
- f) Develop a regional 'support & challenge' forum involving ICSs, convened by the WMCA, to review progress in the impact of initiatives to address racial inequalities in MH and also to share good practice and learning.

#### Potential partners:

- ICS / MH Trust
- Local authority;
- WMCA (SINZ and ESC Directorates);
- Race Equality Taskforce
- VCS orgs

#### Outcome & outputs

tba

## MH Commission Implementation Project ideas

<b>5. A regional MH economic inclusion strategy and plan for people with mental ill health</b>	<b>Description:</b> Recognising the strong relationship between MH and financial welfare (incl poverty), develop and pilot a multi-faceted economic inclusion approach for people with mental ill health	
<b>Potential project elements:</b> a) Co-develop and pursue an amplified, regional strategy and plan to deliver a real living wage across the region, building on good practice locally and initially targeting larger public and private sector organisations as early implementers; b) Co-develop and implement an amplified regional strategy and plan to systematically deliver social value in procurement benefits to local people and local organisations, initially focusing on larger public and private sector organisations as early implementers.	<b>Potential partners:</b> <ul style="list-style-type: none"> <li>• Local authority;</li> <li>• WMCA (ESC, SINZ, Depts);</li> <li>• Living Wage Foundation</li> <li>• TUC / ACAS</li> <li>• Employers</li> <li>• ICS / MH Trust</li> </ul>	<b>Outcomes &amp; outputs:</b> tbc

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## MH Commission Implementation Project ideas

<b>6. A regional adoption of a 'mental health in all policies' approach</b>	<b>Description:</b> Co-developing and implementing a 'mental health in all policies' approach that requires formal consideration of the mental health implications of key system decisions	
<b>Potential project elements:</b> a) Co-develop and implement a 'mental health in all policies' approach and framework for the formal consideration of the mental health implications of all key decisions;	<b>Potential partners:</b> <ul style="list-style-type: none"> <li>• WMCA (ESC, SINZ, Housing &amp; Regeneration Directorates);</li> <li>• ICSs</li> </ul>	<b>Outcomes &amp; outputs:</b> <ul style="list-style-type: none"> <li>• Approach developed;</li> <li>• No. of adoptees;</li> </ul>



## MH Commission Implementation Project ideas

**7. Addressing MH inequalities for children & young people with SEND by improving EHCP processes**

**Description:** Building on local work, co-develop and implement a streamlined process for education, health and care plans to help improve mental health outcomes for children and young people with SEND

**Potential project elements:**

- a) Co-develop a good practice approach to responding to MH needs within Education, Health and Care Plan processes;
- b) Pilot the 'good practice' approach;

**Potential partners:**

- Local authority;
- Experts by experience
- ICSs

**Outputs & outcomes**

- Improved timeliness of MH inputs;
- Improved experience;
- Others tbc

DRAFT

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## WMCA Board

<b>Date</b>	6 March 2023
<b>Report title</b>	Mental Health Commission – summary of emergent findings and recommendations, plus indicative project implementation areas
<b>Portfolio Lead</b>	Councillor Isobel Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, Chief Executive, West Midlands Combined Authority <a href="mailto:Laura.Shoaf@wmca.org.uk">Laura.Shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Jed Francique, Head of Mental Health Partnerships, West Midlands Combined Authority <a href="mailto:Jed.Francique@wmca.org.uk">Jed.Francique@wmca.org.uk</a>
<b>Report has been considered by</b>	Dr Julie Nugent, Director of Economy, Skills & Communities  Dr Mubasshir Ajaz, Head of Health and Communities

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

#### Wellbeing Board is recommended to:

1. Provides views on key emergent findings and recommendations arising from the Commission's work;
2. Provide views on the indicative implementation project areas arising from the Commission's work, noting the potential £1.2m funding envelope and indicating potential lead local authorities to support project co-development;
3. Note that the final report will be developed and launched after the May 2023.

## **1. Purpose of the paper**

- 1.1 This paper provides an update on the work of the WMCA-convened West Midlands Mental Health (MH) Commission, particularly providing:
- a) A brief re-cap on the membership, purpose and scope of the MH Commission;
  - b) A summary of the key findings, recommendations on a topic by topic basis, with some indications of good practice;
  - c) An indication of areas of focus for implementation projects, which would need to be co-developed, and would help to bring key Commission recommendations to life.
  - d) An indication of the next steps to finalise the work of the MH Commission, including the timeline for a report launch.

## **2. MH Commission purpose, scope and membership**

- 2.1 The West Midlands Combined Authority (WMCA) convened a Mental Health Commission to explore *the post-COVID-19 pandemic gross and differential impact on the mental health and wellbeing of people across the region.*

- 2.2 The Commission specifically aimed to support the pursuit of a mentally healthier region by exploring 6 topic areas to:

- a) Better understand the differential mental health and wellbeing impacts post COVID-19 pandemic on local people – at home, in education, at work and at play.
- b) Better understand the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;
- c) Co-develop priority recommendations and implementation actions to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

- 2.3 There were a number of key considerations that informed the work of the Commission, including:

- a) As an independent Commission, to take the opportunity to be bold;
- b) To give due regard to potential role of system partners in addressing identified issues, not just the potential role of the WMCA;
- c) Giving clear consideration to mental health inequalities;
- d) Give due regard to different perspectives on the issues, including consideration of the wider determinants of health;
- e) In formulating recommendations, to consider opportunities to 'add value' to local work, to plug gaps in knowledge or action, and to expand good practice across the region.

### **2.4 Membership – the Commission comprises the following members:**

- Independent Chair – Danielle Oum, Chair of the Coventry and Warwickshire ICB;
- Chief Executive Sponsor – Dr Helen Paterson, Chief Executive of Walsall MBC (as was);
- Integrated Care System reps – Patrick Vernon, (Non-Executive Director / Interim Chair, Birmingham & Solihull ICB); Dr Arun Saini (MH Lead GP, Black Country ICS);
- West Midlands Office of the Police & Crime Commissioner – Tom McNeil (Assistant Police & Crime Commissioner);
- NHS England & Improvement – Giles Tinsley (Programme Director for MH);
- Public Health - Dr Lola Abudu (Office of Health Improvements & Disparities (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 Evidence packs & topic facilitation was provided by the Centre for Mental Health.

## 2.6 Programme of work

2.6.1 The Commission explored the following 6 topic areas:

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

2.6.3 **Limiting factors** – the timeline within which the Commission was working, only enabled ‘snap shot’ explorations of topic areas.

## 3. Baseline considerations:

3.1 In considering the impact of the pandemic on mental health and wellbeing, there were a number of notable issues, including:

- a) The discussions were necessarily often about pre-existing inequalities being exacerbated rather than new inequalities being created;
- b) Groups whose mental health and wellbeing were particularly hard hit by the pandemic included people with disabilities, women & girls, children and young people, people from racialised communities and people living in deprived areas.
- c) It was felt important to have a strong focus on the wider determinants of mental health rather than a focus on treatment services;
- d) It was felt important to have a stronger focus on early help and prevention opportunities, rather than a focus on specialist or acute services.

#### **4. The Commission's work - emerging cross-cutting themes for mentally thriving communities**

- 4.1 There were a number of general, cross-cutting themes that were found to be key ingredients in supporting and enabling mentally thriving communities. These included the following:
- a) Communities with good mental wellbeing have strong social networks, trust and reciprocity, plus a sense of power & control.
  - b) The importance of taking opportunities to build and maintain strengthened multi-sector partnership working, that emerged from collective efforts in responding to the challenges of the pandemic, to create a more co-productive, community-led approach to improving the mental health and wellbeing of local populations. (As highlighted, for instance, in the Wolverhampton Director of Public Health report).
  - c) As in the initial stages of the pandemic, to foster and enable positive instances of local communities acting to support each other through, amongst other things, volunteering. (NB ONS research (2020) found that 64% said other local community members would support them if they needed help during the pandemic, and also found that 63% had checked in on neighbours who might need help at least once in the last seven days).
  - d) The importance of fostering innovative community solutions to meeting diverse mental health needs. (NB the national Better Mental Health Fund stimulated some short term good work from eligible / participating local systems, e.g. Sandwell worked with 30 local organisations from October 2021 on a range of projects, including a community hub for new parents in the borough's libraries, a football-based programme through the local club, and a project offering befriending within racialised communities through gardening. Birmingham funded 11 projects reaching more than 24,000 people through organisations such as The Delicate Mind, which works with Muslim communities in the city to run workshops for men and women and bring about wider social change drawing on people's experiences and challenging structural inequalities).

**5.**

# **TOPIC SUMMARIES**

**MH Commission Topic:****5.1 The impact on children & young people in the education system, particularly those with special educational needs and disabilities****Key findings**

- a) Schools, colleges and universities are crucial formative environments for children and young people – covering key developmental stages where foundations of beliefs and behaviours are formed;
- b) Pandemic-associated school and college disruption has been a significant driver of MH difficulties, potentially unsettling children’s emotional, cognitive and social development.
- c) Whilst most child and young people’s mental health improved after restrictions were reduced, there has been a significant increase in MH needs, including longer-term difficulties requiring specialist support.
- d) The biggest detriment to mental wellbeing was noted amongst children & young people with SEND; & also amongst girls + children from the most disadvantaged backgrounds, including those from racialised communities;
- e) School exclusions increased significantly in the region – higher rated for those with a MH difficulty (6.8%) than those without (0.5%); there is a 2-way relationship between psychological distress & school exclusion: those who have poor MH are more likely to be excluded, and exclusion is associated with worsening mental health.
- f) A ‘whole school’ (or college or university) approach works – where it systematically involves pupils, staff, parents / carers and the wider community and influences a range of school / college aspects including leadership, student voice, curricula and staff development.

**Good practice examples**

- In Wolverhampton, secondary schools implemented the evidence-based Penn Resilience Programme as part of Headstart. This is an 18-lesson curriculum that is aimed primarily at 11 to 13-year olds. The programme enables young people to develop skills that empower them to be more resilient in dealing with situations both in and out of school.
- Dudley Council initial work on pursuing zero exclusions; plus good practice from Southwark and Scotland;
- St Vincent’s Family Project (Westminster) provides support to pupils through art or drama therapy – with nearly half of the referrals received for children with behaviours that challenge. No referred pupils were subsequently excluded.
- Ongoing roll-out of Mental Health Support Teams into schools (and some colleges) across the region through NHS England & Improvement.

**Key recommendations**

- a) Include Mental Health within all school and college curricula as a staple and protected part of the education system at all ages, with appropriate resourcing and staff training to implement this. (For Local authority / school & college network consideration);
- b) Make paid for counselling, or other equally effective, alternative MH support, available to all children and young people in all schools and colleges, supporting prevention and early help, supplementing the NHS roll-out of MH Support Teams in schools. (Local authority and ICS consideration);
- c) 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
- d) 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.



**MH Commission Topic:****5.2 The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing****Key findings**

- a) 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 in adults (e.g. NICE guidance), can be good for addressing anxiety;.
- b) 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.
- c) The WMCA geography has the highest levels of physical inactivity in England and some of the greatest inequalities in those who take part. Inactivity is higher amongst those with disabilities.
- d) When the pandemic was at its peak, with restrictions in place, participation in team sports was down, but activity outdoors was up.
- e) People from a low socioeconomic classification (including a higher likelihood of being in a racialised community) are twice as likely to be inactive compared to a person from a high socioeconomic classification. Unemployed adults are 59% more likely to be inactive compared to a person who is working full or part time.
- f) Some groups face more barriers to being physically active than others – psychological, linked to the social or physical environment – and so reaching those who are ‘underserved’ will be important.

**Good practice examples**

- Solihull Commonwealth Active Communities’ programme of work, to amongst other things, seek to reduce inactivity, improve MH, encourage use of parks, canals, cycle paths, streets and pitches; encourage pride in local areas; plus a wellness marketing and communication strategy;
- Sport England work with Rethink to embed physical activities within severe MH community systems and pathways;
- Sport England work to support impact & scaling of green social prescribing;
- Birmingham & Solihull MH Foundation Trust work to trial 24-week sessions of local community based physical activities for users of adult community MH Teams.
- Commonwealth Games activities – signposting campaign for construction workers, signposting them to assured NHS resources; psychological first aid training available for volunteers; a Games-time public wellbeing campaign;
- Freewheelin Dance (Birmingham) – aims to promote wheelchair dancing as a sport and a leisure activity. It is inclusive, working in association with Para Dance UK, and is open to any age, ability or experience. Many of the members are wheelchair users.

**Key recommendations**

- Design physical activities into toolkits for those waiting for MH treatment / support. (Led by MH service providers / ICSs);
- Systematically build physical activities (incl. sport) as a meaningful option into health and care ‘treatment’ pathways for mental health; (Led by MH service providers / ICSs);
- Support local people into employment in the sports sector and support the roll-out of sector training on mental health to support signposting and access to early help; (Leadership from WMCA, with involvement of OHID);
- 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. through co-designing inclusive physical activities with key communities to better meet their needs. (Led by local authority lead, with local sports partnerships);

- 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).

## MH Commission Topic:

### 5.3 The mental health and wellbeing implications of the cost of living crisis.

Key findings	Good practice examples
<ul style="list-style-type: none"> <li>a) Compelling evidence that financial wellbeing is a major determinant of MH and the biggest single factor in explaining MH inequalities. Research has established that poverty is linked to increased risks for at least 16 diseases, incl. psychiatric disorders, that form a ‘cascade’ of interrelated health conditions including later heart disease, lung cancer &amp; dementia. Poverty is a key social determinant of health and illness – resulting in a large proportion of ill health, early deaths and costly health &amp; care services.</li> <li>b) Deprivation is a particular challenge in the West Midlands, with the 3 local ICS areas ranking 1<sup>st</sup>, 2<sup>nd</sup> and 21<sup>st</sup> (of 42) in having the highest proportion in the country of their population in the most deprived quintile nationally.</li> <li>c) 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%;</li> <li>d) The West Midlands has the 3<sup>rd</sup> highest regional level of rent arrears nationally;</li> <li>e) Other societal implications include more theft, increased domestic violence, increased sex work (resorting to sex work; forced into sex work; ‘sex for rent’); increasing substance misuse / addictions as a coping mechanism; increased loan shark activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Paying a real living wage: e.g. accreditation of WMCA, Birmingham City Council, Aston University; pursuit by Coventry City Council &amp; Dudley Council;</li> <li>• Work to drive social value in procurement includes the OPCC, WMCA and metropolitan local authorities in some form;</li> <li>• Work to maximise benefits take up is taking place across the metropolitan local authorities in some form; Walsall Housing Group have also undertaken good work in this area;</li> <li>• WMCA-led retrofit projects to support energy efficient housing;</li> <li>• Work to enable community advice services – Coventry has 4/5 Community Empowerment Hubs being set up; Sandwell has a VCSE development reserve and Birmingham has funded community advice and supported training programmes for community partners on benefits.</li> </ul>

## Key recommendations

- Opportunities to increase income (led by WMCA and local authority partners)
  - Amplified regional campaign to pay a real living wage – through engagement with private & public sector ‘anchor’ institutions & 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
  - Coordinated work across system partners to maximise benefits take up
- Opportunities to reduce costs (Led by WMCA with local authority partners):
  - 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.
  - Explore to potential to introduce rent controls / managed increases;
- Other (led by local authorities)

- 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;

## MH Commission Topic:

### 5.4 MH and racial inequalities – what works for whom and why

Key findings	Good practice examples
<p>a) There are stark inequalities in mental health <i>and</i> mental health care between ethnic groups in the UK (and other Western nations), which are impacted by structural racism and discrimination. There is increasing evidence of the significance of 'community trauma' on the mental health of respective racialised communities in modern Britain, associated inequalities and links to historical issues, plus a recognition that traditional models of MH support are not working for everyone;</p> <p>b) There is no genetic predisposition for mental illnesses amongst people from racialised communities;</p> <p>c) There can be unwarranted differences in diagnoses by healthcare professionals depending on the racial background of the patient;</p> <p>d) Higher rates of mental ill health (particularly severe mental illness) are mirrored in the greater use of coercion in mental health services. Experiences of racism in society are too often reflected in the ways people are treated within mental health services; In England and Wales, people from Black communities are 4.5 times more likely to be sectioned under the Mental Health Act than White people (a disparity that has been growing in recent years, despite growing awareness of the problem).</p> <p>e) Significantly higher rates of Mental Health Act use are evident among Bangladeshi and Pakistani communities and among those classified by NHS Digital as 'other' White communities;</p> <p>f) Evidence suggests that Black people (including children) are far more likely to enter mental health services via the police or criminal justice system. Also, Black people are more likely to have multiple compulsory hospital admissions than their White counterparts – suggesting that their experiences and outcomes were poorer;</p>	<ul style="list-style-type: none"> <li>• Taraki is a movement working with Punjabi communities to reshape approaches to MH, with a focus on awareness, education, social support &amp; research.</li> <li>• Black Thrive Global (Lambeth, London) does leading work in responding to mental health inequalities faced by African and African Caribbean communities, taking a 'collective impact' approach. They have partnered with Catalyst 4 Change (Birmingham) to develop a local approach.</li> <li>• BLACHIR's exploration and evidence gathering of health issues in the African and African Caribbean communities;</li> <li>• Initial national piloting by Birmingham &amp; Solihull MH Foundation Trust of the Patient &amp; Carer Race Equality Framework (PCREF);</li> </ul>

### Key recommendations

- Provider development, support and sustained investment for organisations led by racialised communities to deliver MH support, linked in part to amplified social value in procurement work and micro grants; (ICSs and LA leadership);
- Develop and implement more effective models of co-production, innovation, transformation and cultural change in meeting the diverse need of racialised communities; (ICSs Lead);
- Develop and trial a new community-focused approach to addressing 'Community Trauma', to supplement individualised work; (Led by ICSs);
- Train, develop and recruit a new generation of therapists, counsellors, psychologists, psychiatrists and academics from racialised communities to have greater diversity in the health and care workforce. (ICSs, with support from WMCA);
- Generate more evidence of what works, for whom and why (Led by WMCA)

f) For the regional Race Equality Taskforce to progress key issue areas (led by WMCA)

**MH Commission Topic:**

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

**Key findings**

- a) The VCS sector has strengths that are different from and complementary to those of statutory services. Identified strengths include an ability to work across traditional disciplinary and clinical boundaries, service user support which reflects a deep understanding of and responsiveness to the diverse needs of communities they support, a focus on advancing equality, diversity and inclusion, and experience addressing the social determinants of mental health (e.g. job insecurity, poverty and isolation).
- b) People who are unwilling or unable to engage with statutory services may be more accepting of support from VCS organisations
- c) Women and girls have higher levels of mental ill health than men and boys. The steepest rises in poor wellbeing during the past two decades have been among young women. There are deep inequalities among women and girls in mental health.
- d) Violence and abuse are major risk factors to women and girls' mental health: the more serious and prolonged the exposure, the higher risk is caused to mental health;
- e) During the pandemic the VCS sector has played a critical role in supporting mental health within communities and lessening the strain on the NHS (CQC, 2020). It did this not only by providing extra capacity, but also by providing skills and expertise that were complementary to and distinct from those of statutory services.
- f) The current financially challenging climate is affecting the ability of many VCS organisations to remain a going concern.

**Good practice examples**

- The Better Mental Health Fund in South Tyneside funded Women's Health in South Tyneside (WHiST), a voluntary sector organisation that connects access to counselling services for women with practical support in relation to budgeting, debt management and bill-paying. The project also offers advice on housing issues and social security benefits.
- Mamas Health & Poverty Partnership (Gtr Manchester) – with 12 organisations run for & by Black women and girls to offer a range of culturally appropriate MH support, including outreach, counselling, psychotherapy, dance therapy and advocacy, plus wider support, e.g. life coaching, social inclusion activities, sexual health advice, solicitor signposting, immigration advice, housing support, access to basic provisions like food and donated white goods

**Key recommendations**

- a) Reposition the role of the VCS to being a fundamental part of the MH support system, linked to their role in delivering social interventions in mental health which are increasingly understood to be of value either alongside pharmacological and psychological therapies or as alternatives. (Led by ICSs)
- b) Take steps to ensure that the voices of women and girls are 'hard wired' into the development and design of key MH pathways and support. (Led by ICSs);
- c) Maximise the VCS / statutory sector collaboration opportunities presented by the adult community mental health transformation in terms of the provision and design of community MH services - potentially improving reach, experience and effectiveness. (Led by ICSs);
- d) Combat instability and enable innovation in the VCS sector by taking opportunities to provide longer term funding to VCS organisations, with approaches that support both larger and smaller organisations. Utilising social value in procurement and more progressive commissioning approaches will be important, e.g. enabling consortia and alliances, small grants programmes, etc. (Led by ICSs);

e) ICSs should embed mechanisms to include VCS organisations in their governance and decision-making processes. This must be at 'place' as well as 'system' level, to ensure the voices of VCS organisations are heard at every level of the new health and care system. VCS organisations working with communities experiencing poorer MH support access, experiences or outcomes need to be prioritised in this regard. (Led by ICSs).

# 6.

## **INDICATIVE IMPLEMENTATION PROJECT IDEAS**

**(For co-development with system partners & potential beneficiaries)**

## 6.1 Implementation projects

6.1.1 There is a potential £1.2m from the Commonwealth Games Legacy Funds which is available to support implementation projects arising from the work of the MH Commission. Matters to be taken into account are:

- a) Implementation project details should be co-developed with key partners, including a lead local authority and people with lived experience / potential beneficiaries (and / or their representatives, e.g. in the VCS);
- b) Where procurement activity is required to mobilise a project, consideration will be given to utilising a progressive social value in procurement approach;
- c) Projects will be time-limited – to end by 31<sup>st</sup> March 2025;
- d) Consideration will be given as to how the respective implementation project would 'add value' - building on what already exists or helping to fill a key gap in addressing MH inequalities or improving MH;
- e) In the context of the MH system needing to continue to change and evolve, consideration will be given to how a respective implementation project might support a fresh and effective approach, e.g. supporting innovation or helping a more joined up or integrated / multi-sector approach?
- f) Consideration would be given on how a respective implementation might support prevention or early help in respect of mental ill health;
- g) Consideration will be given to the respective proposed scale of impact.
- h) Prospects for sustainability or a potential exit strategy will also need careful consideration;

6.1.2 There are 7 indicative areas of project focus that have been identified, arising from topic discussions. There would potentially be an opportunity for a met local authority to each lead on a respective project area.

6.1.3 All implementation projects would be subject to evaluation processes, which should be co-developed with 'experts by experience' and / or potential beneficiaries.

## MH Commission Implementation Project ideas

### 1. Further exemplify a whole school or college approach to MH

**Description:** Co-produce and pilot a holistic, tiered mentally healthy school and / or college approach, which builds on and supplements existing arrangements

#### Potential project elements could include:

- a) Annual identification of MH needs of pupils / students and other key pupil / student data;
- b) Co-develop meaningful approaches to building MH into school / college curricula;
- c) Make paid for counselling (and equally effective alternative MH support) available to all students, with supervision support for practitioners;
- d) Training multiple school / college senior leaders as MH 'champions', with trauma informed supervision, plus create a community of interest to share learning and good practice;
- e) Implement a workplace wellbeing framework for school / college staff (e.g. Thrive at Work) plus including embedded supervision, plus staff training & development on MH and child development;
- f) MH support and skills development for family members and others in the 'ecosystem' of the child / young person;
- g) Taking a 'zero exclusion' approach – acknowledging that exclusions can often result from unrecognised & unmet MH needs and developing a supportive inclusion system;
- h) Integrate existing school / college MH arrangements and external arrangements (e.g. Mental Health Support Teams);
- i) Evaluate & develop a 'road map' of what good looks like for mentally healthy colleges and make proposals for 'mainstream' commissioning changes;

#### Potential partners:

- A local school or college;
- WMCA (ESC dept);
- NHS MH Trust;
- Local authority
- NHS England & Improvement;
- Citizens UK

#### Outcome & output areas (tba):

- Improved pupil MH and wellbeing;
- Improved school / college staff MH and wellbeing;
- MH training for 3 senior college / school leads as 'MH champions'
- Establish a community of practice to support learning and knowledge exchanges;
- Others tbc



## MH Commission Implementation Project ideas

### 2. Further strengthen the contribution in the West Midlands of physical activities (including sport) to good MH & wellbeing

**Description:** Locality pilots of a multi-faceted approach to strengthening the contribution of physical activities to positive MH and wellbeing

#### Potential project elements:

- a) ICS pilots across the region of co-developing and systematically building physical activities into support for an agreed cohort of people waiting for MH treatment – to include a diverse range of social prescribing opportunities offered via a diverse range of social prescribers
- b) ICS pilots across the region of co-developing and systematically building physical activities into agreed MH treatment pathways as a meaningful option in / contribution to MH treatment;
- c) Locality pilot to build MH capacity, skills & confidence amongst grassroots / community providers of sports and physical activities - supporting identification of early signs, basic advice, signposting to MH & wider support, etc;
- d) Targeted, co-developed locality pilot focusing on achieving 30 mins of activity per day working with an agreed population cohort, who are furthest away from this target, to identify and reducing key barriers to achieving the target;
- e) Explore rolling out a 'green doctors' pilot
- f) Targeted locality focus to maximise targeted opportunities for active travel;
- g) Evaluation of the various strands and proposals for revised approaches to 'mainstream' commissioning;

#### Potential partners:

- a) Sport England
- b) ICS / MH Trust
- c) WMCA
- d) VCS orgs
- e) Local authority

#### Outcome & output areas (tbc)

- No. of care pathways refreshed;
- Experience, activity, health outcomes & outputs tba

## MH Commission Implementation Project ideas

### 3. Reinforce the role of voluntary, community and faith sector in meeting diverse, unmet MH needs

**Description:** Piloting an approach which both further enhances and harnesses the contribution of the voluntary, community & faith sector to reducing in MH inequalities (in a locality or with a population cohort with a protected characteristic – women & girls, racialised communities);

#### Potential project elements:

- a) Enable commissioner investment in the VCFSE sector, particularly to further develop a workforce of ‘experiential practitioners’ / ‘experts by experience’ in a VCS alliance or network of organisations to work with an agreed population cohort (locality or population group) to deliver amplified, innovative preventative work and early help to meet diverse, unmet MH needs through planned community hubs or key community venues;
  - b) ICSs to create further joint learning opportunities / knowledge and skills development opportunities between statutory and VCS partners;
  - c) Utilise a small grants / micro grants programme to support community innovation by small grassroots organisations, with proportionate, culturally intelligent evaluation approaches;
- Co-develop a capacity building programme for VCS orgs, specifically in relation infrastructure & governance support (e.g. active advice from larger organisations as part of corporate social responsibility or exploring the potential for a regional mental health VCS infrastructure organisation);

#### Potential partners:

- ICS / MH Trust
- Local authority;
- WMCA (SINZ and ESC Directorates);
- VCS orgs

#### Outcome / outputs (tbc)

- Investment targets for VCS orgs tbc;
- Other metrics tbc

## MH Commission Implementation Project ideas

### 4. Develop an 'Equally Well' initiative to further address racial inequalities in MH

**Description:** To pilot a co-developed initiative which further contributes to a systematic tackling of racial inequalities in MH

#### Potential project elements:

- a) Undertake provider alliance / consortium development work specifically for VCS organisations led by people from racialised communities to strengthen opportunities to be commissioned to deliver MH support and to provide opportunities for shared learning and knowledge exchanges;
- b) Develop a targeted programme to train further cohorts of MH practitioners from racialised communities, linked to more inclusive training curricula and linked to clear career pathway progression opportunities;
- c) Co-develop a capacity building programme for VCS orgs from racialised communities, specifically in relation infrastructure & governance support, potentially through the development of a VCS infrastructure organisation);
- d) Co-develop community MH awareness campaigns to tackle stigma;
- e) Co-develop and pilot a community trauma response to racial inequalities, with an agreed population cohort, involving community-led orgs;
- f) Develop a regional 'support & challenge' forum involving ICSs, convened by the WMCA, to review progress in the impact of initiatives to address racial inequalities in MH and also to share good practice and learning.

#### Potential partners:

- ICS / MH Trust
- Local authority;
- WMCA (SINZ and ESC Depts);
- Race Equality Taskforce
- VCS orgs

#### Outcome & outputs

tba

MH Commission Implementation Project ideas		
<b>5. A regional MH economic inclusion strategy and plan for people with mental ill health</b>	<b>Description:</b> Recognising the strong relationship between MH and financial welfare (incl poverty), develop and pilot a multi-faceted economic inclusion approach for people with mental ill health	
<b>Potential project elements:</b> a) Co-develop and pursue an amplified, regional strategy and plan to deliver a real living wage across the region, building on good practice locally and initially targeting larger public and private sector organisations as early implementers; b) Co-develop and implement an amplified regional strategy and plan to systematically deliver social value in procurement benefits to local people and local organisations, initially focusing on larger public and private sector organisations as early implementers.	<b>Potential partners:</b> <ul style="list-style-type: none"> <li>Local authority;</li> <li>WMCA (ESC, SINZ Depts);</li> <li>Living Wage Foundation</li> <li>TUC / ACAS</li> <li>Employers</li> <li>ICS / MH Trust</li> </ul>	<b>Outcomes &amp; outputs (tbc):</b> <ul style="list-style-type: none"> <li>No. of organisations with real living wage accreditation;</li> <li>No. of organisations implementing social value in procurement policies;</li> <li>Value of investment in community organisations arising from new approach;</li> <li>Others tbc;</li> </ul>

MH Commission Implementation Project ideas		
<b>6<sup>D</sup> A regional adoption of a ‘mental health in all policies’ approach</b>	<b>Description:</b> Co-developing and implementing a ‘mental health in all policies’ approach that requires formal consideration of the mental health implications of key system decisions	
<b>Potential project elements:</b> a) Co-develop and implement a ‘mental health in all policies’ approach and framework for the formal consideration of the mental health implications of all key decisions;	<b>Potential partners:</b> <ul style="list-style-type: none"> <li>WMCA (ESC, SINZ, Housing &amp; Regeneration Directorates);</li> <li>ICSs</li> <li>Local authorities;</li> </ul>	<b>Outcomes &amp; outputs:</b> <ul style="list-style-type: none"> <li>Approach developed;</li> <li>No. of adoptees;</li> </ul>

## MH Commission Implementation Project ideas

### 7. Addressing MH inequalities for children & young people with SEND by improving EHCP processes

**Description:** Building on local work, co-develop and implement a streamlined process for education, health and care plans to help improve mental health outcomes for children and young people with SEND (linked to forthcoming regional disabilities strategy work).

#### Potential project elements:

- a) Co-develop a good practice approach to responding to MH needs within Education, Health and Care Plan processes;
- b) Pilot the 'good practice' approach;

#### Potential partners:

- Local authority;
- Experts by experience
- ICSs

#### Outputs & outcomes

- Improved timeliness of MH inputs;
- Improved experience;
- Others tbc

## **7 Next steps for the Commission's work**

7.1 This will include:

- a) Collating further stakeholder feedback on the key findings, recommendations and the indicative implementation projects;
- b) To compile and launch a final, detailed Commission report by the end of April 2023;
- c) To launch the Commission report in May 2023.

## **8 Financial implications**

8.1 There are no direct finance implications from this paper. The potential £1.2m of Commonwealth Games Legacy Funds is not approved, this is subject to WMCA governance process.

## **9 Legal Implications**

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

## **10 Equalities implications**

10.1 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 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.
- c) Implementation projects – the indicative areas identified as a potential focus for implementation projects reflect equality, diversity and inclusion issues.

## **11 Inclusive Growth implications**

11.1 Inclusive growth is a more deliberate and socially purposeful model of growth, measured not only by fast and aggressive it is but also by how well it is created and shared across the whole population and place, and by the social and environmental outcomes it realises for our people. 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. The respective 6 Commission topics enabled an active exploration of key issues to help to ensure that the work of the Commission supports a fairer, greener, healthier West Midlands. Key points have included:

- **Health and Wellbeing:** Recognising the wider determinants of health, in particular the relationship between health and wealth relating to the cost of living crisis. Furthermore, exploring how physical activity can improve mental health and wellbeing.
- **Equality:** Exploring the inequalities in mental health support for different ethnic groups;
- **Education and Learning:** Supporting children and young people, particularly those with special needs and disabilities to thrive

- **Power, Influence and Participation:** taking a cross-sector approach to ensure programmes of work are co-produced through the involvement of those with lived experience, VCSFE organisations, ICSs;

11.2 The Commission's work has also been 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, have also helped to ensure that people who have been most affected by mental ill health during the Covid-19 pandemic are prioritised and heard.

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

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

## **13. Other implications**

13.1 None

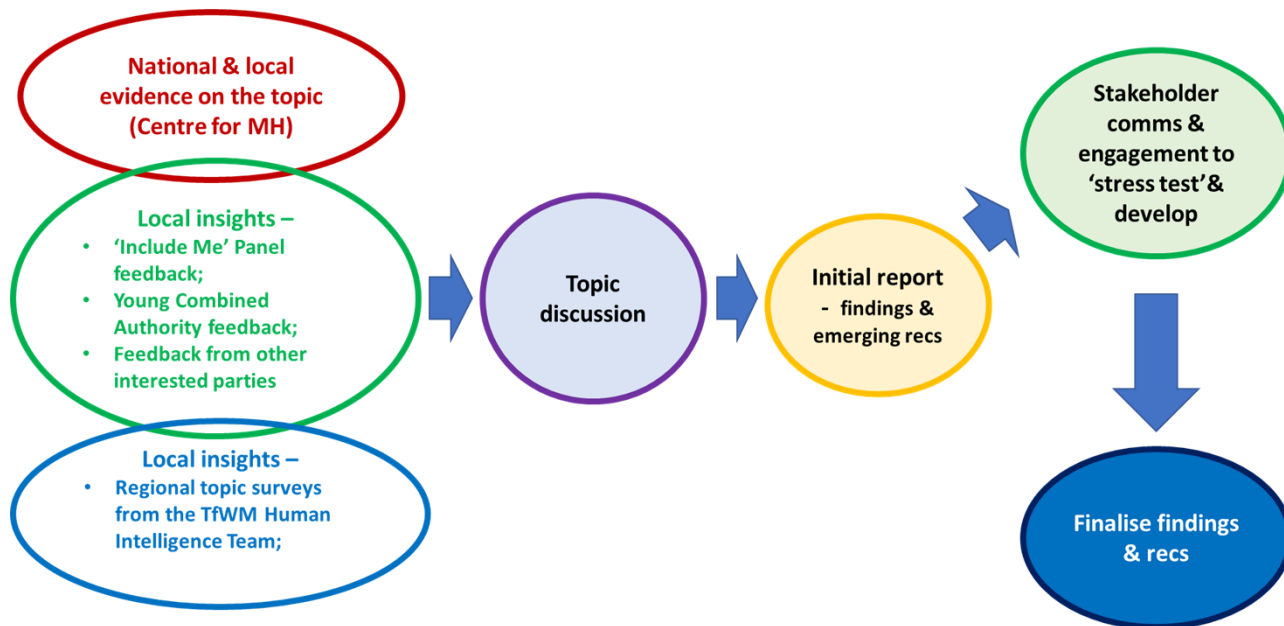
## **13. Schedule of background papers**

13.1 None

# APPENDIX 1 – APPROACH OF THE MH COMMISSION TO EXPLORING TOPICS

## 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:





## APPENDIX 2

# MENTAL HEALTH COMMISSION - proposed report structure

1. **Foreword - from Chair, Danielle Oum**
2. **Executive Summary**
3. **Introduction & Context**
  - Rationale for West Midlands Mental Health Commission being established;
  - Baseline information on regional MH
  - Community listening exercise 'headlines'
4. **About West Midlands Mental Health Commission**
  - Aims
  - Approach (topics, partnership with CfMH, joint sessions, stakeholder engagement)
  - Membership
  - Underlying principles
5. **Topic explored - key findings and recommendations**
  - a) The impact on children and young people in the education system, particularly those with special educational needs and disabilities (SEND)
  - b) The opportunities presented by physical activities and sport (including the Commonwealth Games) to support mental health and wellbeing.
  - c) The mental health implications of the cost of living crisis (in conjunction with the Health of the Region Core Group)
  - d) Racial inequalities and mental health – for whom and why? (in liaison with the Race Equalities Taskforce)
  - e) The contribution of the voluntary, community and faith sectors to meeting mental health needs, including early help and prevention, particularly for women and girls;
  - f) Emergent crosscutting themes
6. **Implementation Projects**
7. **Appendices**
8. **References**

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**West Midlands  
Combined Authority**

## WMCA Board

<b>Date</b>	6 March 2023
<b>Report title</b>	Improving Health & Reducing Inequalities – Combined Authorities Programme
<b>Portfolio Lead</b>	Councillor Isobel Seccombe
<b>Accountable Chief Executive</b>	Laura Shoaf, Chief Executive, West Midlands Combined Authority <a href="mailto:Laura.Shoaf@wmca.org.uk">Laura.Shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Grace Scrivens, Health Inequalities Policy Officer, West Midlands Combined Authority <a href="mailto:Grace.Scrivens@wmca.org.uk">Grace.Scrivens@wmca.org.uk</a>
<b>Report has been considered by</b>	Dr Julie Nugent, Director of Economy, Skills & Communities

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

#### Wellbeing Board is recommended to:

- (1) Note the progress that has been made with the work of the Combined Authorities Programme;
- (2) Provide feedback on the initial and emerging plans, particularly indicating priority areas for focus and collaboration with other Combined Authorities;
- (3) Identify any key stakeholders from whom feedback on the initial and emerging plans should be sought;
- (4) Note that the programme will be launched in June 2023 and the programme plan will be brought back to the Wellbeing Board for consideration.

## 1. Purpose

- 1.1 This paper provides an overview on the work of the WMCA-led Improving Health & Reducing Inequalities – Combined Authorities Programme, particularly providing the background, purpose and scope of the Programme.

## 2. Combined Authorities Programme: background, purpose and scope

- 2.1 The WMCA has successfully secured £1.3m from The Health Foundation on behalf of a consortium of eight Combined Authorities to lead and deliver the ‘Improving Health and Reducing Inequalities: Combined Authority’ Programme. The three-year programme will support Combined Authorities to be more effective in tackling health inequalities, by providing capacity to ten Combined Authorities (CAs) to enable them to extend their activity to improve health. There are currently eight CAs involved in the programme consortia and aims to involve at least two more.

## 3. Background

The programme builds on the previous The Health Foundation (THF) funded three-year [Cities Health Inequalities project](#)<sup>1</sup>. In 2019, an award of £340,000 was made to explore how England’s then devolved regions could accelerate action on health inequalities and to build a learning network. This project was led by the Greater London Authority with involvement from the West Midlands Combined Authority and the Greater Manchester Health and Social Care Partnership. The focus of this work was on identifying levers to take action on health inequalities in these three locations. This initial project also provided support in the form of embedded policy officers in the three CAs, which generated learning for other areas. The final impact [report](#)<sup>2</sup> and [enquiry framework](#)<sup>3</sup> summarising the learning has been published.

- 3.1 The focus of this first award was describing the approaches the three CAs were taking and identifying levers that could be used. The project found that all the CAs were facing similar challenges (using regional-level data & intelligence; building political mandate; using devolved powers & driving cross-sectoral action; mayoral power & influence and; navigating complexity & prioritisation) and that there were no blanket solutions. Instead, it identified a number of approaches that CAs had successfully adopted to overcome challenges, including working with communities to build a political mandate, developing a regional indicator set to make the most of regional level data and developing invest-to-save models that support the prioritisation of opportunities to influence the wider determinants of health.
- 3.2 The initial project stimulated a high level of interest across other CAs, which led to the formation of a consortium of senior leaders from the eight CAs (WMCA, Greater London Authority, Greater Manchester, Liverpool City Region, North of Tyne, West Yorkshire, South Yorkshire and Tees Valley). The new programme aims to unlock the potential of this mutual interest to take action on health inequalities and hopes to engage a further two Combined Authorities, from already established CA’s (Cambridgeshire and Peterborough and West of England) or any new ones (e.g. East Midlands and North East). The work will draw on the understanding of the opportunities identified during the earlier project to inform action and impact.

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<sup>1</sup> <https://www.health.org.uk/funding-and-partnerships/projects/the-cities-health-inequalities-project>

<sup>2</sup> [https://www.health.org.uk/sites/default/files/2022-06/Tackling\\_Health\\_Inequalities\\_Report.pdf](https://www.health.org.uk/sites/default/files/2022-06/Tackling_Health_Inequalities_Report.pdf)

<sup>3</sup> [https://www.health.org.uk/sites/default/files/2022-06/Appreciative\\_Enquiry\\_Framework.pdf](https://www.health.org.uk/sites/default/files/2022-06/Appreciative_Enquiry_Framework.pdf)

- 3.3 A number of organisations are working with CAs on the devolution agenda, including Centre for Cities, IPPR North and the Centre for Progressive Policy though these are largely focused on the wider economic agenda, without direct reference to health benefits. The LGA do some policy work supporting areas who want to become CAs and making the case for further devolution to a regional tier. However, a gap was identified for impact on health, and The Health Foundation programme will be working across all Combined Authorities to understand the role they can play in improving health.

#### 4. Purpose

The programme aims to support CAs to be more effective in tackling health inequalities by making the most of levers to take systemic action and by providing capacity to the CAs to enable them to extend their activity to improve health. The programme will also generate specific insights on how the CA tier of leadership can improve health and reduce inequalities. The programme will:

- Extend the evidence base on how CAs can add value in tackling health inequalities,
- Increase understanding of the levers available to them;
- Strengthen collaboration and peer learning across the CAs;
- Make tangible progress on activity to tackle health inequalities;
- Sustain capacity within CAs to prioritise work on health inequalities.

#### 5. Scope

The programme will be delivered through the following components:

- 5.1 *Governance Board*: Led by Programme SRO Mubasshir Ajaz , Head of Health & Communities Team with leads from each participating CA and The Health Foundation.
- 5.2 *Central Team*: A core central team of 6 posts within the WMCA to manage the operation and delivery of the programme. These are: 1 Consultant in Public Health (0.5fte), 1 Policy Lead/ Delivery Manager (1fte), 2 Senior Policy Officers (2fte), 1 Policy Officer (1fte) and 1 Project Manager (0.5fte). This central team will provide direct support, be the vehicle for collective influence, add capacity to CAs through consultancy activity, build the evidence base, disseminate findings and take on bespoke pieces of work. They will spend approximately 70% of their time providing direct capacity to CAs and the remaining 30% will be spent building the evidence base and disseminating findings. The central team will also oversee the programme monitoring and evaluation (please see section 2.4.8).
- 5.3 *Embedded Posts*: 2-5 Senior Policy Officer posts, each hosted by a different CA and embedded into 'real life' impact projects aligned to the overall programme aims and objectives. Liverpool City Region and Greater Manchester CA will each host and joint-fund an embedded Senior Policy Officer from Year 1. A further 2-3 CAs will be identified during Year 1 and the aim is that they will recruit and host an embedded Senior Policy Officer from Year 2.

- 5.4 *Impact work:* Impactful project work in priority areas within CAs delivered through the central team or embedded posts. This impact work will be based on the principle of value add to CAs business-as-usual and of importance to the underlying causes of health inequalities in the populations they serve. This may include commissioning local external organisations or funding on collaborative pieces across regions. A small central funding pot of circa £300k will be accessible for all CAs to undertake project work. Decisions about allocations will be made by the Governance Board. The Health Foundation will provide data analysis support on agreed projects.
- 5.5 *Learning network:* For CAs, with the mechanism for this to be scoped. The Institute for Health Equity have recently established a large-scale platform to enable collaboration and learning between cross-sector organisations on improving health equity and the previous project set up a Knowledge Hub page with members from across Combined Authorities and their partners. Therefore, any learning network for the programme will need to utilise and complement existing networks.
- 5.6 *Communications and website:* Will be commissioned to support dissemination of learning across the CAs and the wider learning network.
- 5.7 *Learning partner:* The Health Foundation will separately commission a ‘thought partner’, which will be a thought leader within the sector that focuses on fresh knowledge and insights. The Partner will produce detailed content relevant to the programme and to regional tier policy and delivery and will derive specific insights about improving health and reducing inequalities that go beyond high-level observations. They will be an extension of The Health Foundation’s capacity and focused on producing longer-term reflections and outputs on changes taking place as a result of the programme.
- 5.8 *Monitoring and evaluation:* Will be led by the Central Team. Activities will include: development of a programme theory of change and individual Combined Authority theory of change; agreed set of metrics and data required to gather to measure change; approach to data analysis to measure change; regular reports. This component of the programme will be revisited during set-up phase to ensure it will be effectively delivered.

## 6. Timelines

The key stages of the programme are:

- 6.1 *Set up phase (Jan-Jun 2023):* WMCA and The Health Foundation working closely to develop an agreed programme plan. Activities will include recruitment of central team; programme planning; governance arrangements in place including Governance Board established; scoping of appropriate platform for learning network; and supporting the initial CAs to begin recruitment of policy posts.
- 6.2 *Year 1 (Jul 2023-June 2024):* central team recruited; develop ways of working with learning partner; theory of change developed through engagement with the CAs; principle checklist for allocation of central pot funding developed; host CAs with embedded policy posts start work on agreed project/ priority areas; identification and engagement of 2 or more CAs to host an embedded policy post in Year 2; central team, working with individual or groups of CAs, undertake impactful project work in priority areas; commission communications and website support and produce external facing communications outputs; facilitate CAs’ access to The Health Foundation’s data analytic funding pot; end of year impact report and updated plans for remainder of programme.

- 6.3 *Year 2 (Jul 2024 – June 2025):* ongoing work with 2-5 CAs hosting an embedded policy post; ongoing and new impactful project work undertaken by central team in collaboration with individual or groups of CAs; ongoing allocation of central pot funding; facilitate CAs' access to The Health Foundation's data analytic funding pot; end of year impact report; ongoing development of communications materials for local and national government and partners; produce external facing communications outputs both throughout and at the end of the programme; closure plans developed.
- 6.4 *Final outputs (Jun 2025-Oct 2025):* dissemination of learning and insights; closure of programme and proposal for extension.

## 7. **Outcomes and impact:**

- Delivery of specific activity/ workstreams within CAs through the embedded post or central team will have unique population metrics dependent on the project.
- Contribute to the join up of city-region approaches to support partnership arrangements in place, provide clarity of roles, and deliver tangible action taken as a result of the partnership.
- Build an understanding of the opportunities offered by Combined Authorities including where and how they can best have impact in tackling health inequalities
- Building capability within CAs around thematic policy and programme areas so that there is greater internal buy-in within CAs and increased awareness of their role and potential in the system through building on the learning of the Cities Inequalities project in defining the specific role of CA with metrics of where and how the regional tier adds has the biggest impact in tackling health inequalities
- Improved partnership arrangements with their partners in health, employment, infrastructure, and sustainability around shared purpose of goals in improving the region's health
- Sustaining focus, action and understanding on health inequalities across CAs structural powers and wider system influence to enable implementation of strategies
- Influencing Mayors to make tackling health inequalities a key factor in manifesto development

## 8. **Outcomes and impact:**

- 8.1 **Potential topical areas for focus** – The bid and programme has been co-developed with the other Consortia members health and non-health officers, The Health Foundation and independent public sector consultants, Shared Intelligence. The following focus areas have been identified which will be refined throughout the set-up phase:
- *Systems thinking and learning* – e.g., relationships with Integrated Care Systems; CA systems approach to improving health across CA powers; system convening at city-region, local and hyper-local level; systemic action through governance.

- *Building the evidence base* – e.g., preventative spend business case development (i.e. retrofitting and housing design); wider determinant predictive spend analysis; for new devolved areas; developing new structures (i.e. Greater London Authority Public Health Unit); defining the role of the CA.
- *'Art of the possible' learning and action* – e.g., tackling cost of living and poverty; working with Voluntary Community Sector to improve sustainability and create value; translate ambitious strategies into action and impact; supporting emerging devolution deals; expanding successful hyper-local place-based models; over-coming shared challenges CAs faced identified in previous project.

## 9. Implications for WMCA

The programme provides WMCA with additional capacity for action on health inequalities and impact monitoring which will strengthen the WMCA role and impact within the system to tackle deep entrenched health inequalities which impact upon the livelihoods of people within the WMCA and the region's economy. The health and health inequalities challenges faced by the region have been clearly identified in previous WMCA work, for example [The Health of the Region Report \(2020\)](#)<sup>4</sup>. The peer support with other CAs, the Learning Partner, collective programme advocacy to the M10 group and national government as will help to shape and strengthen WMCA devolution negotiations and arrangements.

- 9.1 The programme is interested in how devolved regions can use their powers and resources to improve health and reduce health inequalities and supports regional work on a Trailblazing Health Devolution Deal in response to the national Levelling Up White Paper and steps towards Levelling Up Mission 7 Health (reduction in gap between healthy life expectancy between rich and poor areas). The programme is interested in the unique levers that Combined Authorities have available in the wider determinants of health and supports taking a Health in All Policies Approach which the WMCA is committed to. The programme will bolster and support existing HiAP working within the WMCA, for example skills, housing and transport, whilst learning from other CAs and international examples on ways of working.
- 9.2 Throughout the bid and programme development, steps have been taken to co-develop how best the additional capacity and impact work would benefit existing work prioritised within the WMCA. Areas which have been identified include *Skills and employment*: Community learning offer, Health related employment support, Good work agenda; *Housing, property and regeneration*: External partners; Brownfield regeneration; Sustainable development and; *Transport*: Local Transport Plan.

## 10. Financial Implications

There is no funding ask within this paper. The Health Foundation are a charity organisation providing a £1.3m revenue grant to WMCA, to deliver a 3 year Health Inequalities Programme. The model is for WMCA to manage the grant, recruit a small team and provide match funding for embedded posts in at least 2, but up to 5 CAs.

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<sup>4</sup> [healthoftheregionnov2020-final-2.pdf](#)



## **11. Legal Implications**

The WMCA intends to enter into a single agreement with The Health Foundation (THF) and then to enter into back-to-back/mirrored agreement on the same terms and conditions between WMCA and all members of the consortia. The agreement will be left open for 2 or more CAs to join the programme further down the line. WMCA have been in discussions with THF in relation to the clawback clause they wish to include in the agreement which is a risk for WMCA as most of the funding is for posts as it is unlikely WMCA would be able to mitigate this in back-to-back agreements. THF have agreed to remove the reference to clawback. If a breach occurred, we would suspend further payments or withdraw the award. The clause would then read: "The Funder may suspend Award payments, or withdraw the Award with one month written notice if the Recipient". We are waiting to hear back with the final agreement from THF before proceeding. The CA's with embedded posts will have to ensure that any funded posts have a clause in the employment contract to allow for termination of the contract of employment if funding is reduced or ceases.

## **12. Equalities Implications**

Following development of the programme delivery plan during programme set-up, a Health & Equalities Impact assessment will be carried out so that positive and negative impacts upon health, wellbeing and equalities can be identified and accounted for. Any actions taken by the programme will seek to address health inequalities and have positive implications for equalities considerations.

During the set-up phase, the programme delivery plan will be developed which will clearly outline the specific focus delivery areas according to the needs of the CAs within the Consortia. Part of the work of the central team will be to develop the programme theory of change and individual Combined Authority theory of change; agreed set of metrics and data required to gather to measure change; approach to data analysis to measure change; regular reports. These activities will define how the programme contributes to reducing health inequalities and will continue to be monitored throughout the life of the programme.

## **13. Inclusive Growth Implications**

Inclusive Growth is a more deliberate and socially purposeful model of growth, measured not only by how fast or aggressive it is; but also, by how well it is created and shared across the whole population and place, and by the social and environmental outcomes it realises for our people. The programme investment will be focused on inclusive growth principles ensuring that its activities support CAs to be more effective in tackling health inequalities which requires good social and environmental outcomes given the nature of the underlying causes of health inequalities. There is over-lap between tackling health inequalities and creating inclusive growth and the programme reflects the fundamentals of inclusive growth and their inter-connecting silos. The programme is concerned with building the evidence base and understanding the 'art of the possible' across the unique levers available to CAs which are reflected across the fundamentals. An example of this is focusing on use of housing and retrofitting upon improving health and reducing health inequalities which relates to affordable and safe connected places and health and wellbeing fundamentals.

During the set-up phase, the programme delivery plan will be developed which will clearly outline the specific focus delivery areas according to the needs of the CAs within the Consortia. It is not possible at this stage to specifically capture key beneficiary groups, but these will broadly be those who experience health inequalities. An example of activity likely to be of focus is wider determinant predictive spend analysis. This will relate to all the fundamentals and will focus on the impact on health & wellbeing fundamental.

Part of the work of the central team will be to develop the programme theory of change and individual Combined Authority theory of change; agreed set of metrics and data required to gather to measure change; approach to data analysis to measure change; regular reports. These activities will define how the programme contributes to reducing health inequalities and will continue to be monitored throughout the life of the programme.

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

The subject matter of this report is relevant across the full WMCA geography, plus the other seven CAs currently involved in the consortia.

**15. Other Implications**

None.

**16. Schedule of Background Papers**

None.



## Wellbeing Board

<b>Date</b>	6 March 2023
<b>Report title</b>	Wellbeing Board High Level Deliverables Update
<b>Portfolio Lead</b>	Isobel Seccombe, OBE
<b>Accountable Chief Executive</b>	Laura Shoaf, Chief Executive, West Midlands Combined Authority <a href="mailto:Laura.Shoaf@wmca.org.uk">Laura.Shoaf@wmca.org.uk</a>
<b>Accountable Employee</b>	Dr Mubasshir Ajaz, Head of Health and Communities, West Midlands Combined Authority <a href="mailto:Mubasshir.Ajaz@wmca.org.uk">Mubasshir.Ajaz@wmca.org.uk</a>
<b>Report has been considered by</b>	Dr Julie Nugent, Director of Economy, Skills and Communities

**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 operates 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: <ul style="list-style-type: none"> <li>- Monthly engagement with Smart City partners</li> <li>- Develop proposals for region with LA partners through Radical Health Prevention Fund</li> <li>- Procure/develop regional remote diagnostics</li> </ul>
	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 Please see separate paper (final report) on the agenda for the Wellbeing Board meeting.

#### Health Inequalities and Health in all Policies

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

- a) On Wednesday 11<sup>th</sup> January, we held our first in-person HOTR Roundtable. The half-day event included an opening plenary session chaired by the Mayor, with a diverse panel drawn from across the West Midlands health and wellbeing system, and subsequent parallel sessions on developing an exemplar region for disabled people and the Mental Health Commission's work to support a healthier region. The in-person format proved a success, with approximately 70 attendees, and breakout

discussions led to an agenda for action by the HOTR Core Group to respond to the cost-of-living crisis. A full summary of the event can be found in the appendix.

- b) The HOTR Core Group has since met (13<sup>th</sup> February) to decipher its next steps in taking forward collective campaigning activity around the Real Living Wage via its networks across the region. This fits the Core Group's Terms of Reference and also aligns with core WMCA aims, whilst enabling a route into addressing issues around social value procurement next.

### 3.3 **Healthtech / Medtech**

- a) We are continuing to work closely with colleagues in WM5G (a subsidiary of the WMCA) around the Smart City-Region proposal, having developed a full business case for submission into DLUHC alongside inclusion of the proposal within the wider Trailblazer Devolution Deal ask.
- b) The West Midlands Innovation Accelerator's announcement of winning bids has been delayed and is now expected in the first week of March.

### 3.4 **Design Sprints**

- a) **Accessible Housing** – an agreed project plan has been developed which will be put out to Request for Quotation shortly. This work is part funded by WMCA's Health and Communities and Inclusive Growth teams and will aim to understand the good practice and the barriers in the region in providing accessible housing for disabled people, those with health conditions and elderly people through consultation with the community, housing providers and local authorities. This will include a deep dive analysis on provision with Birmingham CC in line with its Housing Strategy priorities.
- b) **Community Decision Making**: The CDM project is making steady progress, with the New Economic Foundation currently collecting data on the substantive decision-making process being explored (co-production of parent- / citizen- led roadmaps for children with additional needs and disabilities via Flourish, a community health collaborative who are on the Ladywood & Perry Barr Integrated Care Partnership).

### 3.5 **The Kings Fund Workshop Programme**

- a) Over the last 5 months, the WMCA in collaboration with The Kings Fund have been facilitating 4 events for senior leaders in Local Authority Public Health, ICBs, commercial, voluntary and community sectors to inform ways of working, understand how we can accelerate progress in addressing the barriers and scaling up opportunities from working together. In doing so, identifying collaborative and individual actions which will enable change.
- b) Over 140 delegates have attended the four events which finished on 22 February in Solihull covering homelessness and health; Inclusive Growth and Net Zero; collective action to reduce smoking as part of our joint work on health improvement and what levelling up means for disabled people in the region.
- c) There has been positive event feedback including "thank you very much for this series, it has been wonderfully helpful and a fantastic forum to engage with."
- d) A final report on the actions, learning and opportunities for the WMCA to convene and inform this collaborative health space will be presented at the next Wellbeing Board.

- 3.6 **Work with Transport for West Midlands and Housing on embedding HiAP**
- a) As part of the HiAP approach, the Health and Communities team has recently completed our response to the TfWM's Local Transport Plan Big Motives documents: Inclusive and accessible places, public transport and shared mobility; safe, efficient and reliable transport network; walk, wheel, cycle and scoot and the green transport revolution.
  - b) Using the strong evidence base for health and transport, our responses focused on influencing transport policies to be even more inclusive, accessible, and contribute to improving health and reducing the health inequalities. The TfWM Local Transport Plan is now going through the WMCA's governance process for approval.
  - c) Alongside this policy influence, the Health and Communities team have secured £75k from the DfT's Capability and Ambition Fund to work with Solihull MBC Public Health and Transport, North Solihull Primary Care Network and community walking and cycling providers to improve the health of patients with hypertension and those with muscular skeletal health conditions by getting more people prescribed walking and cycling. This is based on the progress made in Solihull on the DfT Feasibility Study bid as a social prescribing walking and cycling region. Updates will be provided at future meetings.
- 3.7 **Improving health outcomes for disabled people region**
- a) At the last meeting, the Wellbeing Board considered the West Midlands Citizen voice priorities and whether there are similar networks or appetite for in Local Authorities. The WMCA has contracted the Disability Policy Centre to work with Local Authorities to look at existing and make recommendations on establishing similar networks. Report will be provided at the next meeting.
  - b) Work continues to prepare the Pan Disability Strategic Needs Assessment. From our discussions locally and nationally such as the Government's Disability Unit, it is evident that in undertaking the needs assessment, the WMCA would be the leading data, intelligence and insight on and for disabled people in the UK.
  - c) The WMCA has been working with community and academic bodies to bid for Motability funding for research and delivery funding. The funding is only available for community or academic organisations, but is an excellent illustration as to how the WMCA convenes partners into co-ordinated action and also aims to use findings to influence future policy and practice.
- 3.8 **Implementing innovative pilots and embedding a strategic relationship with Sport England**
- a) The Sport England partnership is summarised in a separate presentation on the Wellbeing Board agenda.

#### 4. Thrive at Work

- 4.1 **Current performance** – There are over 300 organisations either in receipt of or pursuing accreditation at Foundation, Bronze or Silver levels respectively.

There were 9 new registered organisations in January, including Kind Consultancy, No Ordinary Hospitality Management, Crown Highways Limited, Coventry & Warwickshire Chamber Training and CFS Aeroproducts.

There were 6 accreditations in December 2022 and January 2023, including the University of Warwick, BID services and Siemens Energy Ltd.

Staff recruitment has been successful, with a new Engagement Officer and 2 Accreditation Officers starting and providing an important boost to team capacity.

Work is ongoing to continue to refresh the programme, including:

- Developing a more 'place -based' approach – developing a respective staff focus on the 6 met local authority areas (except Coventry which has a Coventry City Council team supporting it) and developing stronger working relationships with the respective Chambers of Commerce and local authorities (and links to their respective support offers);
- A strengthened communication, marketing and engagement strategy and plan, linked to other ESC directorate and MHPP work, developing a better on-line presence and utilising the incoming WMCA customer relationship management (CRM) system;
- Refreshing the 'customer journey' and developing an updated articulation of the TaW offer;
- Work to confirm priority sectors / industries for an enhanced targeted approach.

## 5. Thrive into Work

**5.1** We have remained on target with our programme, achieving 3,717 contacts and 1,101 job outcomes. Following our successful bid to expand and extend the IPS programme we received confirmation of a £7.9m funding allocation which will allow us to deliver through to March 2025. Through this funding round DWP have made clear the important association that this programme achieves in supporting inclusive growth and addressing health inequalities.

## 5.2 Current Performance



Due to late notification of funding the programme suffered from staff leaving and services began to ramp down as per their contractual obligation. This has reflected in performance outcomes. Despite these four out of five lots have either achieved or exceeded their targets.



We have now entered a mobilisation phase which will result in the release of a marketing campaign in April as the service again will open referrals. Work is being undertaken to facilitate place-based collaboration between our Local Authorities, NHS, local stakeholders, Delivery Partners and the WMCA. This will enable greater collective focus on where resources are allocated, pay attention to local needs, continued shaping of delivery and awareness of performance.

Our ICB's are especially critical in ensuring that the programme succeeds and their support over recent months has been significant in helping us secure additional funds.

## **6. Financial Implications**

- 6.1 The WMCA budget 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.

Positive equalities implication within these HLDs is around the improved inclusion of people with disabilities.

## **9. Inclusive Growth Implications**

- 9.1 WMCA defines Inclusive Growth as *“a more deliberate and socially purposeful model of growth, measured not only by how fast or aggressive it is; but also, how well it is created and shared across the whole population and place, and by the social and environmental outcomes it realises for our people”*. Health and Wellbeing is one of the eight fundamentals for creating inclusive growth across the region. Reducing avoidable differences in health outcomes so that residents can live longer, healthier, and happier lives is vital. This work will help to achieve this given key objectives will contribute to improvements in mental health and wellbeing, increased levels of physical activity and greater inclusion of people with disabilities also sitting as key objectives. This work will also contribute to the following fundamentals:

- Inclusive Economy: Supporting people with health challenges to access employment opportunities in the region
- Connected Communities: Working with transport colleagues to ensure that residents can access opportunities in the region through reliable public transport and active travel. Equality: Ensuring that the drivers behind persistent inequalities are addressed so that all residents can thrive.
- Power, Influence and Participation: Ensuring residents have a voice in decision making to co-design solutions to challenges.

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

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

## **11. Other Implications**

- 11.1 None.

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

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

## **13. Appendices**

- 13.1 Health of the Region Roundtable (11<sup>th</sup> January 2023) summary – to follow