



Wellbeing Board

Date: Monday 3 July 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
Philip Johns	Coventry & Warwickshire Integrated Care Board
Sarah Marwick	NHS England General Practitioner Representative
Jo Pitman	West Midlands Police
Sean Russell	Universities West Midlands (Coventry)
Lisa Stalley-Green	Birmingham & Solihull Integrated Care Board
Dr Justin Varney	West Midlands Association of Directors of Public Health Representative
Mike Wade	
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
Email tanya.patel@wmca.org.uk

AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
2.	Notification of Substitutes	Chair	None
3.	Declarations of Interest Members are reminded of the need to declare any disclosable pecuniary interests they have in an item being discussed during the course of the 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 Remarks (if any)	Chair	None
5.	Minutes - 6 March 2023	Chair	1 - 4
6.	Matters Arising	Chair	None
Business Items for Consideration / Noting			
7.	Trailblazer Devolution Deal Health Duty Update	Mubasshir Ajaz	Verbal Report
8.	WMCA and Sport England Partnership	Simon Hall	5 - 66
9.	West Midlands Mental Health Commission Final Report and Next Steps	Mubasshir Ajaz	67 - 74
10.	Wellbeing Board High Level Deliverables Update	Mubasshir Ajaz	75 - 116
Date of Next Meeting			
11.	Monday 11 September 2023 at 10.00am	Chair	None



West Midlands
Combined Authority

Wellbeing Board

Monday 6 March 2023 at 10.00 am

Minutes

Present

Councillor Karen McCarthy (Vice-Chair) Birmingham City Council
Pete Wilson West Midlands Fire Service

In Attendance via MS Teams

Councillor Izzi Seccombe (Chair) Portfolio Lead for Wellbeing
Mark Axcell Black Country Integrated Care Board
Councillor Julian Gutteridge Nuneaton and Bedworth Borough
Council
Councillor Jasbir Jaspal City of Wolverhampton Council
Sean Russell Universities West Midlands
Lisa Stalley-Green Birmingham & Solihull Integrated Care
Board
Dr Justin Varney West Midlands Association of Directors
of Public Health Representative

Item No. Title

31. Inquorate Meeting

The meeting was inquorate and therefore the recommendations contained within the minutes would be submitted to the WMCA Board on 17 March 2023 for formal approval.

32. Apologies for Absence

An apology for absence was received from Councillor Gary Flint (Walsall Metropolitan Borough Council).

33. Declarations of Interest

Dr Justin Varney raised his declarations in regard to minute no. 40 and Mark Axcell noted his in relation to minute no. 38.

34. Chair's Remarks

The Chair noted that Dr Sue Ibbotson had now retired and wanted to place on record her thanks for Dr Ibbotson's contribution to the board.

35. Minutes - 5 December 2022

The minutes of the meeting held on the 5 December 2022 were agreed as a correct record.

36. Matters Arising

Dr Justin Varney suggested that the board consider holding a workshop with disabled communities at a future meeting to gain further insight into how better this community could be served.

37. Trailblazer Devolution Deal Update

The board received an update on the current position of the Trailblazing Devolution Deal from the Director of Economy, Skills and Communities. She highlighted that at a recent meeting of the Mayor & Portfolio Leads Liaison it was felt that the offer from Government was not in a position to yet be accepted and felt that a number of areas could be developed. There were some positives noted in business rates retention and affordable housing developments. The Chair echoed the comment made as she was in attendance at this meeting and felt that the latest position from Government was not good enough.

Councillor Karen McCarthy felt that new funds required new relationships especially with ICBs, and felt that more time was required to ensure that relationships were fully established.

Resolved:

- (1) That the update be noted.

38. Commonwealth Games Legacy Contingency Fund - Wellbeing Pillar Proposal

The board received a presentation from the Strategic Lead for Wellbeing and Prevention providing an update on the proposals to be considered under the Wellbeing pillar of the unsend contingency funding from the Birmingham 2022 Commonwealth Games. It was noted that the Wellbeing and Sustainability Pillar had allocated £4.07m with an amount of £2.78m allocated towards Wellbeing Projects. The Chair voiced her disappointment of the allocation and felt that a larger allocation would be able to achieve more and have a significant impact on addressing Wellbeing inequalities in the region.

Dr Justin Varney noted that in principle he was supportive of the submission, however noted that in terms of the extension of the Commonwealth Active Communities proposal that the interim evaluation demonstrated the values of further funding and suggested that a decision was not made on this proposal until the evaluation had been received.

Lola Abudu requested that the proposals for project funding ensured that they reached out to communities, made a difference to disadvantaged communities and helped close the gap.

Resolved:

- (1) That the overall process and funding allocations for each pillar in the Commonwealth Games Legacy Contingency Funding paper be noted.

(2) The comments made by member of Wellbeing Board in relation to the proposed process of business case approvals as well as project proposals be noted.

(3) The proposals funded through the Wellbeing portion of the Wellbeing and Sustainability Pillar be noted.

39. WMCA Sport England Partnership

The board received a joint presentation from the Strategic Lead for Wellbeing and Prevention and Adam Rigarlsford, Sports England outlining the shared outcomes of both the WMCA and Sports England moving forward. It was hoped that through a joined-up approach and aligning of Sports England 'Uniting the Movement 2021-2031 Strategy' and WMCA 'Plan for Growth' and 'Health of the Region Report' would set agreed priorities targeting cohorts in the region who were least active and seek to achieve gains and values from partnership working.

Dr Justin Varey hoped that this new programme would allow the region to work more collectively and collaboratively to address and champion physical activity in the region.

Resolved:

(1) That the presentation be noted.

40. West Midlands Mental Health Commission

The board received a report from the Chair of the Mental Health Commission and the Head of Mental Health Partnerships updating them on the work of the WMCA convened West Midlands Mental Health Commission. The report outlined the key findings, recommendations on a topic by topic bases with some indications of good practice as well as indication of areas of focus for implementation projects and outlined the next steps.

The Chair of the Commission thanked the WMCA officers who were supporting this commission and noted that a wide range of partners from various organisations had participated in engagement activities to progress the commission.

Both the Chair of this board and Councillor Jasbir Jaspal highlighted that the commission was making good progress and looked to establish good and clear partnerships with stakeholders to address mental health inequalities within the region. The Chair also highlighted the need to address the gap in confidence with middle age males and the older generation in coming forward and seeking support to address their Mental Health Needs.

The Director of Economy, Skills and Communities reported that this work had also been shared with the Mayor who was supportive of the work being undertaken. It was hoped that the Commission would be finalised in June 2023.

Resolved:

- (1) The comments made by members of the board be noted.
- (2) That the final report being developed and launched after May 2023 be noted.

41. Improving Health & Reducing Inequalities - Combined Authorities Programme

The board received a report from the Health Inequalities Policy Officer providing an overview of the work of the WMCA-led improving health and reducing inequalities sharing background details, purpose and the scope of the programme.

Both the Chair and Councillor Jasbir Jaspal welcomed the report and noted the positiveness of successfully securing £1.3m from the Health Foundation on behalf on the consortium of eight Combined Authorities to lead and deliver the 'Improving Health and Reducing Inequalities' Combined Authorities Programme. They also noted and felt that the embedded policy officer would generate new learning across the areas.

Dr Justin Varney suggested that work be undertaken to develop a plan that outlined key priority areas to be targeted first priority and the link between the health region taskforce.

Resolved:

- (1) That the progress made against the Combined Authorities Programme be noted.
- (2) Members comments and view on the initial and emerging plans be noted.
- (3) That the programme launches in June 2023 with a programme plan being shared with this board in due course.

42. Wellbeing Board High Level Deliverables Update

The Board received a report from the Head of Health and Communities outlining the progress made against high level deliverables previously agreed by the board in July 2022. An update was provided and noted by members of the board in relation to the West Midlands Mental Health Commission, Health of the Region, Thrive at Work and Thrive into Work.

Resolved:

- (1) The progress made to date on the 2022/23 High Level Deliverables be noted.
- (2) That the board continue to receive an update on the High-Level Deliverables at each future meeting.



**West Midlands
Combined Authority**

Wellbeing Board

Date	3 July 2023
Report title	WMCA & Sport England Partnership
Portfolio Lead	Councillor Isobel Seccombe OBE
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Email: Laura.Shoaf@wmca.org.uk
Accountable Employee	Simon Hall, Strategic Lead for Wellbeing and Prevention, West Midlands Combined Authority Email: SimonHall@wmca.org.uk
Report has been considered by	Clare Hatton, Interim Director of Employment, Skills and Communities, West Midlands Combined Authority Email: Clare.hatton@wmca.org.uk Dr Mubasshir Ajaz, Head of Health and Communities, West Midlands Combined Authority Email: Mubasshir.Ajaz@wmca.org.uk

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

- (1) Note the overview of the WMCA and Sport England long-term partnership outlined within the Memorandum of Understanding and the attached initial funding.
- (2) Receive a regular briefing on the impact and learning from the resultant action plan.
- (3) Discuss the future of sport and physical activity within WMCA region that can be boosted by this partnership.

1. Purpose

- 1.1 This paper provides a summary of the WMCA and Sport England long-term partnership outlined within the Memorandum of Understanding and the attached initial funding, the associated £2.5m solicited grant submission which forms the first evidence of the MoU's potential value.

2. Background

WMCA and Sport England Partnership

- 2.1 The WMCA and Sport England have recently completed its existing £569k funding agreement for the initial implementation of the WMCA's "[West Midlands on the Move](#)" Physical Activity Strategy. This test and trial stage instigated the collaborative leadership work needed to co-create the design of the Commonwealth Games physical activity legacy framework. Investment into the Black Country enabled Active Black Country and Local Authorities to do the ground work for Black Country Moving which has become their Commonwealth Active Communities legacy programme. The investment into getting more disabled people active, provides the context and evidence for the health devolution plans to become an exemplar region in determining what levelling up means for disabled people.
- 2.2 The Commonwealth Games legacy, Health devolution plans and the test and trial funding has informed Sport England and WMCA's thinking on developing a more mature longer term partnership to work together with partners to champion the life changing impact being active has on a fairer, healthier and inclusive West Midlands. Being a partner in enabling the delivery of the proposed health duty.
- 2.3 The West Midlands Mayor and WMCA Chief Executive met with the Sport England Chief Executive and his Directors on 17th November to explore this partnership and set out direction.

3. WMCA and Sport England MoU

- 3.1 We have since worked closely with Sport England to develop this partnership in a Memorandum of Understanding (MoU) agreement. We have agreed that together we will:
 - Ensure our respective investment, policy development and practices benefit health and reduce health inequalities by advocating movement and physical activity by utilising our expertise, insight, evidence and investment to influence and change policy and practice in areas of mutual interest.
 - Champion a long lasting physical activity by joining forces with Local Authorities, NHS, community partners and Sport England's [System Partners](#) such as Active Partnerships and Streetgames to create a regional voice for sport and physical activity on those big issues that will impact on a fairer, healthier and inclusive West Midlands.

- Build capacity and capability in the West Midlands sport and physical activity ecosystem and other systems we collectively have influence in to utilise sport as a catalyst for change in improving health, employment and skills and community outcomes.
- 3.2 This MoU, provides the WMCA and the region significant opportunities to lever Sport England funding and expertise. There is a similar MoU with GMCA, but for 5 years and on significant £15m+ funding. A final version of this MoU is attached in appendix A.

4. Solicited Bid

- 4.1 Alongside our MoU with Sport England, we have included a solicited funding bid providing £2.5m funding over the next 3 years to supplement areas of the Commonwealth Games Legacy Enhancement Funding workstreams where the WMCA and Sport England agree that it adds value.
- 4.2 This is how a means of describing our match funding into the CWG Legacy Enhancement Fund. This is also being done in this manner as the Lottery distributor for sport funding, Sport England cannot devolve its funding decisions to a 3rd party hence this £2.5m is not directly added to the Commonwealth Games Legacy Enhancement Fund (CWG LEF).
- 4.3 The agreed added value is achieved by WMCA using this funding to invest in expertise to generate and support applicants bidding or have been successful with their Community grants bid or enhancing and extending other Commonwealth Games Legacy Enhancement Funding investment such as Trailblazer projects. This targeted added value investment has the support from the WMCA CWG LEF team.
- 4.4 This Sport England investment is subject to Sport England approval. This solicited bid approach was approved by Sport England’s Board on 28 March 2023, but the final bid is due to be submitted on 19th June, 2023. The solicited bid projects have been carefully selected and developed with WMCA teams and Local Authorities. The bid business justification case is attached in Appendix B.
- 4.5 The objectives for this bid are:
- 4.5.1 In the context of the proposed WMCA devolution deal and the Sport England and WMCA Memorandum of Understanding to brig “notional match” to the CWG Enhancement Funding Community Grants programme by:
- Procuring community grass roots voluntary sector resilience and capability e.g. a partnership of agencies who could provide triage support over 3 years across the WM for organisations who have gained community grants, or are unable to apply as they don’t have the appropriate governance or operations. (Value: £441k)
 - Providing additional investment into the proposed United by 2022 trailblazer legacy programme over the lifetime of the CWG enhancement funding investment to bolster the sport and physical

activity offer into programmes such as Gen 22 and Bring on the Power by integrating the learning from for instance the Sport England funded Gen 22 sport legacy project and WMCA's Include Me West Midlands programme and ambition to be an exemplar region for disabled people (£441k)

- Capacity funding to extend the current Sport England funded headline CWG sport legacy programme called Commonwealth Active Communities (4 placed based partnerships working with communities to get more people active) which will extend the programme beyond its current December 2023 Investment to build on and extend the Commonwealth Active Communities model across the Black Country, Coventry, Birmingham and Solihull with a focus on locally determined interventions including join up with grass roots budget to support work in Birmingham. (£1.03m)
- Implementing sport and physical activity priority actions for the WM Mental Health Commission and creating the WMCA capacity for co-ordination of delivery and impact over the next 3 years in addition to the Community grants mental wellbeing programme. (£357k).
- The Assistant Delivery Manager will be tasked with delivery of this programme and work as part of the proposed CWG LEF team. They will be responsible for reporting on performance and impact to the relevant stakeholders. (£179k)
- Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)

5. Partnership Launch

5.1 The West Midlands Mayor & Sport England Chair are scheduled to launch this MoU & co-funding on 26 July, 2023.

6. Financial Implications

6.1 There are no direct finance implications from signing the MoU, however there is an expectation that this partnership will leverage increased funding into WMCA over the next 10 years.

6.2 An example of this is the £2.5m funding bid from WMCA into Sports England, which combined with £3m of match funding from DCMC through the Commonwealth Games Legacy Enhancement Fund.

6.3 Both the MoU and the solicited bid have been approved by the section 151 officer and are scheduled to go to the Single Assurance Framework approval meeting on 20th July.

7. Legal Implications

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

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

- 7.2 Clear contractual obligations need to be agreed between WMCA and Sport England and captured in writing that set out each party's roles and responsibilities, how costs are to be apportioned and any relevant agreed governance and reporting arrangements. This should also include any relevant funding terms and conditions that either party have to comply with as part of any obligations placed on them by a funding stream i.e. monitoring and provision of information.
- 7.3 Grant Agreements that will be required as part of this Programme will need to be drafted by legal to ensure that sufficient terms and conditions are included to protect WMCA interests and also to flow down/mirror any funding terms and conditions that may have been imposed on WMCA by a funding stream. The funding agreements between WMCA and any recipient of grant funding should be agreed, and signed by both parties before funding is released.
- 7.4 Legal also note that there is reference within this report to "legacy matters". Should WMCA be required to accept novation or assignment of any contract before agreeing to do so the author is requested to speak to legal first to ensure that WMCA have the relevant powers to be able to accept any novation or assignment and also have the opportunity to review the contracts to be novated/assigned and the terms of any deed of novation/ assignment.

8. Equalities Implications

- 8.1 This is in line with the proposed Partnership objectives and plan delivery contributing to the proposed Health duty by reducing health inequalities by getting more people active. This can subsequently have a positive impact on equality outcomes as obesity-related poor health is higher amongst more vulnerable groups, such as disabled people and those from minority ethnic communities
- 8.2 As part of the Partnership Plan's development, the WMCA will produce and share a Health and Equity Impact Assessment to steer policy priorities, investment and evaluation.
- 8.3 The commitment to working with community grassroots organisations will further support equitable outcomes as the funding will be going directly to the respective communities. This will support our strategic equality aspirations by fostering co-design and supporting social mobility – ensuring the projects are fit-for-purpose within their communities may also encourage their longevity after the Partnership has ended.
- 8.4 Feedback has indicated that smaller community groups have difficult accessing funding due to complex procurement processes. By specifically targeting this

sector, we will be actively mitigating such issues, making the process more equitable overall.

9. Inclusive Growth Implications

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

Inclusive Growth Fundamental	Indicator	Justification
Affordable, safe and connected places	Local centres and neighbourhoods Reducing crime Digital and place connectivity	Realising the potential of sport and physical activity in place making. Addressing the wider determinants of health
Equality	Public services Protected characteristics Income and wealth Social mobility	Reducing health inequalities through policy influence and change
Health and Wellbeing	Healthy development Wellbeing Being active	Improving health by getting more people active.
Power, influence, and participation	Democratic participation Economic participation	By encouraging positive behaviour change including co-design and evaluation with communities

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. None.

12. Schedule of Background Papers

12.1 HM Government [Commonwealth Games Highlight Report 2022](#)

13. Appendices

Appendix A – Final WMCA and Sport England MoU (labelled draft 9.4)

Appendix B – Business Justification Case for Solicited Bid to Sport England

Appendix A – Final WMCA and Sport England MoU (labelled draft 9.4)

DRAFT v9.4
15 June 2023

Memorandum of Understanding

(Abridged version)

Between

The West Midlands Combined Authority

and

Sport England

1. PARTNERS TO THIS AGREEMENT

This Memorandum of Understanding (“**MoU**”) is between:

- The West Midlands Combined Authority (the “**WMCA**”) and;
- The English Sports Council (“**Sport England**”).

Collectively, “the **Partners**”.

The West Midlands Combined Authority (WMCA) is a partnership between 18 local authorities and other bodies including Local Enterprise Partnerships, the West Midlands Police and Crime Commissioner and West Midlands Fire and Rescue Authority. There are seven constituent local authority members who make up the WMCA Board (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton). A partnership and an organisation established through a Parliamentary Act (2016)

Sport England is an arm’s length Government body focused on the development of community sport. It distributes both Exchequer funding and lottery funding as one of the Lottery Distributors. It was established by a Royal Charter in 1972.

2. PURPOSE AND SCOPE OF THIS MEMORANDUM OF UNDERSTANDING

A Grant Agreement between WMCA and Sport England was in place between March 2019 and August 2022. This MoU moves to a long-term partnership to achieve mutual outcomes and any future financial agreement e.g., grants and/or co-investment plan will reflect this MoU but also be guided by grant conditions and arrangements.

It sets out at a high level how the Partners will work together in a collaborative partnership (“the **Partnership**”). It is not intended to be legally binding except as specifically stated in relevant clauses.

It will span the life of the Sport England “Uniting the Movement strategy” period up to 2031, recognizing that change in places requires sustained focus and commitment over an extended period. An initial investment plan for the CWG contingency will be developed as an example of our commitment and illustration of the MoU delivery. A 3-year annually renewable action plan including an annual review of progress will be produced to guide the early phase of shared work.

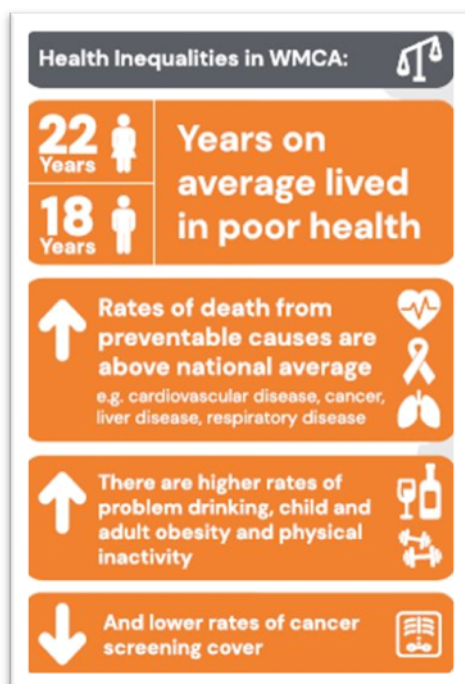
The intention of this MoU is to:

- Create a framework that reflects how the Partners will work together over the next eight years which informs our joint action plan.

- Agree the areas of focus where we will use Partners’ collective expertise, capacity and infrastructure to target those groups in the region who are least active, where the biggest gains and best value for public investment can be achieved.
- Identifies the alignment and impact of Sport England’s “[Uniting the Movement](#)” 2021-2031 strategy for sport and physical activity, and the Government’s intended Sport and Physical Activity strategy, with the WMCA’s “[Plan for Growth](#)” and wider ambition to support good inclusive growth that all communities can access.
-

3. THE PLACE AND THE PHYSICAL ACTIVITY SECTOR

The West Midlands continues to have the highest levels of physical inactivity in England – doing less than 30 minutes of moderate physical activity a week is one of the top six causes of early mortality in England. 27.2% of adults are inactive compared to England average of 21.4%. This equates to around 100,000 additional adults. The WM inactivity crisis contributes significantly to the region’s health inequalities, exacerbated by the covid pandemic and cost of living crisis,



We know that being regularly active can help reduce the burden of health reducing the chances of developing several preventable health conditions and impacts on community, and economic growth.

WMCA Health of the Region Report 2020

Partners acknowledge that there is no simple solution or organisation that can create the behaviour change needed to shift the dial on physical activity levels. There are many sport and physical activity organisations who operate in this area as well as organisations that have wider wellbeing ambitions that can effectively support community behaviour change. The ‘Partners’ want to use these organisations’ capacity and resources to unlock the potential

active lifestyles of the region's communities, leading to, inclusive and economic growth and wellbeing.

The following **headline impacts** will be measured by a shared theory of change and evaluation and learning framework:

- i. Evidencing the impact of the Commonwealth Games physical activity legacy and the delivery of our joint priorities has had in reducing the inequalities to access sport and physical activity opportunities.
- ii. Evidencing the impact of delivering more investment and resources for communities with the greatest need through aligning existing investment e.g. Sport England system partner investment in the region and WMCA investment to support work in agreed areas.
- iii. By strengthening the regional voice and leadership for sport and physical activity. We will add value to the West Midlands Physical Activity ecosystem by creating a diverse network of leaders, volunteers and professionals and collaborating with health, housing, transport and employment and skills to embed physical activity across public policy.
- iv. Evidencing the impact of our partnership in influencing Regional and national to local policy (ie health in all policies) and investment change to address inequalities, tackle inactivity in sport and physical activity and enable positive experiences in children and young people.
- v.

JOINT PRIORITIES FOR ACTION

Appendix 1 sets out year 1 priorities for action.

5. GOVERNANCE

The WMCA will oversee the shared plan via its accountability to its Wellbeing Board. Where necessary, decisions can be deferred to the overarching WMCA Board and where appropriate through the WMCA governance structure can refer relevant matters to other thematic Boards such as WMCA's Housing & regeneration Delivery Board.

Sport England will oversee its accountability through its Place Directorate and into the Sport England Executive. Annually, through the CEO report to board it will updates its board on progress.

The WMCA will work with Sport England to explore the value and seek Wellbeing Board approval for the creation of an Advisory Forum on Physical Activity, which can work as a working group of the Wellbeing Board.

The WMCA will meet with Sport England Executive(s) annually to share WMCA's direction, learning and impact. WMCA will also collaborate with other Combined Authorities to explore progress, opportunities and issues in sport and physical activity.

Regular senior level meetings will be held between the Executive Director at WMCA holding the Health and Wellbeing Portfolio and the Director of Place at Sport England to assess the relationship and identify further areas of collaboration.

The MoU and the Partnership will be reviewed annually.

Each party confirms that no actual, potential, or perceived conflict of interest exists in relation to their role within the Partnership. Each party will endeavour to ensure that no such conflict of interest arises and agrees to promptly notify the other party if it does. Where there is notification of an actual, potential, or perceived conflict, the parties will discuss and agree the necessary actions to ensure a conflict of interest is avoided.

6. COMMUNICATIONS

The partners will co-create a communications and stakeholder plan setting out intended audiences, milestones, messages and principles such as each party will give the other five working days' notice of intended communications activity relating to the Partnership.

In doing so, the Partners will agree a form of words to describe the Partnership and protocols for agreeing communication content, share brand guidelines, establish press office contacts, and liaise regularly about communications opportunities.

The Partners will not speak on each other's behalf.

Both parties will continue to publish information independently that is not linked to the Partnership.

Where the Partners have both evaluated and agreed evidence or good practice to be disseminated to others it will bear both communication brands. This will not limit each from publicising evidence or best practice using solo brands.

Corporate identity guidelines will be adhered to.

7. CONFIDENTIALITY AND DATA

7.1 The Partners agree and acknowledge that the discussions related to the Partnership and the MoU may include confidential information and are subject to a separate Non-Disclosure Agreement (“NDA”). Neither party will disclose confidential information without the prior written consent of the other party in accordance with that NDA.

Data sharing and Freedom of Information

7.2 The Partners will adhere to protect personal data.

(i) “Where any Personal Data are processed in connection with this MoU, the Partners acknowledge that they each act as a Data Controller.

(ii) The Partners will comply with all relevant Data Protection Legislation.

(iii) “**Data Protection Legislation**” means (i) Regulation 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the Processing of Personal Data and on the free movement of such data (General Data Protection Regulation) (the “**GDPR**”); (ii) the EU e-Privacy Directive (Directive 2002/58/EC); and (iii) any and all applicable national data protection laws made under or pursuant to (i) or (ii); in each case as may be amended or superseded from time to time.”

7.3 The Partners acknowledge that each is subject to the requirements of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations and shall assist and co-operate with each other to enable compliance with its information disclosure obligations.

7.4 Where one Party considers that any information it has provided to the other is exempt from disclosure under the FOIA, it must tell the other party and refer to the relevant exemption and give reasons why it is so exempt.

7.5 Notwithstanding clause 11.4, each party acknowledges that each other party, upon any request for disclosure, shall be responsible for determining in its absolute discretion

whether any of the content of the MoU is exempt from disclosure in accordance with the provisions of the FOIA and/or the Environmental Information Regulations.

8. PAYMENT

- 8.1 No payments will be made by any Partner under this agreement. We anticipate that there will be commitments of investment through the partnership but these will be governed by separate agreements.

9. WIDER OPPORTUNITIES

This MoU does not limit the scope for potential joint work and each Partner will seek to explore any collaborations, locally, nationally or internationally, which might deliver game changing results.

10. REVIEW

The Partnership will be reviewed annually to confirm continuation and regular updates of shared objectives.

11. GENERAL

The Partners agree that they will comply with the relevant rules, regulations, policies and procedures of the other organisations to the extent necessary for the purposes of the implementation and operation of this MoU.

This MoU will come into force on the date of signature below and will remain in force unless terminated. It will be subject to review on an annual basis in accordance with clause 9.5.

This MoU can be terminated by either party on giving at least three (3) months' notice in writing to the other.

The terms of the MoU can be amended by mutual agreement in writing of the parties.

Appendix 1: Year 1 ACTION PLAN THEMES

1. **We aim to strengthen place-based working from locality to region and region to national to reduce inactivity, inequality and enable positive experiences for future generations.**

Short Term Headline Objective (2023-24)	Medium term Objective (2024-27)	Long term Outcome (2028-31)
To ensure our regional partnership informs & is informed by place-based working expansion approaches.	Explore and evaluate how place-based working from locality to regional is connected through learning, impact and investment.	Reduction in the inequalities in those who are inactive. Improved collaboration across the sport & physical activity system leading to a greater impact to get more people active.

2. **In line with the WMCA’s Devolution Deal proposals, use our expertise and learning from the CWG legacy, Sport England’s Local Delivery Pilot and other practice to inform the WMCA’s Health in all Policies approach focusing on Housing and Regeneration, Transport, Economic Growth and Employment/Skills.**

We want to utilise our collective expertise and evidence to address the wider determinants of health; the barriers to getting active and some of the causes of inequalities by working together to influence, change and create new regional policy.

The above will include:

- i. **Working with Transport for West Midlands to accelerate the scaling up of evidence-based behaviour change projects get more people walking and cycling for health and for active travel** *e.g. social prescribing, Big Birmingham Bikes, Holistic Interventions models, creating active environments.*
- ii. **Working with Housing and Regeneration to develop Active Environments.** E.g. supporting the inclusion of Active Design principles in future housing development and in regeneration projects.
- iii. **Work with ICBs to support health care professionals working in the NHS and social care to prioritise physical activity to address health inequalities.**
- iv. **Focusing on behaviour change relating to testing and evaluating ‘digital’ as a tool to encourage more local people with highest health inequalities to get active.**

The WM has the fastest-growing and highest concentration of companies

specializing in the digital sector outside of London. The WMCA’s Digital Roadmap (2021) outlines five missions to digitise the region and promote digital inclusion, including becoming the UK's best digitally connected region and increasing access to digital opportunities by tackling digital exclusion. The plan will build on the successes of the region's 5G testbed and its innovation in transport and making the most of unique regional opportunities like HS2, the Commonwealth Games, and Coventry City of Culture.

Innovation, including digital, is key to making sport and physical activity accessible and relevant to many more people. We must ensure that in the face of opportunity and change, innovation is applied to the big issues that are holding many more people back from being active. By working together, this means we need to continue to develop inclusive and sustainable digital solutions that prioritise improving the experiences of people taking part, while being ready to learn and adapt as things evolve.

Short Term Headline Objective (2023-24)	Medium term Objective (2024-27)	Long term Outcome (2028-31)
<p>Gather insight and evidence to inform the implementation of the Local Transport Plan including active travel.</p> <p>Building on the WMCA’s Devolution duty to integrate physical activity priorities within the WMCA’s Health in all Policies Approach. Gather best practice and constraints of housing, transport, productivity and skills in getting people active to inform this approach.</p> <p>Gather the evidence of the impact of digital solutions in encouraging behaviour change in reducing health inequalities and getting more people active e.g impact of NGB B2022 legacy investment.</p>	<p>Use the evidence to influence and inform change in TfWM policies and practice.</p> <p>Invest to develop inclusive and sustainable digital solutions, upskilling the sport workforce.</p> <p>Inform our Healthy Housing Commitment for land owners and housing providers which leads to a see-change in creating healthy environments.</p> <p>Lead the way with partners to deliver a WM Behaviour Change Physical Activity Test Bed and evaluate impact on getting more people active e.g impact of open data.</p> <p>Establish the economic measures which the HiAP approach has the potential to realise.</p>	<p>Reduction in the inequalities in those who are active.</p> <p>Evidencing the impact of our work in addressing identified barriers to get more people active</p>

3. Supporting our ambition of healthy and inclusive communities through capacity building in anchor community organisations and wider partners that work with local communities to support physical activity, sport and well-being to create a more resilient sector.

Partners recognise that the voluntary and community physical activity sector has been impacted by the Covid pandemic and the Cost of Living crisis, we want to lead the work of the West Midlands Sport and Physical Activity ecosystem to revive and reimagine the sector to create and sustain healthy, thriving and inclusive communities.

Short Term Headline Objective (2023-24)	Medium term Objective (2024-27)	Long term Outcome (2028-31)
Develop line of inquiry, investment and evaluation framework.	Utilise investment in the sport system to generate demand and evidence impact in a reinvented WM physical activity ecosystem.	A more resilient WM physical activity ecosystem. Reducing inequality and inactivity Greater positive experience for children and young people.

4. Building on both organisations investments through further collaboration as part of the B2022 Contingency funding approach ensuring there is a long lasting community legacy focused on areas of greatest need in the region.

*The contingency funding provides an immediate opportunity to deliver against the MoU by co-investing in the contingency pillars proposals where there are mutual benefits e.g Wellbeing investment proposals to extend the Commonwealth Active Communities and implementation of the WM Mental Health Commission **priorities including a focus on Children and Young People supporting Sport England’s Big Issue focus on Young People’s Mental Well being.***

Short Term Headline Objective (2023-24)	Medium term Objective (2024-27)	Long term Outcome (2028-31)
To develop a co-investment plan for sport, physical activity & mental wellbeing elements of the Community Grants programme.	To work with the WM sport & physical activity sector as well as mental wellbeing experts to generate applications and measure the impact of the investment. To take the learning & impact from the investment to inform next steps.	Greater resilience and diversity in the sport & physical activity sector. Evidencing the impact on reducing inequality and inactivity.

5. By strengthening the regional voice and leadership for sport and physical activity. We will add value to the West Midlands Physical Activity ecosystem by creating a diverse network of

leaders, volunteers and professionals and collaborating with health, housing, transport and employment and skills to embed physical activity across public policy.

Short Term Headline Objective (2023-24)	Medium term Objective (2024-27)	Long term Outcome (2028-31)
Building on the current collaborative stewardship work, to shape and form a WM Physical Activity Advisory Forum remit with WM physical activity ecosystem partners for approval by the WMCA WB Board.	To stand up the Advisory Forum by creating the conditions for effective collaboration and the added value that this will bring. Evaluate the maturity and impact of the Advisory Forum’s delivery of priorities e.g policy influence and change, investment.	Improved levels of physical activity in the region through convening, influencing and enabling delivery and change.

Signed:

The West Midlands Combined Authority

By:

Clr Izzi Seccombe
WMCA Wellbeing Board Chair

Andy Street
West Midlands Mayor

Laura Shoaf, Chief Executive WMCA

The English Sports Council

By:

Tim Hollingsworth

Chief Executive, The English Sports Council

Chris Boardman

Chair, The English Sports Council

Business Justification Case

Single Assurance Framework



West Midlands
Combined Authority

business justification case

The purpose of the **Business Justification Case (BJC)** is to:

Act as a single stage business case, using the Five Case Model, for the delivery of relatively low risk spend for which firm prices are available.

A BJC may be considered within WMCA for smaller items of spend, which:

- Are not novel or contentious and
- can be procured from an existing pre-competed arrangement whilst
- recording the findings of the procurement phase to identify the option that offers the 'most economically advantageous tender' (MEAT) and best public value.

To support better spending, investment decisions and better procurement, this Business Justification Case should be written using West Midlands Combined Authority (WMCA) guidance. In addition, it is a requirement that all proposals for public funds submitted to WMCA are guided and based around the HM Treasury's Green Book and supporting information can be found [here](#).

PROJECT DETAIL			
Project Name:	Sport England and WMCA MoU – Community grants match investment		
Programme Name (if applicable)			
Directorate (if WMCA internal):	ESC		
Organisation (if WMCA external):			
GOVERNANCE			
If external to WMCA, when was this project approved by your internal governance?			
STAKEHOLDER INVOLVEMENT			
Provide the names of the following stakeholders who have been sighted on this business case prior to submission, note this is a mandatory requirement:			
Senior Responsible Owner (SRO):	Simon Hall		
Programme SRO (if applicable)			
WMCA Executive Director:	Julie Nugent		
Finance Lead:	Phil Cole / Aqeel Rizvi		
Legal Representative:	Nigel Channer		
Procurement Lead:	Brad Benson		
Other (i.e. HR / Health & Safety):	Corrine Seymour		
VERSION CONTROL			
Version:	V2	Date:	25/05/23
BJC Prepared by:	Simon Hall	Job Title:	Strategic Lead for Wellbeing and Prevention

executive summary

Please provide a one-page stand-alone summary of the proposed project which includes

- a brief project description and why it is necessary
- target objectives
- associated outputs

As a result of the WMCA Devolution Deal, the WMCA is establishing a 10 year MoU with Sport England (non governmental body and Lottery distributor) setting out how we will work together on joint priorities and with WM partners. The working draft is attached for reference.

This MoU will be accompanied by a first “solicited” funding bid providing £2.5m funding over the next 3 years to supplement areas of the Commonwealth Games Legacy Enhancement Funding workstreams where the WMCA and Sport England agree that it adds value. This is how we are describing match. Also, as the Lottery distributor for sport funding, Sport England cannot devolve its funding decisions to a 3rd party hence this £2.5m is not directly added to the Commonwealth Games Legacy Enhancement Fund (CWG LEF). The agreed added value is achieved by WMCA using this funding to invest in expertise to generate and support applicants bidding or have been successful with their Community grants bid or enhancing and extending other Commonwealth Games Legacy Enhancement Funding investment such as Trailblazer projects. This targeted added value investment has the support from the WMCA CWG LEF team.

This is “notional match” and this will be the term that will be used throughout this document to describe the relationship between the funding,

This Sport England investment is subject to Sport England approval. This solicited bid approach was approved by Sport England’s Board on 28 March 2023. The WMCA Wellbeing Board approved the proposal to work towards establishing a long term partnership with Sport England at its December 2022 meeting.

The objectives are:

In the context of the proposed WMCA devolution deal and the Sport England and WMCA Memorandum of Understanding to bring “notional match” to the CWG Enhancement Funding Community Grants programme by:

1. Procuring community grass roots voluntary sector resilience and capability e.g. a partnership of agencies who could provide triage support over 3 years across the WM for organisations who have gained community grants, or are unable to apply as they don’t have the appropriate governance or operations. (Value: £441k)
2. Providing additional investment into the proposed United by 2022 trailblazer legacy programme over the lifetime of the CWG enhancement funding investment to bolster the sport and physical activity offer into programmes such as Gen 22 and Bring on the Power by integrating the learning from for instance the Sport England funded Gen 22 sport legacy project and WMCA’s Include Me West Midlands programme and ambition to be an exemplar region for disabled people (£441k)
3. Capacity funding to extend the current Sport England funded headline CWG sport legacy programme called Commonwealth Active Communities (4 placed based partnerships working with communities to get more people active) which will extend the programme beyond its current December 2023 Investment to build on and extend the Commonwealth Active Communities model across the Black Country, Coventry,

Birmingham and Solihull with a focus on locally determined interventions including join up with grass roots budget to support work in Birmingham. (£1.03m)

4. Implementing sport and physical activity priority actions for the WM Mental Health Commission and creating the WMCA capacity for co-ordination of delivery and impact over the next 3 years in addition to the Community grants mental wellbeing programme. (£357k).
5. The Assistant Delivery Manager will be tasked with delivery of this programme and work as part of the proposed CWG LEF team. They will be responsible for reporting on performance and impact to the relevant stakeholders. (£179k)
6. Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)

The intention is for the WM Mayor & SE Chair to launch this MoU & co-funding on 26 July.

finance summary

Table 1	
Finance Summary	BJC
Total Project Cost:	£2.5m
WMCA Funding Required:	£0m
WMCA Funding Stream:	-
Funds Secured:	£0m
Funds Not Secured:	£2.5m

1 - strategic case

providing strategic fit supported BY A COMPELLING CASE FOR CHANGE

1.1 Project Spending Objectives and Alignment to WMCA Aims

Specify the spending objectives for the project. Note, all programmes need to consider Inclusive Growth and its contribution to Net Zero. These should focus on the target outcomes for the intervention and be SMART (Specific, Measurable, Achievable, Realistic and Time-Dependent). Desired outcomes include: improved economy, efficiency, effectiveness, replacement and compliance.

Table 2						
#	Objective	Quantitative Baseline	Target	Specific actions to achieve objective	How will the customer be impacted? (i.e. Outcomes)	Alignment to WMCA Aims and Objectives
1.	Procuring community grass roots voluntary sector resilience and capability e.g. a partnership of agencies who could provide triage support over 3 years across the WM for organisations who have gained community	0 organisations	Max. of 200 Organisations provided triage support	<ol style="list-style-type: none"> 1. Work with Com Grants administrator to develop the route to triage support. 2. Procure specialist services. 3. Promote specialist services via community grants 4. Assess practice and impact in 	<p>Successful or interested Community grant applicants will be signposted to these organisations for triage support reducing the burden of them sourcing expertise.</p> <p>Access to available and up to date information, guidance and knowledge tailored to need.</p>	Promote inclusive economic growth in every corner of the region

	<p>grants, or are unable to apply as they don't have the appropriate governance or operations.</p>			<p>solving vol org needs</p> <ol style="list-style-type: none">5. Adapt the service to respond to evidence based practice6. Evaluate overall impact on com grant recipients and organisations including reporting to the WMCA on progress, issues and impact.7. Determine whether support is needed long term beyond the grants programme &/or how evaluation informs future work.8. Prepare and submit 6 monthly reports including financial reconciliation to		
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				Sport England for this work.		
2.	<p>Providing additional investment into the proposed United by 2022 trailblazer legacy programme over the lifetime of the CWG enhancement funding investment to bolster the sport and physical activity offer into programmes such as Gen 22 and Bring on the Power by integrating the learning from for instance the Sport England funded Gen 22 sport legacy project and WMCA's Include Me West</p>	0 young volunteers recruited	<p>350 young volunteers recruited</p> <p>Mins 200 provided sport volunteer placements</p>	<p>1. Work with procured organisation e.g. United by 2022 on the added value and impact this additional investment could bring to delivery including the learning from other related schemes such as WMCA's Include Me WM.</p> <p>2. Establish a delivery plan showing alignment of investment & upturn on delivery, capacity and impact.</p> <p>3. Use this plan to develop the schedule of work</p>	<p>Increase in the number of young volunteers volunteering at sport events.</p> <p>Increase in the number of young volunteers using their experience to gain other employment.</p> <p>Increase in the diversity and inclusion of volunteers.</p> <p>Increase in provision of inclusive and accessible sport.</p>	Promote inclusive economic growth in every corner of the region

	<p>Midlands programme and ambition to be an exemplar region for disabled people</p>			<p>for which WMCA will procure for example United by 2022.</p> <ol style="list-style-type: none">4. Establish branding and communication agreement so that the investment by Sport England via WMCA is recognised, valued and understood.5. In doing so, establish the reporting milestones so that performance, impact and learning can be evaluated and inform future practice.6. Prepare and submit 6 monthly reports including financial		
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				reconciliation to Sport England for this work.		
3.	Capacity funding to extend the current Sport England funded headline CWG sport legacy programme called Commonwealth Active Communities (4 placed based partnerships working with communities to get more people active) which will extend the programme beyond its current December 2023 Investment to build on and extend the Commonwealth Active	4 Commonwealth Active Communities (CAC) Place based projects	4 CACs (600 additional people active)	<ol style="list-style-type: none"> 1. Working with Sport England & use the CWG on going partnership maturity matrix & CAC actions to determine the ongoing capacity priorities for each CAC by June 23 2. Work with each CAC to agree capacity investment requirements and budget inc. capacity to generate and support organisations in their locality to bid for Community grants by July 23. 	<p>Increased capacity to develop shared working across an area to work with communities to get more people active.</p> <p>More resources into areas of highest deprivation to work with communities to get more people active</p>	Ensure everyone has the opportunity to benefit

	<p>Communities model across the Black Country, Coventry, Birmingham and Solihull with a focus on locally determined interventions including join up with grass roots budget to support work in Birmingham</p>			<ol style="list-style-type: none"> 3. To work with legal & procurement to agree funding process by July 23. 4. In doing so, establish the reporting milestones so that performance, impact by Sept 23. 5. Scope the extension of the CAC evaluation & work with legal and procurement to see approval to extend the Sheffield Hallam Univ (SHU) contract by July 23. 6. Set milestone evaluation report in line with CAC so that SHU is working with 		
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				<p>CACs and reporting to WMCA & WB Board rather than DCMS by Sept 23.</p> <p>7. Prepare and submit 6 monthly reports including financial reconciliation to Sport England for this work.</p>		
4.	<p>Implementing sport and physical activity priority actions for the WM Mental Health Commission and creating the WMCA capacity for co-ordination of delivery and impact over the next 3 years in addition to the Community grants mental</p>	0	<p>300</p> <p>Max. no. of children and young people referred to a sport mental health care pathway.</p>	<p>1. Seek approval to establish a new WMCA 3 year post as Assistant Delivery Manager by June 2023 and recruit by July 2023.</p> <p>2. Bring together mental health trust and sport partners to scope out the prioritisation of this investment</p>	<p>Sport and physical activity integrated within the mental health care pathway leading to:</p> <p>Improved mental wellbeing</p> <p>Improved levels of physical activity</p> <p>Improved information & advice about the benefits of physical activity.</p>	<p>Ensure everyone has the opportunity to benefit</p>

	wellbeing programme.			<p>against MH Commission priorities and agree where this investment will bring value to the mental health, sport system and community grants programme by Sept 23.</p> <p>3. Develop the PID, procurement and evaluation of this prioritised work leading to investment by November 2023.</p> <p>4. Establish milestones for reporting on performance and impact by Nov 23.</p> <p>5. Prepare and submit 6 monthly reports including financial reconciliation to</p>		
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				Sport England for this work.		
5.	Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)	0	2% Of the grant bid.	<ol style="list-style-type: none"> 1. Set out and monitor how this investment is determined, used and accountability back to Sport England. 2. Prepare and submit 6 monthly reports including financial reconciliation to Sport England for this work. 	WMCA	Develop our organisation and our role as a good regional partner
6.	Recruitment of a WMCA Programme Delivery Manager post in the CWG team to co-ordinate and ensure delivery.	0	1 Additional 3 year full time post.	<ol style="list-style-type: none"> 1. Agree business case including jd. 2. Once funding confirmed, advertise and recruit by Aug. 23 3. Put in place induction programme to 	WMCA	Develop our organisation and our role as a good regional partner

				<p>develop WMCA and programme understanding and processes by Oct. 23</p> <p>4. Set out and manage work programme and performance inc. reporting to the WB Board and Sport England on progress, issues and impact by Sept 26</p> <p>5. Work towards sustaining manager position, post Sport England funding by Feb. 26</p>		
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1.2 existing arrangements and business needs

Provide a complete summary of the organisation's current service model referring to its Business as Usual (BAU) offer, this may also include elements of services provided within the organisation's external environment.

Also, state the deficiencies associated with the current provision and the implications if the project does not proceed.

- Include suitable quantification of needs/demands where possible.
- Provide details around the service gap – i.e. the difference between current provision and where the business wants to be in line with the spending objectives of this proposal
- Why is public sector investment required?

In planning for this delivery, we recognise that:

- a. There is limited capacity in the current ESC Health and Communities team to manage this work, so it is proposed that some of this funding is used to recruit a Programme Delivery Manager in the new CWG team. This is supported by my line manager, HR and the Community Grants team. The postholder will be responsible for developing the programmes of work, enabling delivery, capturing impact and reporting to the WB Board on impact and issues. The post will be line managed by the WMCA's Strategic Lead for Wellbeing and Prevention.
- b. This promotion needs to be constant over the grant period and need the input from mental wellbeing and sport and physical activity partners to do so. The funding into the Commonwealth Active Communities will help this.
- c. Although promotion will generate applications, some organisations such as voluntary organisations or people working with vulnerable groups may not have the expertise to apply, Again this will be a role of the Commonwealth Active Communities through this Sport England funding;
- d. Evidence shows us that in the voluntary and community sport sector, there is a need to build capacity in these organisations to build their resilience through the cost of living crisis and grow by accessing expertise. Also for many SMEs and voluntary groups they do not have the governance and operation to enable them to access such grants. The Community grant scheme is aiming to address this. The Sport England investment will enable the WMCA to procure specialised organisations who will be able to help new organisations start up and provide the capacity building expertise such as business planning, staff recruitment that successful community grant recipients would be referred to.
- e. The Inclusive Communities trailblazer projects are based on the evaluation of the Games time legacy projects such as Gen 22. We want to ensure that we maximise the reach of the projects by taking the learning from other projects to inform the trailblazer projects moving forward, such as the WMCA Include Me West Midlands pledge to make sport and physical activity more inclusive and accessible. The Sport England investment will provide leverage to ensure that these projects have an even greater impact.
- f. We are developing a long term partnership with Sport England through a MoU focusing on joint priority areas to reduce health inequalities and get more people active. These priority areas include joint investment for which the Community grants programme has been identified where both Sport England and WMCA can bring match funding aligned to these priorities. Without this MoU, this would not be possible.
- g. Given that Sport England is bound by Government legislation as a NGPB and lottery distributor, Sport England cannot devolve the responsibility to the WMCA or its grant administrative body, so we are focusing this solicited bid on areas where the added value could be measured for the WMCA's Community Grant programme. This added value investment would not be available without the MoU.

1.3 project scope and services

In order to deliver potential service improvements, it is useful to classify needs / requirements. For this project please outline the requirements of the project based on the following hierarchy:

Table 3	
<p>The ‘Essential’ requirements</p> <p><i>Without these requirements, the project would not be judged to be a success i.e. the ‘must have’</i></p>	<ol style="list-style-type: none"> 1. As Sport England and the WMCA are developing a long term partnership through a MoU, the Community grants programme provides the statement of intent to Local Authorities on how we intend to collaborate and co-invest to deliver our ambitions. 2. WMCA recruitment of a Assistant Delivery Manager to to enable development and delivery of this work. 3. The investment priority objectives listed above, provide the “must haves” as we have agreed that this will accelerate the delivery & impact of the Community grants programme. This relates to the: 4. Community capacity building expertise which will enable grant recipients to access such expertise & grow the number of organisations who are eligible to apply. 5. Commonwealth Active Communities capacity funding enabling these projects based in the most deprived areas of each one of the 7 Constituent authorities to continue to address inequalities and get more people Active. This is the cornerstone of the Games sport Legacy and their funding ends on 31 December 2023. 6. Leverage more evidence based influence and practice on the trailblazer projects to have a long lasting and far reaching impact.
<p>The ‘Desirable’ requirements</p> <p><i>The project may justify these requirements on a value for money basis i.e the ‘could have’</i></p>	<p>In considering the Community Grants, WM Mental Health Commission Grants framework, we could have duplicated a number of projects which could have been taken out of Community Grants and funded by the Sport England investment. However, when considering the Community Grants eligibility criteria and the framework’s actions, we felt that the integration of physical activity in to the NHS mental wellbeing pathway provided the highest priority as it presents the most significant value for money compared to the other mental health and sport projects for the WMCA.</p>
<p>The ‘Optimum’ or ‘Highly Desirable’ requirements</p> <p><i>The project may justify these requirements on a marginal low cost and affordability basis i.e. the ‘nice to have’</i></p>	<p>The nice to have would have been 2 separate but aligned grant streams one funded by the WMCA and managed through a 3rd party and one funded by and managed by Sport England. This would have meant that the WMCA has less influence on investment, no reporting and limited opportunity to leverage influence and spend to cover management costs and also not in line with the MoU. Hence, it was agreed that this would not be the path that we would follow.</p>

1.4 key risks

Specify the main risks associated with the achievement of the project's objectives. Outline the proposed counter measures for avoidance, mitigation, and management.

The information provided should align to the Risk Register and Issue Log attached with this BJC.

Table 4						
ID	Risk	Impact (1-5)	Probability (1-5)	RAG Rating	Risk Owner	Mitigation
	Financial – there is an over or underspend on the grant.	3	1	4	Simon Hall to be transferred to the proposed Assistant Delivery Manager on appointment	Projects will be offered an indicative 75% of funding available and 25% subject to performance and need available in the last year. Update Sport England on progress and seek change request
	Mitigation Due Date: January 2027 (2.5 years into programme delivery)					
	Stakeholder/Fund recipients – may not be willing to accept or agree to additional funding or requirements.	4	3	12	Simon Hall to be transferred to the proposed Assistant Delivery Manager on appointment	Work with fund recipient to agree leverage and added value that this investment brings.
	Mitigation Due Date: February 2024					
	Management – there is little oversight for the funding by the WMCA leading to misuse of funds or limited impact.	4	2	8	Simon Hall to be transferred to the proposed Assistant Delivery Manager on appointment	Role of new Assistant Delivery Manager as outlined in the objectives and the extended role of the CWG Physical Activity legacy lead which WMCA is funding with other funding.
	Mitigation Due Date: February 2024					

	Service Delivery – the investment does not meet outputs or delayed due to deliverer issues.	3	2	6	Simon Hall to be transferred to the proposed Assistant Delivery Manager on appointment	Role of new Assistant Delivery Manager as outlined in the objectives and the extended role of the CWG Physical Activity legacy lead which WMCA is funding with other funding. Reporting to the WMCA Wellbeing Board.
	Mitigation Due Date: Monitored quarterly and mitigated by September 2026.					
	Service Impact – limited impact in use of investment in getting more people active & reducing inequalities.	4	2	8	Simon Hall to be transferred to the proposed Assistant Delivery Manager on appointment	Role of new Assistant Delivery Manager as outlined in the objectives and the extended role of the CWG Physical Activity legacy lead which WMCA is funding with other funding. Reporting to the WMCA WB Board.
	Mitigation Due Date: monitored quarterly and mitigated by Dec 2024 following agreement with the recommendations of the first evaluation report					

1.5 constraints

Specify any constraints that have been placed on the project.

- Sport England Lottery funding cannot be devolved to a 3rd party like WMCA to make decisions on grant applications. Hence, we are focusing this investment on where it will bring added value.
- Funding scope – WMCA has worked with Sport England to agree which and types of projects should be funded.
- Funding allocation – Sport England grant awards are dependent on match funding and also fund 6 months in advance, so cannot go beyond the scope of the Community Grants and cannot go beyond 6 month advance budget.
- Funding delivery – not grant aided organisation to a 3rd party via the WMCA cannot be used beyond the scope of the grant e.g. not able to make their own grant decisions.

1.6 dependencies

Specify any dependencies outside the scope of the project upon which the success of the project is dependent.

- Community Grants funding for sport and physical activity **approval** – the £2.5m is subject to the WMCA investing a minimum £3.0m into sport, physical activity and mental wellbeing projects.
- The Commonwealth Active Communities capacity building outlined above is subject to CAC's been able to bid for community grant funding to reduce inequalities. It is recognised by Sport England that there is no funding guarantee.
- Establishing the reporting and evaluation process which is manageable and achievable which provides the evidence and learning which can be applied further.
- Adherence to the principles, priorities and values set out in the WMCA and Sport England MoU.
- The MoU is subject to WMCA Wellbeing Board approval scheduled for July 2023 approval.
- The MoU and Sport England investment is dependent on the WMCA Board approving the Health Devolution duty.

2 economic case

maximise public value to society through the selection of the optimal combination of scope, costs and outcomes

2.1 critical success factors

List the critical success factors i.e. what must this project achieve to be successful?

#	Critical Success Factor (CSF)	Alignment to Project Objectives
1.	Increase in the number of Community Grants applications for sport, physical activity & mental wellbeing projects.	Capacity funding to extend the current Sport England funded headline CWG sport legacy programme called Commonwealth Active Communities (4 placed based partnerships working with communities to get more people active)
2.	Increase in the number of people getting active from receiving community grants funding.	

		which will extend the programme beyond its current December 2023 Investment to build on and extend the Commonwealth Active Communities model across the Black Country, Coventry, Birmingham and Solihull with a focus on locally determined interventions including join up with grass roots budget to support work in Birmingham
3.	Increase in the number of young volunteers trained and provided placement opportunities in sport and physical activity.	Providing additional investment into the proposed United by 2022 trailblazer legacy programme over the lifetime of the CWG enhancement funding investment to bolster the sport and physical activity offer into programmes such as Gen 22 and Bring on the Power by integrating the learning from for instance the Sport England funded Gen 22 sport legacy project and WMCA's Include Me West Midlands programme and ambition to be an exemplar region for disabled people
4.	Increase in the number of voluntary and community organisations who have the appropriate governance, operation and capacity to be resilience and sustainable.	Procuring community grass roots voluntary sector resilience and capability e.g. a partnership of agencies who could provide triage support over 3 years across the WM for organisations who have gained community grants, or are unable to apply as they don't have the appropriate governance or operations.
5.	Increase in the number of people referred to physical activity as part of a mental health care pathway.	Implementing sport and physical activity priority actions for the WM Mental Health Commission and creating the WMCA capacity for co-ordination of delivery and impact over the next 3 years in addition to the Community grants mental wellbeing programme
6.	Sport England approve 6 project reports & reconciliation forms to evidence impact and spend.	Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k). WMCA recruitment of a Assistant Delivery Manager to enable development, delivery of this work reporting to the WMCA's Wellbeing Board.

2.2 benefits appraisal

Validate the main benefits associated with the achievements of the project's spending objectives by beneficiary. Distinguish benefits from outcomes.

Table 6			
#	Benefit	Benefit Type	Beneficiary

1.	Increased resilience & sustainability of sport, mental wellbeing & physical activity voluntary organisations.	Quantitative	Voluntary and community organisations & people they serve.
2.	Reduced health inequalities & more people active	Quantitative	Communities who are the beneficiary of community grants & those living and benefiting from the Commonwealth Active Communities areas e.g Lozells, Brierley Hill,
3.	Increased sport training and placement opportunities for young volunteers	Quantitative	Young people esp. from vulnerable groups involved in projects such as Gen 22.
4.	Increased evidence and learning about the impact of a grants programme	Qualitative	Local Authorities, Sport England, WMCA and community organisations
5.	Improved mental wellbeing	Qualitative and quantitative	Patients referred to sport and physical activity as part of a mental wellbeing pathway.
6	WMCA as a good partner	Qualitative	Sport England returns submit in time and within agreed thresholds. Positive feedback on budget and programme management

2.3 value for money assessment

Complete the table below to provide decision-makers with a summative VfM assessment:

<i>Table 7</i>	
Social Benefits and Costs (with ranges)	<p>Sport is widely seen as a way for people of different backgrounds to interact and integrate by taking part, volunteering and spectating.</p> <p>It can provide opportunities for migrants to adapt to living in England and can bridge divides between men and women, homeless people and those who are not homeless, and people with different employment backgrounds.</p> <p>It can reduce the risk of developing type 2 diabetes by 30-40% and can reduce the risk of a range of</p>

	<p>medical conditions, including cancer, dementia, strokes, heart disease and depression.</p> <p>Sport and physical activity can help prevent ill health as well as provide therapeutic and management effects for those suffering - particularly for people affected by cancer.</p> <p>It can also lead to improvements in strength, balance, movement and motor skills, and help in maintaining a healthy body weight.</p> <p>Other physical wellbeing outcomes backed by evidence include improved quality of sleep, increased energy levels, healthy early years development, reduced unhealthy behaviours like smoking, reduced mortality, effective pain management and improved quality of life in ageing.</p> <p>The WMCA geography has the highest levels of physical inactivity in England according to Government's Active Lives Survey, there is about 100k people gap between the WM and England's physical inactivity levels. According to the Black Country Consortium Limited in 2017, this equates to a loss of £137m to the WM economy and £330m health savings.</p>
<p>Whole Life Public Sector Costs of Preferred Option (£m) (aligned to Section 3.2 below)</p>	<p>The whole life costs direct costs are £10.5m and this can bring up to £42m additional benefits to health and the economy.</p>
<p>Value for Money Judgement (why is this option being chosen over others)</p>	<p>According to Sport England, for every £1 invested in sport and physical activity leads to at least a £4 return on investment.</p> <p>Hence, the minimum £3.0m Community & £5m trailblazer investment into sport, physical activity and mental wellbeing projects and £2.5m Sport England investment into the WMCA has the potential to lever £42m return in individual, social and economic return.</p>

2.4 options analysis and appraisal

Analysis - Please identify a minimum of 4 options and complete a shortlisting exercise within the table below; options must include 'BAU/Do Nothing' and 'Do Minimum'.

Option	Description	Shortlisted (S) / Rejected (R)	Meets Objectives? (Y/N)
1.	Don't approve the Sport England	R	No

Do Nothing	grant award and not access funding to provide added value.		
<ul style="list-style-type: none"> Do Maximum -invest across the Com Grants Portfolio. 	<p>Don't accept the award award and Sport England funds projects against all CWG enhancement funding Community Grants programme with Sport England making decisions on its own Grants. Funding spread to thinly which limits added value. Creates confusion for projects</p>	R	No
<ul style="list-style-type: none"> Do Minimum – invest in Com Grants only 	<p>Don't accept the grant, but Sport England allocate £2.5m for projects to bid for. Sport England and the Grant administrator decide who receives which Community Grants applications. Investment focuses on reduces inequalities, capacity and start up funding.</p>	R	2/5
<ul style="list-style-type: none"> Do something – invest in targeted projects 	<p>Accept the Sport England grant, WMCAWMCA and Sport England agree where investment should be targeted to provide added value to the Com. Grants, no separate grant scheme and provides greater leverage to get return on investment.</p>	S	5/5.

Appraisal – Using the same option numbering above, complete the following options appraisal summary:

	Option 1	Option 2	Option 3	Option 4
Net Costs (capex and opex)	X	Opex – Operate 2 grant funders, WMCA to manage & influence both. No net costs	Opex – similar to previous.	£2.5m (includes 2% operational costs and new post)
Benefits that arise (monetary and non-monetary)	X	Minimal as funding spread too widely.	More targeted at Community grants	Greater added value to community grants (funds those elements that Com Grants is not able too and realises impact and

				learning)
Risks associated	Stakeholder & funding risks – no additional investment, challenges the MoU principles	Stakeholder, funding, management, impact and delivery risk – WMCA area beneficiary but not recipient of funding, no control all influence.	Stakeholder & funding risk as WMCA has no control on how aligns to Community Grants	Funding, management, delivery and impact risks – but WMCA with more influence and control on spend

2.5 recommended / preferred option

Please confirm which Option you deem to be the preferred option. Conclusions should be drawn on each of the different options considered in terms of cost, benefit, risk and its ability to meet the spending objectives.

4 is Preferred option is for WMCA to accept and receive the £2.5m grant in line with the WMCA and Sport England MoU.

WMCA with Sport England decides on funding priorities (reduces risk) where added value will be achieved against the sport, physical activity and wellbeing elements of the CWG legacy Community grants & Trailblazer programmes.

WMCA through legal and procurement has greater control and influence on investment. Ensures reporting through the WMCA governance.

3 commercial case

commercially viable and attractive to the supply side

3.1 expected outputs

List the goods, services and works that will be procured in relation to the recommended / preferred option within the table below:

Output 1	Specialist voluntary and community organisations who would provided dedicated support to up to 200 organisations.
Output 2	4 Commonwealth Activities communities sustained until March 2026 getting a minimum of 600 additional people active.
Output 3	300 people in poor mental health evidencing an improvement in their wellbeing after taking part in a physical activity intervention.
Output 4	350 additional young volunteers and opportunities for volunteering in sport and physical activity.
Output 5	

3.2 route to procurement and existing rules and regulations

State the ability of the marketplace to provide the required goods or services and the attractiveness of this proposal to potential service providers. Also include detail on how the respective procurement and legal teams have been consulted with regards to the impact of subsidy control on the project (including HR/IT personnel implications).

- leverage to the trailblazer projects: this is subject to WMCA agreement on procurement to United by 2022, the charity from the Bham CWG. They are receptive to receiving additional funding to bolster their delivery of the trailblazer projects.
- Commonwealth Active Communities Capacity Building: the Sport England current investment into the CACs (Coventry CC, Solihull MBC, Active Black Country (on behalf of the 4 Local Authorities) and Sport Birmingham (on behalf of Birmingham CC and partners) ends on 31 December 2023. The assessment on investment will be based on the DCMS/Sport England CAC evaluation partnership maturity assessment and recommendations as well as encouraging more organisations to apply for Community Grants. The opportunity to access capacity building has been identified as attractive by the lead partners above and Sport England. This will be subject to WMCA approval on exemption from procurement as the WMCA was one of the architects of the development of the CACs and also it is using Sport England funding to extend currently Sport England projects.
- Voluntary and Community Sport Sector Capacity Building: identified as a high priority need by Sport England and its sport system partners such as National Governing Bodies of Sport and Active Partnerships such as Active Black Country and Sport Birmingham above. There are a number of agencies such as Voluntary Community Sector organisations such as Dudley CVS and national charity Sported and Localities who could provide such a service. The proposed procurement is through a Request for Quotations or to establish a preferred suppliers network, but may be restricted due to timescales.
- Physical activity as part of the mental wellbeing pathway: This was determined as a priority by the West Midlands Mental Health Commission for which the Local Trusts and Sport England were members. Procurement to be decided.

WMCA Procurement has confirmed (23/05/23) supportive of the proposals and will endeavour to support procurement activity.

WMCA Legal team has confirmed (23/05/23) that the legal team have been consulted in relation to the MoU between Sport England and the WMCA and the subsequent procurement exercises and will continue to provide support in connection with these exercises to engage organisations, having regard to subsidy control as it arrives.

3.3 charging mechanism

State how the project intends to make payment for its key services and outputs over the expected lifespan of the contract(s) and to tie down risks in the charging mechanism. Include details of the contract for the deal.

The WMCA's intention is to offer in the region of 75% of the available funding for each programme objective for successful applicants and retain 25% subject to performance, impact and WMCA priorities.

The planned investment into these projects will be similar to the way in which the WMCA draws down Sport England grant e.g first 6 months upfront and then every 6 months subject to successful performance and reconciliation reports on the Sport England grant.

The WMCA would set out in any grant agreement how the grant can be used, minimising the risk to the WMCA against its grant award.

3.4 RISK apportionment

Clarify the potential risk apportionment and identify how the service risks in the design, build, funding and operational (DBFO) phases of the project may be apportioned between the public and private sectors.

This should align to the Risk Register appended to this BJC.

	Design	Delivery	Impact
Financial – there is an over or underspend on the grant.	WMCA will be accountable	Grant recipients will be responsible for this risk reporting to the WMCA	Grant recipients will be responsible for this risk reporting to the WMCA
Stakeholder/Fund recipients – may not be willing to accept or agree to additional funding or requirements.	WMCA will be accountable	Grant recipients will be responsible for this risk reporting to the WMCA	Grant recipients will be responsible for this risk reporting to the WMCA
Management – there is little oversight for the funding by the WMCA leading to misuse of funds or limited impact.	WMCA will be accountable		
Delivery – the investment does not meet outputs or delayed due to deliverer issues.	WMCA will be accountable	Grant recipients will be responsible for this risk reporting to the WMCA	Grant recipients will be responsible for this risk reporting to the WMCA

4 financial case

affordable and fundable over time

Unrounded figures should be used throughout the Financial Case

4.1 capital and revenue funding statement

A summary of the overall affordability of the project and the funding that has been secured to date must be provided.

All secured funding identified below should be verified by a written confirmation attached to this BJC with details of any conditions etc.

	Status (Secured / Not Secured)	£M
Revenue	Not Secured	£2.5m
Capital		n/a
Total		£2.5m

Funder	Amount	% of Total	Status (Secured / Not Secured)	Details of Funding Status / Timing / Conditions etc.
Sport England	£2.5m	100%	Not secured	Subject to WMCA approval of overall MOU with Sport England as well as approval of this bid submission. Sport England will announce bid outcome in July 23.
Total	£2.5m	100.00%		

4.2 overview of funding and affordability summary

A written summary of the overall affordability of the project and the funding that has been secured to date must be provided. Where there is a shortfall in available funding, provide details of how this will be addressed, and the level of contingency included.

1. This funding brings “notional match” to the WMCA’s CWG LEF Community Grants and Trailblazer Projects as described below.
2. Any funding from Sport England will require a signed MOU between the 2 parties; a 10 year partnership agreement has been issued by Sport England and is expected to get Executive Board approval in June 2023.

3. The Sport England grant of up to £2.5m is subject to Sport England approval through July 2023. This grant will be over a 3 year period.
4. These are the following 3 year funded programmes proposals aligned to the objectives above:

Community Grant Alignment	Budget	Work Stream	Summary
<p>Community Grants sport, physical activity and mental wellbeing.</p> <p>Commonwealth Active Communities Capacity To reduce geographical or demographic inequalities in those who are active. Projects to get the inactive active, driven by community need</p>	<p>£1,031,702 SE</p>	<p>Extending place based working and capacity.</p>	<p>WMCA An open community grants programme for which organisations can bid for sport and physical activity projects. Sport England would invest in the WMCA to: Investment to build on and extend the Commonwealth Active Communities model across the Black Country, Coventry, Birmingham and Solihull with a focus on locally determined interventions including promoting the Community Grants sport and physical activity opportunities, supporting organisations to apply and connecting organisations to the local and regional CAC network. To extend the CAC evaluation, reporting to the WMCA rather than DCMS on maturity, performance and impact.</p>
<p>Community capacity building in sport and physical activity organisations as part of a resilience and grow programme. Help new or existing organisations with no or limited governance or operations start up</p>	<p>£441,221 SE</p>	<p>Community organisations resilience and capacity expertise</p>	<p>WMCA Through Com Grants delivery organisations could bid for core costs inc. staff recruitment; financial planning or expert assistance to help new or existing organisations started inc. good governance & operations. Strengthening the resilience of the voluntary sport and physical activity sector. Sport England would invest in the WMCA to: Procure community and voluntary sector expertise capacity so that Community grass roots sport and physical activity who are in need to help and/or a recipients of community grants can access</p>

			expertise in resilience and capability building through a triaged support programme.
Inclusive Community Grants - Extending the Trailblazer Projects	£441,221	Additionality investment into Trailblazer legacy programmes	WMCA is intending procure an agency e.g. United by 2022 to extend the B2022 CWG trailblazer legacy projects. Sport England would invest in the WMCA to: target additional investment into projects which increases the number of young sport volunteers and volunteering opportunities taking forward the learning from the Games legacy Gen 22 programme and integrate the learning and impact of the WMCA's Include Me WM pledge and exemplar region for disabled people ambition by making all activities inclusive and accessible.
Inclusive Community Grants WM Mental Health Commission sport and physical activity framework actions	£356,867	WM Mental Health Commission and Sport, Physical Activity	WMCA Seek projects from organisations to deliver the WM Mental Health Commission framework such as addressing inequalities in mental wellbeing; thriving colleges/University; building sport and physical activity into the mental health care pathway. Sport England (as a Commission member) would invest in the WMCA to staffing and to take forward agreed Commission sport and physical activity recommendations which sit outside the Community Grants criteria such as integrating physical activity into the NHS mental wellbeing care pathway.
Assistant Delivery Manager (CWG physical activity & wellbeing legacy)	£178,989	Salary and oncosts	Working as part of the CWG team, provide co-ordination of the planning and delivery of these workstreams, its integration, learning and impact on Community Grants. SP32-36 (Assumed SP34) & + oncosts (27%) +spinal point increase in and 3% inflation costs increase in years 2 and 3
WMCA Management Costs	£50,000	Management Costs	Set as 2% of Budget

Total	£2.5m		
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5. There is no shortfall in funding.

Complete the table below to provide an overview of WMCA funding:

<i>Table 12</i>	
Funding Type <i>Grant / Cashflow (repayable) / Underwrite</i>	Sport England grant
Funding Commencement Date	05/09/23
Funding Completion Date	30/09/26
Basis of Reimbursement <i>Quarterly in arrears of expenditure incurred (WMCA Standard)</i>	The Sport England grant will be claimed 6 months in advance based on our agreed forecast. This will mean that WMCA will need to cashflow this programme through it's lifecycle, as shown in Table 14.
Any Conditions Precedent? <i>e.g. securing DfT funding. Include any spend deadlines, eligible spend outputs and high priority items likely to be included in any Conditional Grant offers or development agreements in principle (Heads of Terms)</i>	Securing this funding will enable WMCA to deliver the Sport England and WMCA MoU.
Order in which WMCA Funding is to be drawn <i>1st/2nd/3rd</i>	Not relevant
Work streams for which WMCA Funding is available to be drawn against <i>e.g. all / workstream 1, 3 and 4 etc.</i>	

4.3 borrowing summary

Please state if any element of the project costs is to be financed by borrowing. **No**

If applicable please complete the following table and provide an explanation of the borrowing required to fund this project :

<i>Table 13</i>	
Principle expected to be Borrowed	<i>Not applicable</i>
Source of Finance	
Loan Type	
Interest Rate Assumed	
Loan Term	
Expected Loan Draw Down Date	
Repayment Source	

Other costs Associated with Borrowing	
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4.4 CASHFLOW

Complete the cashflow table below setting out both income and expenditure. Amend fiscal year dates as required and number of funding sources. (see Cash flow attached)

<i>Table 14</i>							
Year (fiscal)	Q1-2 23-24	Q3-4 23-24	Q1-2 24-25	Q3-4 24-25	Q1-2 25-26	Q3-4 25-26	Q1-2 26-27
	Income (£k)						
Revenue Sport England	133.6	351.0	351.5	416.6	464.5	782.8	0.0
Revenue CWG LF	0.0	180.0	1,500.0	1,320.0	0.0	0.0	0.0
	Expenditure (£k)						
Opex Sport England	(11.3)	(238.9)	(351.5)	(351.5)	(449.2)	(495.2)	(602.5)
Net position	122.3	(305.7)	(575.7)	299.4	314.8	602.5	0.0

4.5 stakeholder support

Evidence of stakeholder support must be provided where other public sector organisations are funding the project's outputs and services.

1. Sport England's Board approved for the WMCA solicited grant and MoU proposal at its March 2023 Board.
2. The work programme proposals have been developed in consultation with Sport England and for the voluntary and community sector capacity and start up funding national charity Sported who is contracted by Sport England has informed this element.
3. Coventry CC and Solihull MBC along with Active Black Country (and Walsall MBC) and Sport Birmingham and Birmingham CC are aware of the WMCA's Community Grants programme and Sport England investment opportunities.

5 management case

can be delivered successfully by the organisation and its partners

5.1 management and governance

Provide an overview of the necessary management and governance arrangements both in the delivery phase and in operation i.e. include detail on:

- Governance and decision-making arrangements
- Change management arrangements (inc. reference to WMCA Change Process)
- Benefits realisation arrangements and plans, including benefits register
- Contract management arrangements
- Post evaluation arrangements

1. Governance and Decision Making

In line with the CWG enhancement funding, the WMCA's Wellbeing Board will have the oversight for the Community Grants programme and this Sport England investment.

As part of the WMCA's and Sport England's partnership and MoU there is the intention to establish a Physical Activity Advisory group reporting to the WMCA WB Board who will be responsible for recommendations to the Board on the delivery and impact.

Day to management for decisions will be made by the proposed Assistant Delivery Manager funded through the WM Mental Health Commission element of the funding, reporting to the Strategic Lead for Wellbeing and Prevention.

2. Change Management arrangements

Any changes to the use of the Sport England funding will be in line with the Sport England grant award and will be agreed in consultation with Sport England, led by the Strategic lead for Wellbeing and Prevention.

Any changes will also be subject to the WMCA change management process. All material delivery changes (funding or purpose) made by an organisation funded through this work will be subject to approval via the WMCA change management process. The changes will be considered by the Physical Activity Advisory Group who will recommend approves or not to significant changes which potentially places the WMCA at risk to the WB Board. We will agree the change thresholds in line with the WMCA policy.

3. Benefits realisation.

Benefits realisation will be captured via the reporting by the WMCA Sport England grant recipients and through the Community Grants evaluation, where added value has been achieved. The benefits register is listed above. This will be reviewed on a quarterly basis.

4. Contract Management Arrangements

This will be subject to approval from legal and procurement in line with the Sport England grant award. The Assistant Delivery Manager will take responsibility for the day to day contract management. The ESC's Project Delivery Officer will receive the 6 monthly progress and budget reports and be responsible for informing the Co-ordinator and Finance on progress and impact.

5. Post evaluation arrangements

As highlighted, because of the way in which the WMCA intends to finance these projects with 25% of budget held back based on performance, the 6 month progress and financial reports are critical. The Co-ordinator will also be able to capture the evaluation of other projects, through the proposed evaluation of the mental health projects; WMCA

investment through this grant to continue to the CAC evaluation (reporting to the WMCA not DCMS) and also through the Community grants evaluation. This evaluation, learning and impact will be reported to the Advisory group who will make recommendations to the WMCA Wellbeing Board of future actions.

5.2 project schedule for delivery

The key project milestones table below is a summary of those key milestones aligned to the Project Schedule, which must be appended to this BJC. Include a longstop date by which all monies for development of this SOC needs to be drawn.

<i>Table 15</i>			
#	Milestone	Start Date	End Date
1.	Acceptance of Sport England grant award	July 2023	October 2023
2.	Agreement of the legal and procurement routes	June 2023	July 2023
3.	Recruitment of the 1 WMCA post	July 2023	September 2023
4.	Contracting or tendering for work.	July 2023	October 2023
5.	Contract delivery	November 2023	October 2026
6.	Progress Reporting	November 2023	November 2026
7.	Evaluation reporting	November 2023	January 2027
9.	Sustaining and lessons learnt event		February 2026
10.	Next phase to be confirmed by the WMCA		June 2026

5.3 project organogram

Insert a Project Organogram which includes distinguishes between full-time, part-time and fixed term staff. A Senior Responsible Owner (SRO) should be appointed and identified in the organogram.



5.4 project delivery roles and responsibilities

Classify the roles and tasks to determine who is Responsible (R) , Accountable (A) , Consulted (C) and Informed (I).

Table 16

	Strategic lead for WB & Prevention	Assistant Delivery Manager	Project Support Officer	<Insert Role>	<Insert Role>
Staff recruitment	A	I	C	Choose an item.	Choose an item.
Governance & Decision Making	A	R	C	Choose an item.	Choose an item.
Reporting to Sport England & WMCA WB Board.	A	R	C	Choose an item.	Choose an item.
Contract design and delivery	I	A	Choose an item.	Choose an item.	Choose an item.
Project risk management, progress and reconciliation	I	R	A	Choose an item.	Choose an item.
Evaluation	I	A	R		

5.5 Use of specialist advisers

Specify what support and SME advice is required from outside the project team. Include both resources inside your organisation (e.g. legal and finance) and those outside (e.g. technical consultants)

1. This business case has been written, in conjunction with specialist advice from the following central service functions : Finance (Aqeel Rizvi) inc. VAT specialist (Rachel Teoh), Procurement (Brad Benson), Legal (Nigel Channer) and HR (Corinne Seymour). This has ensured that we achieve best value for the grant award and remain compliant with both Sport England and WMCA processes.
2. Internally also reliant on the Community Green Grants team to ensure that there is clarity and consistency of the accountability and responsibility of the grant administrator organisation and the specialist agencies who would either generate applications or provide services to those organisations who have received funding e.g. help on business planning, setting up governance and operations.
3. Through procurement, the WMCA will be purchasing specialist services who can provide dedicated services to sport and physical activity organisations.

5.6 risk and issue management

State how risk is managed and confirm that the risk register is an integral part of project management meetings. The information provided should align to the Risk Register and Issue Log attached with this BJC.

See the risk register above.

5.7 project assurance

Set out the arrangements for project assurance, including the use of Cabinet Office Gateway Reviews. Other sources of assurance should be considered: technical, quality etc. Specify the probable timescales for undertaking project implementation and post evaluation reviews.

1. Assessing the risks and strengths

The following risks and strengths have been identified for each programme workstream:

Objective	Risks	Strengths	Narrative
Procuring community grass roots voluntary sector resilience and capability.	Not able to predict the breadth of support vol orgs require. Setting up timescales need to be in line with Community Grants.	Evidence based need (based on Sport England & its system investment)	Use evidence base to determine scope of work.
Providing additional investment into the proposed United by 2022 trailblazer legacy programme over the lifetime.	Delays in procuring organisation such as United by 2022 may offset planning and delivery of this additional investment.	Builds on evaluation and learning from CWG sport legacy work and WMCA's Include Me WM pledge and commitment	Need to broker investment in line with WMCA procurement for the management of the trailblazer projects
Capacity funding to extend the current Sport England	Not demonstrating the added value	Builds on the WMCA, Sport England & DCMS	Set out capacity to generate and support Community

funded headline CWG sport legacy programme called Commonwealth Active Communities	that this brings to Community Grants. No guaranteed funding for delivery, CACs will need to apply.	co-designed and evaluation of the CWG physical activity legacy programme. Builds on evidence and impact.	Grants applicants as a standard WMCA award condition including outputs.
Implementing sport and physical activity priority actions for the WM Mental Health Commission	Will require time to negotiate, design with MH trusts.	Builds on evidence and actions from the WM Mental health Commission	Focus on piloting and learning from practice.
Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)		Continues existing practice.	Need to reconcile as part of the Sport England grant.

2. Ensuring known requirements for project success are present

Objective	Known requirements
Procuring community grass roots voluntary sector resilience and capability	<ul style="list-style-type: none"> • Sported and Sport England evidence of need from Sport England operating its small grants programme (£1.5k). • Investing in to the delivery of an evidence based framework.
Providing additional investment into the proposed United by 2022 trailblazer legacy programme.	<ul style="list-style-type: none"> • Taking forward the learning from the Sport England CWG legacy Gen 22 and WMCA CWG Skills Academy learning to add to the existing Gen 22 evaluation on volunteering in sport and physical activity. • Taking forward the learning and impact of include me west midlands in delivering change so that sport and physical activity is more inclusive, accessible and customer focused.
Capacity funding to extend the current Sport England funded headline CWG sport legacy programme.	<ul style="list-style-type: none"> • Evidenced impact of collaborative and distributive leadership in localities to get more people active. • Building from strong evidence base through DCMS supported evaluation. • Based on community engagement and decision making.
Implementing sport and physical activity priority actions for the WM Mental Health Commission	<ul style="list-style-type: none"> • Using the evidence base from the WM Mental Health Commission, • Integrated into the Mental Health Commission Community grants framework.
Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)	<ul style="list-style-type: none"> • Standard WMCA practice.

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3. Providing unbiased, independent evaluation of the project's prospects for success

Objective	Providing unbiased, independent evaluation of the project's prospects.
Procuring community grass roots voluntary sector resilience and capability	<ul style="list-style-type: none"> Procure independent evaluation alongside the Community Grants evaluation in line with WMCA ToC and logic model.
Providing additional investment into the proposed United by 2022 trailblazer legacy programme.	<ul style="list-style-type: none"> In line with WMCA ToC and Logic Model, influence the independent evaluation for the 2 trailblazer projects that the Sport England investment is aiming to fund.
Capacity funding to extend the current Sport England funded headline CWG sport legacy programme.	<ul style="list-style-type: none"> Extend the DCMS supported CAC evaluation undertaken by Sheffield Hallam University across the grant period. Adapted in line with the WMCA ToC and Logic Model.
Implementing sport and physical activity priority actions for the WM Mental Health Commission	<ul style="list-style-type: none"> Procure independent evaluation in line with WMCA ToC and logic model.
Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)	<ul style="list-style-type: none"> Will be required to evidence impact and spend.

4. Keeping firmly in control as the project matures

Objective	Keeping firmly in control
Procuring community grass roots voluntary sector resilience and capability	<ul style="list-style-type: none"> This will be managed on a day to day basis by the Assistant Delivery Manager and the 6 month reporting process outlined above and in the evaluation above reporting to the WMCA's Wellbeing (WB) Board.
Providing additional investment into the proposed United by 2022 trailblazer legacy programme.	
Capacity funding to extend the current Sport England funded headline	

CWG sport legacy programme.	
Implementing sport and physical activity priority actions for the WM Mental Health Commission	
Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)	

5. Working closely with project teams stakeholders so risks and issues are collected, prioritised and mitigate

Objective	Working closely with project team stakeholders
Procuring community grass roots voluntary sector resilience and capability	<p>This will be the role of the Assistant Delivery Manager supported by the existing WMCA project support officer working closely with contracted partners capturing any issues and managing and mitigating risks.</p> <p>Ensuring that the stakeholders (contracted partners) are reporting through to their own governance, but understanding that any change, progress and decisions are made by the WMCA via its change management process, the Physical Activity Advisory Group and final decisions made by the WMCA's Wellbeing Board.</p>
Providing additional investment into the proposed United by 2022 trailblazer legacy programme.	
Capacity funding to extend the current Sport England funded headline CWG sport legacy programme.	
Implementing sport and physical activity priority actions for the WM Mental Health Commission	
Contributing to the WMCA costs for the management of the Sport England grant at 2% of total grant (£50k)	

5.8 contingency arrangements

Set out the contingency plans in the event of any delays or disruptions to anticipated services.

1. The Sport England grant funding is not restricted to the CWG Enhancement Funding timescales, so there is some time flexibility to manage delays and disruptions.
2. We are proposing to retain 25% of the grant for recipients which enables us to manage delays and disruptions.
3. We will provide Sport England with RAG rated progress reports and seek both internal and Sport England approvals for change to the delivery of the programme (either agreeing a new work stream due to disruptions or change in the time line due to delays).
4. The WMCA will also manage a risk and issue management process across each of the work streams reporting to the proposed Physical Activity Advisory Group.

5.9 LESSONS LEARNT

Detail how Lessons Learnt have been considered during the development of this proposal and plans for capturing Lessons Learnt during this project.

1. The WMCA's Assistant Delivery Manager will co-design a theory of change and logic model for each of the work streams which will steer the evaluation and learning.
2. Project reports will provide the WMCA with delivery progress against the outputs as well as capturing learning around community engagement, the leverage of additional investment; effectiveness of the capacity building for voluntary and community organisations and the realisation of the Community Grants programme.
3. Alongside the learning gained from the Community Grants programme, which for sport, physical activity and wellbeing will be reported to the WMCA Wellbeing Board via the Physical Activity Advisory group, the WMCA will also use this Sport England to establish the evaluation and impact for each of the work streams such as extending the Commonwealth Active Communities evaluation currently funded by Sport England and reporting to DCMS. This evaluation covers community engagement, stakeholder partnership maturity, impact of programmes to get more people active.
4. The proposed WMCA Physical Activity Advisory group will play a key role in capturing the learning and impact of the programmes and how this can inform future funded delivery, impact on Community Grants and lessons learnt for Sport and Physical Activity.
5. As part of this work, the WMCA will be developing 2 networks for those organisations who have been beneficiaries of the Sport England grant and Community Grants for sport, physical activity and wellbeing. Working alongside the WMCA Community Grants team and the grant administrator, we will establish:
 - a. A community of practice – targeting all beneficiaries to showcase delivery and determine the issues and opportunities that emerge. This will take place 2 times a year.
 - b. Community of learning also taking place 2 times a year targeting the Commonwealth Active Communities, Mental Health Trusts and United by 2022 to consider the learning from whole system approaches to reducing inequalities by getting more people active.
 - c. Community of Learning (2 times a year) for voluntary and community organisations to share learning on the value and impact of the community capacity building and start up programmes e.g. business planning, leadership, additional workforce, good governance and operation.

5.10 Monitoring AND EVALUATION

Set out a summary of the outline Monitoring Evaluation arrangements for the project and milestones leading to Project Evaluation.

Include detail on the following:

- How performance will be measured? – Indicator/metrics
 - How does previous M&E learning inform the driving policy and or the project/programme?
 - Do you have costs for the budget & resources for M&E (note, this should align to the financial case)?
1. The WMCA will work with partners such as Sport England to develop a Theory of Change and Logic model for each work stream, this will inform the procurement and contractual requirements.
 2. We will build in evaluation as described above into each one of the programme objectives and contracts. This will follow the ToC and Logic model and will consider the qualitative evaluation of the impact, learning and change from the delivery.
 3. We will also establish a 6 month progress and financial reporting which will inform the WMCA's reports to Sport England as the grant funder and also to the WMCA's Wellbeing Board via the proposed Physical Activity Advisory Group.
 4. The requirements will be set out in the grant award conditions including:
 - a. Delivery outputs.
 - b. Evaluation and impacts
 - c. Governance approvals
 - d. Income and Expenditure
 - e. Reconciliation.
 5. This evaluation will also inform the Communities of Practice and Learning described above.
 6. This evaluation will also inform the WMCA's decisions on the final allocation of 25% of the grant as set out above, which is based on performance and impact.

mandatory APPENDICES REQUIRED FOR THIS bJc

The following documents must be appended to this BJC:

APPENDIX	PROVIDED (Y/N)
Risk Register and Issue Log	See section above
Written Confirmation/s of Confirmed Funding	Expected July 2023
Project Schedule	See above
If Investment Programme, Project Delivery Plan on a Page (POAP)	Y
If CRSTS, DfT Additional Appendix	
Stakeholder and Communication Plan	Y
Sport England and WMCA Final Draft MoU	Y
Sport England Solicited Grant Estimated and Sport England grant Claim Cash Flow	Y
Sport England Solicited grant application	Y
WMCA External Grant Checklist approval	N to be approved before 19 June Sport England grant submission.



Wellbeing Board

Date	3 July 2023
Report title	Mental Health Commission – Final Report & Next Steps
Portfolio Lead	Councillor Isobel Seccombe OBE
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Email: Laura.Shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities, West Midlands Combined Authority Email: Mubasshir.Ajaz@wmca.org.uk
Report has been considered by	Clare Hatton, Interim Director of Employment, Skills & Communities, West Midlands Combined Authority

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

- (1) Notes the final report and feedback from the launch event on 28 June 2023;
- (2) Provide views on the next steps and how the Commonwealth Games Legacy Funds Community Grant allocation of £5.5m can be used to support implementation;
- (3) Use their influence in the region to promote the findings of the report.

1. Purpose

1.1 This paper is to provide a brief overview of the final report of the Mental Health (MH) Commission and the intended next steps. It will cover:

- (a) A brief re-cap on the membership, purpose and scope of the MH Commission;
- (b) An overview of the final recommendations;
- (c) An indication of how the proposed implementation projects will be taken forward;

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. Commission’s Work and Final Recommendations

4.1 The full final report of the West Midlands Mental Health Commission will be made available to the Wellbeing Board at the Meeting on 3 July 2023, after its official launch on 28 June 2023. Through its work the Commission found that:

- Demand for children’s mental health services in the combined authority area had increased significantly (by an average of over 50%) in recent years as child poverty, isolation and stress had worsened. Evidence shows measures to reduce child poverty, abuse and neglect are key, along with improving school experience and access to social activities and support.
- The cost-of-living crisis was causing and deepening poverty which is a major risk factor for mental ill health as it increases stress, reduces resources for healthy choices and worsens environmental threats. Evidence shows that regional and local measures to reduce costs and increase incomes of the poorest can have a significant benefit to people’s mental health.
- Because of structural racism that exposes racialised communities to higher levels of poverty, stress and reduces their opportunities, Black, Asian and other racialised groups experience worse mental health outcomes than white British people. Evidence shows that pro-active measures are needed to ensure services are delivered and shaped by people from affected communities.
- Physical activity is a significant protective factor for mental health. One third of children and one in four adults in the West Midlands are doing less than the minimum amount of activity advised for good health. People from deprived and racialised communities are even less likely to get enough exercise. Structural barriers need to be reduced and removed to ensure more people from all parts of society can walk, cycle and take part in exercise and sport more frequently.
- Social connections between people are vital for mental health and a thriving voluntary and community sector can help make these links and provide support in a way that empowers people and communities. Austerity cuts and other funding challenges have weakened this sector and more works need to be done to ensure it is better resourced and supported.

Having considered the evidence and the opportunities to make a significant and sustained impact in reducing mental health inequalities in the region, the Commission will launch its recommendations on the 28th of June, 2023 with the following recommendations:

No	Action	Rationale	Lead organisation/s
1	Schools and colleges should adopt a ‘whole school approach’ to mental health. This approach should include evidence-based learning about mental health within school curricula and access to counselling and other forms of support alongside the expansion of Mental Health Support Teams.	Mental health outcomes are most strongly influenceable in childhood, and evidence suggests ‘whole school’ approaches and early support are highly effective.	WMCA should convene a group of leading education actors, including local authorities, academy trusts and the Department for Education, to agree a joint approach. This plan could be piloted.
2	All schools and colleges should work towards zero exclusions. Support for this should include external advice and help for schools to improve behaviour and support children with complex needs including ‘managed moves’ to give students a fresh start.	Excluded children have much poorer mental health and other outcomes. Evidence is clear that supporting children to remain in their school is helpful.	See (1)

3	All parents/ carers should have access to and be encouraged to take up evidence-based parenting programmes.	Evidence-based parenting programmes highly effective in improving outcomes.	Local authority public health teams and education departments. WMCA could support a pilot.
4	Every West Midlands council area should have an early support hub drawing on the Youth Information, Advice and Counselling Services (YIACS) model or local equivalent.	These types of services are well evidenced to support better outcomes in children and young people.	Local authorities normally commission these types of service. A pilot scheme should be explored as part of implementing these recommendations
5	WMCA region should become a 'Living Wage Place' with every major public sector body achieving Living Wage Foundation Accredited by 2026 and a region-wide campaign run to get other major employers accredited	Poverty is the main driver of poor mental health. With 20% of West Midlands' workers paid below the poverty rate, this would make a big difference.	WMCA should lead on this but it will require action by local authorities, NHS trusts, universities, police and fire authorities and the private and voluntary and community sectors
6	Public sector organisations in the region should adopt social value principles in procurement, putting money in the pockets of local people and organisations.	'Preston Model' of buying more goods and services locally is associated with a 9% reduction in depression, among other evidence	WMCA should develop a Social Value Procurement Charter along the lines of the Greater Manchester version'
7	Welfare advice should be provided to anyone in the West Midlands using mental health services, including NHS Talking Therapies. This service should include support with personal finances, housing rights, legal issues and employment.	Adverse life circumstances, like poverty, worsen mental health outcomes. Addressing circumstances makes outcomes more likely to improve.	The Integrated Care Boards/Systems should lead on this work, supported, potentially, by a WMCA-led pilot scheme
8	The three integrated care systems in the area should support and invest in community-led infrastructure so that they are able to deliver credible and safe mental health support for people from racialised communities in the region. These organisations should be supported to build capacity, form networks for support, and become more sustainable.	People from racialised communities experience much poorer mental health outcomes because of structural racism. Representative, community-led services can help address these problems.	The Integrated Care Boards/Systems should lead on this work, supported, potentially, by a WMCA-led pilot scheme
9	The NHS should seek to make the mental health workforce at every level and across all disciplines more representative of the communities it serves.	This would help address some of the structural problems that lead to worse mental health outcomes in racialised communities.	The Integrated Care Boards/Systems and NHS Trusts should lead on this work, supported, potentially, by a WMCA-led pilot scheme
10	Mental health services should provide ready access to physical activity opportunities for anyone who is waiting for support or currently receiving it. Physical activity should be built into treatment 'pathways' as a	Evidence shows that physical activity is good for mental health. People with a mental health diagnosis experience poorer physical health	The Integrated Care Boards/Systems and NHS Trusts should lead on this work, supported, potentially, by a WMCA-led pilot scheme

	routine element of good mental health care.	than the general population – exercise would help close this gap.	
11	Integrated care partnerships must have representation from marginalised communities	Racialised, LGBT+ and deprived communities have worse mental health outcomes because of structural discrimination and disadvantage. Representation can be part of addressing this	The Integrated Care Boards/Systems and NHS Trusts should lead on this work, supported, potentially, by a WMCA-led pilot scheme
12	The WMCA and local authorities in the region should work systematically to reduce barriers that may prevent local people from engaging in physical activities – cost, lack of culturally appropriate options, transport including traffic, pollution and lack of active travel infrastructure, safety, and the range of activities on offer.	Physical activity is good for mental and physical health, but poorer communities struggle to access exercise because of structural barriers. Designing environments that privilege walking and cycling is the most effective way to do this	WMCA, including Transport for the West Midlands and local authorities
13	Integrated care systems should fund and commission voluntary and community sector partners to maximise their sustainability while retaining their independence, flexibility, and creativity. This may mean offering longer-term funding, encouraging provider alliance arrangements between voluntary and community sector organisations, and using grant programmes to support innovation.	There is good evidence that voluntary and community sector organisations can deliver better outcomes by tailoring support to diverse communities.	Integrated care systems/boards and their constituent NHS trusts and local authorities

6. Next steps for the Commission's work

- 6.1 While the Mental Health Commission has come to a close, the recommendations and the potential implementation projects that have previously been identified, will be taken forward.
- 6.2 The Commonwealth Games Legacy Fund's Community Grants scheme will have a £5.5m allocation for funding interventions themed on sport, physical activity and mental wellbeing. These themes have been formed on the basis of the recommendations from the MH Commission. While the selection of winning bids into the fund will be through an independent grant administrator, any funds allocated towards sport, physical activity and mental wellbeing interventions will be overseen by the Wellbeing Board.
- 6.3 The Health & Communities team will work with partner organisations on recommendations that are directed towards their organisation to decide next steps and continue to seek additional sources of funds for the various pilots that have been suggested.

6.4 The Health & Communities team will provide regular updates on progress to the Wellbeing Board.

7. Financial Implications

7.1 There are no direct finance implications from this paper. However, there are likely to be in the future, which will be within the existing budgets.

7.2 The £5.5m from Commonwealth Games Legacy Fund's Community Grant is currently going through final WMCA governance process.

8. Legal Implications

8.1 Under the Equalities Act 2010 public authorities have a duty to exercise their functions in a way which reduces inequalities arising from socio-economic disadvantage and to advance equality of opportunity for protected groups including those with a disability such as a mental health issue.

9. Equalities Implications

9.1 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.

10. Inclusive Growth Implications

10.1 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.

10.2 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.
- Affordable and Safe Places: Recognising the importance of access to green spaces, especially for people living in deprived areas, on their mental 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, with a special thematic session of the commission focusing on this issue.
- 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, as well as holding a joint session with the Race Equalities Taskforce on racialised communities experience of mental health

10.3 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.

11. Geographical Area of Report's Implications

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

12. Other Implications

12.1 None.

13. Schedule of Background Papers

13.1 Mental Health Commission Final Report (to be made available after 28 June, 2023)



Wellbeing Board

Date	3 July 2023
Report title	Wellbeing Board High Level Deliverables Update
Portfolio Lead	Councillor Isobel Seccombe OBE
Accountable Chief Executive	Laura Shoaf, Chief Executive, West Midlands Combined Authority Email: Laura.Shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities, West Midlands Combined Authority Email: Mubasshir.Ajaz@wmca.org.uk
Report has been considered by	Clare Hatton, Interim Director of Employment, Skills and Communities, West Midlands Combined Authority Email: Clare.Hatton@wmca.org.uk

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

- (1) Consider the progress to date on 2022/23 High Level Deliverables
- (2) Review the High Level Deliverables for 2023/24.
- (3) 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.
- 1.2 The paper also provides updated high level deliverables for 2023/24. It is proposed that the Wellbeing Board will be provided with regular updates on the progress against these HLD's.

2. Health and Communities in 2022/23

- 2.1 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 HOCR Roundtable bi-monthly and establish working group for a new HOCR 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"> - Monthly engagement with Smart City partners - Develop proposals for region with LA partners through Radical Health Prevention Fund - Procure/develop regional remote diagnostics
	Complete the design sprint projects, i.e. Accessible Housing Design, Digital Inclusion and Community Decision Making, by working with partners and setting out recommendations by January 2023 and presented to WB Board by March 2023.

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

2.2 Our Key achievements in 2022/23

- Delivering on Thrive into Work IPS trials, showing greater than expected outcomes on employment (see evaluation report [here](#)) and securing £8m in funds for next two years to extend the work through DWP Grant.
- Secured £1.6m funding from the Health Foundation to host the Combined Authorities Improving Health and Reducing Inequalities programme, which will run across 8 Combined Authorities and Mayoral Regions nationally for 3 years.
- Secured a long term partnership with Sport England, looking to bring additional investment into the region to use sport and physical activity as a lever to improve health and wellbeing.
- Received £70m in Commonwealth Games Legacy Enhancement Funds, of which almost £8.5m will be used towards sport, physical activity and mental wellbeing.
- Concluded the West Midlands Mental Health Commission, with recommendations that have implications for regional health and care partners, including those in the voluntary and community sector.
- Ran a series of successful workshops with the Kings Fund, exploring through various thematic areas, the role the WMCA and Mayor can play in facilitating action on health outcomes in the region. The final report was published earlier this year, see Appendix A.
- Hosted the Thrive at Work Awards, where we heard impressive stories of organisational behaviour change on employee wellbeing.
- Worked with WM5G to secure ~£10m in funds to invest in health tech initiatives in the region.

3. Proposed high level Deliverables for 2023/24

- 3.1 As we progress into 2023/24 the team have been focused towards reducing health inequalities and maximising the impact on health outcomes through the CA's current devolved responsibilities on transport, housing, skills and economic growth.
- 3.2 The Trailblazer devolution deal for health, and particularly the health improvement duty, would have meant bigger changes in the way we organise ourselves and perhaps the way the Wellbeing Board governance is structured. While the opportunity on the health duty has passed, this is not yet reflected in the proposed HLDs, health devolution still offers other opportunities that we can take forward.

- 3.3 We also propose to explore the function of the Health of the Region Core Group and the Roundtable. Given the commitments from the 2020 Report have largely been completed or even exceeded, the focus needs to shift to the report due later this year, which will focus on WMCA actions on health through health in all policies.
- 3.4 Our proposed High levels Deliverables for 2023/24 are below. We will table an update on impact and progress against each deliverable, along with partners involved at every future Wellbeing Board meeting.

HLD	Milestones
Enable healthy, thriving communities through implementing a health in all policies approach and helping drive resources into specific areas of unmet need	<p>Establish good practice, and identify issues and challenges for housing and transport in embedding HiaP. Complete an accessible housing project reporting to the Wellbeing Board</p> <p><i>Support the Health of the Region Core Group to develop community-relevant issues into actionable solutions. Reporting to quarterly meetings.</i></p> <p><i>Work with the Wellbeing Board, Health Leaders and WMCA Executive team to establish the governance and implementation terms of the TDD Health Duty</i></p>
Support the delivery of initiatives that tackle health inequalities with health system partners, including Mental Health Commission and Commonwealth Games Legacy programmes of work	<p>Deliver the Health Foundation Combined Authority Inequalities programme as per grant requirements. Report back to Health Foundation, other Combined Authorities and the Wellbeing Board.</p> <p>Oversee delivery of Mental Health Commission implementation and CWG Sport PA projects and report to Wellbeing Board.</p> <p>Publish new Health of the Region report in December 2023 and <i>hold annual roundtable with Community by April 2024.</i></p> <p>Sign long-term partnership agreement with Sport England and develop co-investment plan, obtain Wellbeing Board approval by July 2023</p> <p>Strengthen disabled people's voices in regional decision making by increasing the number of members and agreeing purpose and direction. Report the to the Wellbeing board.</p>
Enable healthy, productive workforces and deliver evidence-based initiatives focusing on 'good work' as a determinant of health	<p>Deliver the Thrive at Work programme as per MHPP guidelines. 21 signups & 21 accreditations per quarter</p> <p>Deliver the Thrive into Work programme as per DWP guidelines. 3,369 starts, 1,143 job outcomes.</p> <p>Support the implementation of the Real Living Wage Region. Initiate a campaign and <i>work with Core Group members and the Mayoral team to land with stakeholders in region. Report back to Health Of The Region Core Group and Wellbeing Board</i></p>

4. Current Programme Updates

WM Mental Health Commission

- 4.1 Please see separate paper (final report) on the agenda for the Wellbeing Board meeting.

Health Inequalities and Health in all Policies

4.2 Health of the Region (HOTR)

- At our in-person Health of the Region Roundtable in January, we updated the participants on the commitments to action from the 2020 report and how most of the commitments had either been achieved or surpassed by our partners.
- The HOTR Core Group has since agreed to take forward collective campaigning activity around the Real Living Wage via its networks across the region. Within the

WMCA, the Mayor has also agreed to take this up as a challenge and an aim for the region, especially given it is one of the key recommendations of the West Midlands Mental Health Commission as well.

- c. The next Health of the Region Report later this year, will focus specifically on our approach to Health in All Policies within WMCA. It will start by highlighting the progress regionally (or lack thereof) on the Health Inequalities identified in the 2020 report. It will then focus specifically on the metrics WMCA can influence, and then present the case for our HiAP approach reporting into the West Midlands Outcomes Framework and to the Wellbeing Board. We will aim to publish this report before December 2023.

4.3 Healthtech / Medtech

- a. **Smart City Region:** We are continuing to work closely with colleagues in WM5G (a subsidiary of the WMCA) around the SCR proposal, part of the Trailblazer Deeper Devolution / Levelling Up ask, which is made up of five substantive workstreams –
 - Remote monitoring (home sensors for up to 5000 adults aged 65+ needing ongoing social care)
 - Diagnostics (faster diagnostic procedures, with an initial focus on bowel cancer, taking advantage of advanced connectivity)
 - Preventative healthcare (digital solution for employee health and wellbeing, enhancing productivity, potentially bolted onto Thrive at Work)
 - Exemplar smart hospital (demonstrating the benefits of enhanced connectivity)
 - Learning Network (to support the scaling and acceleration of these innovations), being launched on 29th June.

The (internal) full business case has now been approved via the WMCA's Single Assurance Framework and will be considered by the WMCA's Investment Panel on 26th June and the Investment Board on 17th July. Externally, the full business case has been considered by DLUHC officials and revisions / comments are currently being worked through. DLUHC funding is expected in October 2023, squeezing the first year's funding (of this two-year programme). Various MoUs (between WMCA and WM5G, and also with the three local ICBs) are being drafted to capture agreements around the transfer, matching and use of funds (totalling £13m).

- b. To note, the West Midlands Innovation Accelerator has now announced its winners, which includes support for Health / Med Tech. Further information can be found here: <https://www.wmca.org.uk/what-we-do/economy-and-innovation/west-midlands-innovation-accelerator/>.
- c. **Digital Health Devices:** As part of a wider programme around digital inclusion led by skills colleagues, we have secured some funding for digital health devices – namely smart watches with multiple health tracking functions – which will be distributed by our partners, The Active Wellbeing Society, via their social prescribing service and their 'share shacks' to participants with hypertension, chronic depression and / or diabetes. The impact will be tracked, and an evaluation is due in January 2024.
- d. To note, we are continuing to support and help shape local developments in the area of digital health captured in the Trailblazer Deeper Devolution Deal – namely the interoperability of electronic shared care record platforms and related innovations to potentially pilot (e.g. an 'AI lab') – ready to help secure any potential funding.

4.4 Health Inequalities Design Sprints

- a. **Accessible Housing** –There is a growing interest in the breadth of this potential work to gain a better understanding of the impact of elderly as well as disabled people. Also, in understanding the environmental impact including climate adaptability for which the £30k Health and Communities and Inclusive Growth Funding does not cover the scope of this work. Hence, internally we have agreed to initially establish baseline audit of current local authority and housing provider practice and use this as a basis to inform next work phases. The Request for Quotation for this work will be out in July 2023.
- b. **Community Decision Making:** The CDM project is now drawing to a close, with the New Economic Foundation’s final report currently being reviewed by project partners. In answer to the project’s key question of how to create a replicable community-based decision-making model within NHS strategic processes, the project underlined the value of –
 - Finding people who are deeply connected to their community and are trusted
 - Understanding barriers to trust between organisations
 - Avoiding membership fees for community organisations
 - Power and voice being distributed within the collaborative network
 - Enabling influence and allowing for flexibility with funding to respond to needs
 - Having slim governance and reporting requirements for small projects

An overview slide-deck s included in the Appendix B.

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

- a. Following the HiAP input by the health and communities' team to influence the TfWM Local Transport Plan to evidence its role in improving health by reducing health inequalities, TfWM work continues with Local Authorities to develop Local Transport Strategies.
- b. Alongside this policy influence, the Health and Communities team have secured £72k from the DfT’s Capability and Ambition Fund to work with Solihull MBC Public Health and Transport and community organisations to shift the emphasis to community referring to the programme, given the limited capacity in the North Solihull Primary Care Trust.

4.6 **Improving outcomes for disabled people region**

- a. Due to the discussions on the Health Devolution Deal, the progress on becoming an exemplar region for disabled people as been stalled. Work has started on decoupling from the health devolution deal, so that the exemplar region work stream is stood up and this includes:
 - b. Finalising the review work undertaken by the Disability Policy Centre on behalf of the WMCA on what is needed to develop disabled citizens voice in local decision making. A final meeting is scheduled for 26 June.
 - c. Seeking permissions to establish a task force to steer the development of the planned Needs Assessment and Strategy. In addition to the accessible housing described above.
 - d. The WMCA is also working with British Blind Sport to see how it can support the World Blind Games legacy in the region on the 18-27 August 2023 by making transport more accessible and kick starting a Goalball legacy.

4.7 **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.

4.8 **Thrive at Work**

- a. Update / overview: In recent months, the Thrive at Work programme team have been managing the impact of significant staffing changes. Performance remains steady, but below target, partly hampered by a lack of funding base from the end of the year.

- b. Key priorities:

- Delivering on our contractual obligations, prioritising the 'enhanced offer' of the Midland Health and Productivity Pilot (MHPP – our funder), which is a systematic engagement approach across MHPP partners with a low, medium and high 'dose' of support to employers
- Plugging immediate gaps in staffing
- Exploring sustainable funding options, and potential revisions to the product accordingly (e.g. developing a 'modular' approach to the offer)
- Organising the Thrive at Work annual awards event, due in the autumn (likely mid-November and likely in Coventry)

- c. Current performance:

- Over the last quarter (March, April, May), we have had 19 organisations sign up to the Thrive at Work programme, bringing our total up to 550 organisations
- In the same timeframe, we have had 19 organisations accredited at Foundation, Bronze or Silver level, bringing our total up to 135 accredited organisations
- We have 211 organisations actively progressing towards their next accreditation level
- We are on target for the production of case studies for MHPP, and are well ahead in terms of engagement / awareness-raising figures (1777 engagements to March quarterly report, relative to 600 target).

4.9 **Thrive into Work**

- a. Update / overview: The Thrive into Work programme team have been setting up to deliver on the new targets within the DWP grant and finalising the contracts with the ICB and delivery providers.

- b. Current performance: Delivery has successfully ramped up over the first 2 months of the new service, despite challenges around changes to the service specifications and eligibility criteria.

- 633 Referrals have been generated, a proportion of which were on waiting lists whilst entry onto the service was closed Feb23-March23. Remains a strong engagement from primary care and community health sources despite previous ramp down.
- 196 People have successfully started on the programme (141 Out of Work and 55 In Work), 146% of targets and ahead in 4 out of 5 Lots.
- 43 people have successfully started employment on new service (29 Job Starts and 12 Job Retentions), 171% of target.

- The overall job conversion rate for service (including previous delivery) is 34%. This is in line with previous targets but needs to increase to 40% over the next 2 years as per DWP's new service targets.
- 13 week sustainment rate is 67%, again in line with previous targets but will aim to increase to 75% over the next 2 years. The new 26 week sustainment KPI is too early to report but providers have already demonstrated success with collecting data for this new performance metric.

5. Financial Implications

- 5.1 There are no other direct implications as a result of the recommendations within this report.

6. Legal Implications

- 6.1 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.

7. Equalities Implications

- 7.1 Portfolio Health and Equity Impact Assessment identified key impact and considerations for high level deliverables. The composition of the Thematic Boards and other governance structures of the 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.
- 7.2 Positive equality outcomes can be supported within these HLDs. Whilst improved inclusion of disabled people is an explicit action, the HLDs will have a much broader positive equality impact across different equality groups. For example, the focus on improving health outcomes across the region will help address poor levels of physical activity amongst lower socioeconomic communities, which often correlate with a higher population of minority ethnic groups. Similarly, programmes such as Thrive into Work will help those who are more likely to face inequalities to access jobs and opportunities that will have a subsequently positive impact on their wellbeing but also improve their economic outcome, both of which encourage positive equality impact.

8. Inclusive Growth Implications

- 8.1 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.
- As projects relating to HLDs will develop over time, we will work closely with the Inclusive Growth Team to ensure that the inclusive growth fundamentals are embedded into all of our projects.

9. Geographical Area of Report's Implications

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

10. Other Implications

10.1 None

11. Schedule of Background Papers

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

12. Appendices

12.1 Appendix A - Kings Fund WMCA Workshop Series Report
Appendix B – Community Decision Making project slide deck

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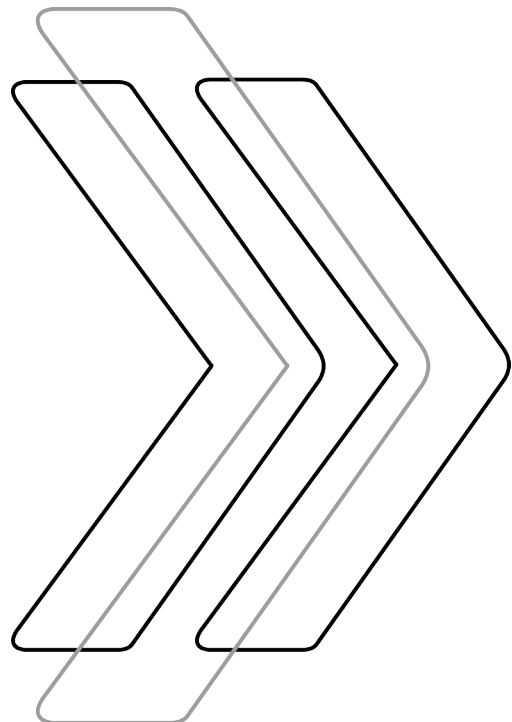
West Midlands Combined Authority

Are further regional
approaches to system
leadership needed for
health and wellbeing?

Toby Lewis

Luca Tiratelli

March 2023



This independent report was commissioned by West Midlands Combined Authority. The views in the report are those of the author and all conclusions are the author's own.

The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

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1 Introduction

Using local leadership to unlock more preventive models of health and care has been the focus of a lot of policy development over recent years. The creation of integrated care systems (ICSs), and the emphasis on place within them, has established the local statutory partnerships to do this. Nationally, the development of a new operating model for NHS England has begun to develop a different set of relationships between the centre of the NHS and local bodies. This context creates an opportunity to turn our attention to a less explored, but potentially very significant set of questions, around the regional role in health, and the contribution to health that combined authorities can make.

Typically, combined authorities don't have formal powers around health policy. However, they do have powers in lots of areas that shape health outcomes and inequalities, such as transport, employment and housing, often by aligning public and private sector actors.

Through elected mayors, combined authorities also have significant 'soft' power within local areas, and an important role in convening and leading coalitions of public, private and voluntary sector organisations on particular issues. With devolution gathering pace across the political spectrum, and specific deals being discussed in the West Midlands, The King's Fund was invited to explore work on health and wellbeing.

In this report we consider both present and the future work on health and wellbeing by the West Midlands Combined Authority (WMCA). The King's Fund has worked recently with ICSs in the Midlands, and that work identified significant assets within the region, including relevant academic excellence and strong data analytics capability, and there is work to do to build on that excellence.

In exploring the role that the WMCA can play in improving health outcomes we ran a series of workshops exploring the following issues: inclusive growth and climate change, homelessness, inequalities and disability. Our goal was to uncover answers to a few key questions including:

1. What are the WMCA's core assets, and how can they be best used to improve health and wellbeing?
2. What can we learn from the what's already happening in areas such as disability, homelessness and inclusive growth to inform how the WMCA should approach its role in addressing health inequalities?

3. What do local partners want from the WMCA in this space? What gaps can it as a combined authority fill?

It is a coincidence that this report's submission to the WMCA is coinciding with the launch of the latest Trailblazer deal (Hill 2022). But this is a happy coincidence, because that deal creates growing expectations of delivery in return for investment. Other regional bodies, like the Office of Health Disparities (OHID), the Midlands Engine which brings together academe and commerce, and the integrated care board (ICB) who are leading NHS provision, may in differing ways look to the Combined Authority for leadership and partnership.

This report principally explores not *what* role in a specific health-related domain the WMCA might play, but, rather, *how* that role could be played differently for different circumstances: to the benefit of local communities, whose poor and unequal health outcomes must change if the region is to fulfil its potential. We argue that there is a range of approaches that the WMCA should now consider in health and wellbeing, which we present as a taxonomy in section 4.

2 Context

Health inequalities and the role of combined authorities

The West Midlands as a whole had the second largest regional fall in life expectancy in England in 2020. Inequality of life expectancy was 10.8 years between the most and least deprived males in the region, up 1.5 years compared to 2019, and 9.1 years for females in the region, up 1.8 years compared to 2019. Birmingham, Sandwell, Walsall and Wolverhampton, have the highest rates of infant mortality in the country (PHE 2021).

As up to 80 per cent of the determinants of health come from outside the health system (NHS Confederation 2022), many actors have a part to play in addressing this situation. Deprivation indices derived from the census suggest that two of the three ICSs within WMCA's geography are the two most deprived health partnerships in England. The West Midlands had significantly lower employment rates and in the first year of the pandemic (percentage for west midlands?), compared to England (75.1 per cent), and employment had downturned further to 73.7 per cent in 2021. In 2019, 17.5 per cent of households were living in fuel poverty, the highest figure across English regions (PHE 2021).

Local authorities are the lead local agency for public health in England. Recent reforms to the health system, such as the advent of integrated care systems, take the importance of local authorities in addressing ill-health as central in their design. In particular, integrated care partnerships (ICPs), which have responsibility for framing strategy for their respective ICBs, are expected to align the actions of statutory and the voluntary and community sector local bodies. Their visibility remains limited publicly, but 2023/24 will potentially see their role become more prominent.

While some profile has been attached to the work of Greater Manchester and to the health powers of the London Mayoralty, overall, the role of combined authorities (CAs) is not typically appreciated by health leaders. CAs as a tier do not have the history of involvement in health that local authorities do and, additionally, different CAs have different powers relating to particular policy areas (Health Foundation 2022), meaning that the precise role that each CA has to play varies across the country. This variability inhibits comparison and study.

While there are limited formal powers in health in any CA, it is important to emphasise that the situation is rapidly evolving. The economic opportunities of investment in both wealth through life sciences (Page 2021) and other enterprise, and in addressing poverty, through housing, mental health,

employment, and education, mean that picture is more nuanced than it could appear. Direct involvement supporting NHS provision is also growing (Liverpool City Region 2023), as is a role in assessing health delivery (Cambridgeshire and Peterborough Combined Authority 2022).

Combined authorities have a number of core assets that give them an inherently important role in health outcomes. The West Midlands Combined Authority, with its powers in areas including economic growth, transport, housing, skills and employment, has its hands on policy levers that control a great deal of the wider determinants of its residents' health. As previously discussed the WMCA also has considerable soft power, through the mayoral role. Emphasis on this mayoral role is apparent in successive governments' policies, and with some cross-party similarities: the role is well placed to be a custodian of 'health in all policies' thinking.

Devolution of health powers in particular has been associated with improvements in outcomes in regions where it has been trialled (Britteon *et al* 2022), and regions that have had access to the extra resources that come with participation in programmes such as 'Marmot City Regions' have also shown positive results (Price *et al* 2020).

Levelling up

The publication of the Levelling Up White Paper in 2022 (Department of Levelling Up Housing and Communities 2022b) set out 12 missions for transformation by 2030. Two of these missions were directly health related, with a focus on wellbeing and a commitment to tackling healthy life expectancy. Unfortunately, subsequent political turbulence has created some confusion over the future of this policy agenda and the mechanisms for its delivery. Local data hubs and regional directors, two things vital for achieving these missions, remain undelivered at the time of writing.

The health of the workforce (CIPD 2020), and those leaving work, however, is receiving renewed focus. This reflects concern over unfilled job roles in the economy as well as a desire to improve growth and reduce welfare related costs, including in-work benefits for those who are lower paid. Haldane (Haldane 2022) argues that alongside rising mental health challenges among younger people and increased economic inactivity, greater participation among those over 50 has driven UK economic growth in the two decades prior to the pandemic. The reversal of this later trend now poses a challenge to future growth which requires a societal and governmental response.

Notwithstanding a lack of clarity, the context of levelling up has established policy interest both in the aggregate efforts of local public services acting together as a stimulus to inclusive growth, and an interest in the potential of devolution.

3 Where we are

With this context in mind, our major focus during this project has been to gain an understanding of the approaches currently being taken by the WMCA team in areas related to health and wellbeing. Our workshop series has taken us to territory where the WMCA has been extremely active over the long-term, as well as to areas where its work is in more of an embryonic phase, in view of the Trailblazer proposals.

The two principle approaches we have observed are direct delivery and convening.

Direct delivery

An example of direct delivery would be the WMCA sponsoring and supporting work with communities in employability and mental wellbeing. Similarly, the WMCA has developed projects in physical activity to seek to address the comparative inactivity of the citizens of the region when compared to peers. Evidence from before the Covid-19 pandemic supports the impact and effectiveness of this work. An ambition of the work was to stimulate related or similar work from other agencies acting more locally, creating a snowball effect. There is some research work to be done to establish whether such an impact can be seen, and what conditions are necessary for leadership from the WMCA to encourage action not inaction from peers and partners.

Convening

We have seen that the WMCA has created a variety of vehicles to boost the actions of others through commissions and reviews, with notable examples in homelessness and mental health. Those involved bring expertise and enthusiasm and connect through these programmes to grassroots and community groups. It is less apparent that these models have penetrated consistently into the local delivery architecture. Where personal connectivity is established, this can be surmised, but there is an absence of data to track local impact across the varied geographies of the authority.

In the health and care system, there is recognition for the value of these approaches, but also an awareness that the remit and role of the WMCA varies between policy areas. The funding authority given to the WMCA by any new deal, if not composed necessarily of new monies, will mark a moment of re-examination by many partners of how they can best work with the authority. Similarly, the WMCA needs to examine how it seeks to influence health-related organisations – not simply through integrated care systems, and at place

level. We explore what this might look like further in the taxonomy presented in the next section.

The ICSs created in the West Midlands are strikingly smaller in scale than those in much of the rest of England. Only the East Midlands and South-West have chosen to organise at equivalent scale. The forthcoming Hewitt Review for DHSC/HMT may cause some to wish to re-discuss these shapes, but at present, this configuration creates a distinctive opportunity for the combined authority to act as convenor.

We are aware that the six ICBs in the West Midlands as a whole (Townsend 2022) have sought to create capacity to act together at scale, for example over data or specialised commissioning work. These proposals are very early in their development. However, their existence recognises that, in addition to any efficiency gains from common services, there are situations where the scale provided by the West Midlands is the right scale at which to tackle common problems. This does not prevent collaboration among ICBs in the footprint of the WMCA.

Through the workshops conducted and through interviews with some stakeholders, we have sought to explore which approaches to WMCA involvement might benefit local communities and be acceptable to other agencies. Taking those contributions and insights together we note the following.

1. There is a prevalent concern about duplication of effort. Often local bodies contend that they are acting in a specific space, albeit that the scale and impact of that claimed work is not always recognised by others.
2. There is a common assumption that involvement at regional scale will be dominating or directing. Though few involved provided direct experience of this behaviour or approach and it seems to reflect assumptions unrelated to the WMCA itself.
3. There is a recognition of the scarcity of expertise and skills in key areas. The pandemic has exposed the stretch felt by local public health teams and the need to ensure that efforts are supported by best evidence and insight.
4. There is challenge, notably from voices representing community groups, to the variability of local efforts and a desire for successful interventions to spread. It was not apparent where in the current public services architecture such sharing can consistently occur.

In the next section, we explore how these challenges may be overcome, and describe where stakeholders want to get to. We then introduce a taxonomy of approaches that WMCA health and wellbeing may consider.

4 Where we could be

In this section we explore what we heard from participants in the workshops we held. Across the piece, some common themes included:

- how to secure local agencies' involvement and support, beyond those who attend or contribute to a specific discussion
- ensuring that co-creation and co-production form the essence of ideas and implementation, and increasingly evaluation
- defining more clearly the role that the WMCA wishes to play, in effect its offer to partners in a given space.

There is a risk that the role of WMCA can be conceptualised by partners with a bias towards initiation, often referred to as convening. In most of the areas that we explored thinking (among both the WMCA and its partners) has progressed towards an implementation or evaluative space, and there is a need to consider how the resources and talents of the CA can contribute throughout delivery.

Ambitions for specific policy areas

We have seen then that in its short history since being founded in 2016, the WMCA has already developed several distinct approaches to working with local partners and is already using them to achieve positive outcomes in policy areas related to health outcomes and inequalities.

In the workshops we ran as part of this project, we saw that people working in the WMCA and partner organisations were hugely ambitious about building on this and wanted to go further in ensuring the best possible outcomes for their communities. At every workshop, we asked participants to think about what they wanted to achieve in each of our discussion areas (inclusive growth, homelessness, health inequalities and disability), and were struck by the breadth and depth of what was proposed.

The ambitions that we heard have been summarised below and represent a map of what key stakeholders in different policy areas view as priorities and necessary changes of approach at the regional level.

Inclusive growth and the climate emergency

Our first workshop focused on inclusive growth, net zero and climate adaptation – with the latter concept being considered key (and often overlooked) for understanding the role of health services in the climate change space. The wider economy and climate change mitigation and adaptation both represent areas in

which the WMCA has established expertise and can make an offer to health services.

Potentially because of the wide-ranging nature of the subject matter, and perhaps because this was an initial workshop with senior leaders, the content reached beyond the specific into wider ranging ways of working across systems in the region.

When thinking about ambitions in these areas with respect to health, two key themes emerged.

- **Structural issues:** The first related to the way we conceive of these issues and think about challenges they bring. People were keen to see a renewed focus on the macro factors that underpin economic deprivation and thus poor health, such as racism and the legacies of previous economic policies. Health leaders in particular recognised the need to engage more fully and communicate more clearly the economic contribution of their long-term anchoring work and investment plans.
- **Innovation:** The other theme of our discussion at this session related to funding structures. In an emergent field like climate adaptation, there was a mismatch between the need to experiment and work with communities, and the ways in which funding flows are traditionally organised in statutory bodies. The potential to create more agile models was voiced as one potential suggestion.

Homelessness

Discussions in this workshop focused on how to translate targets into practical change, and on the experience of individuals when contacting services. The session drew heavily on the established coalition of community and institutional experts within the West Midlands Homelessness Taskforce, chaired by Jean Templeton. The taskforce has a commitment to bringing together a variety of regional resources and organisations to tackle homelessness, and represents a developed version of the WMCA taking on a convening role to help to solve complex issues.

There was a strong sense of the wider opportunity presented when someone from a highly marginalised group begins to engage with services, and how clinicians and professionals are supported to have time to respond to that contact.

- **Accountability:** Improving service user experience was one ambition that we heard about. For participants, this meant creating services that were better at listening to people they work with, and becoming more holistic, so that the breadth and depth of people's needs could be met, rather than systems working only within narrow silos. The challenge posed by this dialogue was

how systems could open themselves more fully to the judgement of those experiencing homelessness. The planned statutory duty to co-operate (Department of Levelling Up Housing and Communities 2022a), which may emerge during 2023, could create a space in which local agencies can cede some evaluative power.

- **Exclusion:** While there was a general recognition that health inequalities have been raised in profile, there was a concern that the stigmatised needs of inclusion health groups risk being submerged within that broader agenda. For example, digital exclusion was highlighted as a particular issue facing people experiencing homelessness. Discharge processes from health services were also raised as something that is vitally important to get right when it comes to people experiencing homelessness, and as something that also requires attention and improvement going forward. Given that the evidence on how to do make this transition better is well validated by the National Institute for Health and Care Excellence (NICE), this could represent a clear opportunity to standardize and level up approaches across the region.

The workshop highlighted a continued appetite for the WMCA to move beyond initiation work, and to consider how best it could support others in the work of implementation and evaluation. As national policy develops in this field, there is scope for influence and impact via the WMCA – a feature of the devolution landscape that partners could consider how to rely upon and lean into.

Health inequalities

This workshop brought out two distinct ideas, one of which developed the idea of tobacco inequality and harm to examine how plans are developed and deployed – with the other relating to involvement and user voice. This latter issue is broader than health inequalities and is explored in our recommendations at the conclusion to this report.

- **Involvement:** There was an animated debate about how inequalities priorities have been developed locally and how community groups are included within delivery models as contributors. The discussion spoke to continued challenges in statutory bodies working meaningfully and fully with the voluntary sector and community groups. This included communities who felt that their scale was ignored (for example, those from specific eastern and central European backgrounds). These longstanding issues merit a more comprehensive and conclusive dialogue, because the workshop illustrated dissatisfaction and confusion with existing local arrangements. Neither health nor local authority current work was seen to wholly address the deficits raised at present.
- **Tobacco:** There was some confusion of role and some resultant gaps in effort. This could form a good system-thinking test case for contributors which might bring together: Local tailored services focusing on the groups public

services struggle to get to; statutory local action through regulatory services to check on illegal sales, pivoting Local Authority smoking money into this and ICB leadership to drive smoking cessation (and promoting effective use of vapes) through NHS service provision and staff, accelerating delivery through community pharmacy and general practice in areas of highest need, and setting ambition in this space as a system priority; together with regional support (potentially via the combined authority) to create data analysis/data linkage, maximise political leadership, moving beyond regional collaboration into regional delivery

Disability

In our disability workshop focused we posed the question 'What would it mean to be an "exemplar region" for disability'? As such, we discussed ambitions for what could be achieved in relation to disability across areas including transport, housing, employment and health. There was considerable energy and commitment to the intent of the exemplar, but also widespread concern that achievements might be project based and sporadic rather than systemic. Making sure this is not the case will likely mean multiple organisations, including but also beyond the WMCA, making leadership on the exemplar part of their own work. Plans for this were developed in outline but a vehicle to consider that further is now needed. The profile and potential impact of the exemplar appears to justify a bespoke approach to the governance, communication and delivery of the work.

- **Mindset:** Workshop attendees expressed a desire to create a region where active efforts were made across the area to identify and rectify the ways in which decisions we make can disable people. The goal was to create a culture where people are prepared to discuss uncomfortable and difficult questions that raise implications for how organisations are run and how people work on a day-to-day basis. The ambition here would be to change the mindset so that accessibility becomes the default.
- **Adaptation:** There was a focus on adaptability in new housing stock, and ensuring that environmental retro-fitting also takes account of feasible adjustments for access. Transport discussions argued for a more joined-up approach to the environment surrounding modes of transport. In education and health there was a dual concern that approaches remain paternalistic or medicalised, and that a more enduring approach to addressing this, including making visible what is not working, is now needed.

The ambitions we heard across the workshops represent specific changes that can be made in order to improve the efficacy of regional work in the specific topic areas. Common themes include thinking more about who is involved in

decision-making, both within and beyond the public sector, and being mindful of the causes and effects of particular types of exclusion relevant to each area.

However, our discussions about creating better futures were not limited to discussions in specific areas of policy. We also discussed questions of role, and of what partners wanted to see from each other in order to make ambitions realities. In particular, we explored these questions with respect to the WMCA itself. The view was that the 'disability exemplar' is not a programme but a combined obligation between communities and agencies and that this would require a new model of collaboration to those currently seen locally.

There is not a one-size-fits-all model for the future role of the WMCA in health and wellbeing. The offer from the WMCA will differ by subject matter. However, it will be important not to mis-learn from the experiences of the pandemic, and consider that all public health improvement work is highly localised. Somethings can be gained from work on a larger scale. Mutual aid but also shared expertise were a feature of the working practices of the Covid-19 response. Faced with the complex, often interdependent, challenges of poor health outcomes and inequity, a system of systems approach is often going to be needed beyond the boundaries of one local authority or integrated care board (ICB).

New approaches for the combined authority in health and wellbeing

Through the period of study, a wide range of views were expressed about the scope and role of the WMCA. Many views arose from concern about role boundaries, oversight or disruption. The trailblazer deal represents a moment with the potential to shift the dialogue to one of opportunity.

What it will take, however, to seize the possibilities created by the deal was another topic that we explored in the workshop series. The following three cross-cutting ideas put forward by stakeholders sketch out new ways of working that they felt to be key to unlocking best outcomes in the region.

Transparency

The landmark Health Of The Region report (West Midlands Combined Authority 2020) sets out the stark state of inequalities in the Midlands. Nonetheless, with the regional levelling up functions not (yet) in place, there is a lack of data on the health of residents of the West Midlands, and in particular a lack of data tracking commitments and objectives. Each integrated care partnership (ICP) will produce a five-year initial strategy, but guidance for these documents does not cover data accountability, or measures that can be observed over time against expected improvement.

Existing powers in London create a space through which the GLA can publish evaluative information on health outcomes. This visible data creates a public accountability which the current landscape of the region lacks.

This approach through publishing data publicly, could be explored within the current powers, remit, and resourcing of the WMCA. It would require scrutiny of ICP and ICB plans, and a related engagement with places' health and wellbeing board documents. But the aggregating of that analysis would offer an opportunity to local leaders. Specifically, it would allow health oversight and scrutiny committees to consider local progress against regional peers and support a focus across ICSs on the collective delivery of health gain.

Involvement

It's important that any emphasis on 'hard' data is accompanied by qualitative information. A major theme in our workshops was stakeholders seeking better engagement and more participation from and for community leaders and the voluntary sector. WMCA it was implied, relies on the efficacy of other more local public bodies' work to include and involve.

The question that arises is whether all work on community power and development has to be at that local level. There could be a regional role for the combined authority in this space?

There may be merit in curating better skills in community involvement and organising through the combined authority, or in supporting and developing local public bodies to develop excellence in this space. Either through investment and sponsorship or the development of skills and training, there is an intersectional role in supporting community resilience and participation. Such an approach would also allow prominence for communities that are locally small but regionally significant, and for those where geographical coherence matters less than salience across the whole West Midlands.

Expertise

Most public bodies that contributed to our discussions could identify areas of collective need where singular expertise might be deployed on behalf of a wider group of agencies. Digital transformation skills were widely cited as being intrinsic to the future of health and care, yet unevenly distributed across agencies, and often better developed among suppliers.

Common challenges, like the climate emergency or air quality, were raised as examples of emergent priority where both technical and procedural expertise might be drawn from a convening body.

In each domain, as in health and care, there is clearly distributed knowledge and expertise locally. The convening role is perhaps in stimulating discussions between local parties, and in drawing into the region expertise from elsewhere in the UK and abroad.

The combined authority may have to go beyond its current repertoire in terms of ways of working. Direct delivery in some areas will continue, but what could be important is to diversify and socialise a range of approaches to 'convening'. The suggested approaches are consistent with responsibility, delivery, and primacy remaining with other bodies. A taxonomy of what such a range of approaches could look like in practice is presented below.

Table 1 A range of approaches the WMCA health and wellbeing functions can take towards working with partners

	Characteristics	Examples
Type 1 – Hosting dialogue	Using the combined authority's position to bring people together and facilitate discussion, encouraging collaboration to solve problems.	Holding workshops or discussion forums.
Type 2 – Hosting expertise	Providing resources to assist other actors in the region to improve outcomes for residents.	Data and analysis, skills, capacity or leadership.
Type 3 – Incentivising and stimulating	Offering partners incentives to do or not do certain things in order to achieve agreed outcomes.	Financial incentives or public recognition.
Type 4 – Monitoring and evaluating	Using powers or leadership to hold partners to account for their actions in certain areas.	Monitoring systems to track outcomes or evaluating activities and programmes of work.
Type 5 – Influencing and brokering	Acting as a bridge between the West Midlands as a region and national government, either to establish bespoke arrangements or to pilot potential wider policy changes locally	Negotiating devolution settlements, or lobbying for particular policy changes.

These approaches would enable WMCA to move beyond a role that solely brings partners together. Consistent with the developing role of the WMCA, the

taxonomy invites partners to see the authority working in different ways within this space. This reflects dialogue initiated by partners that consistently through this engagement sought certain inputs, but lacked clarity on who these could be provided by. WMCA has the potential to offer reach geographically and to bridge between the public bodies most impactful in health outcomes, and therefore in tackling inequalities.

5 Conclusion and recommendations

The WMCA remains a young organisation. In this context, it is unsurprising that there is still scope for defining its precise role in different areas of policy, and that this process requires engagement and negotiation with other regional partners.

Health outcomes are determined by many things that go beyond what might be conventionally silo off as 'health policy' – and the WMCA has access to powerful levers in many of those determining areas. As such, even if no further powers are added its remit, the WMCA is already a major actor in terms of determining the health of its region.

Making sure that it plays this role as effectively as possible will require continual learning and adjustment. Over the course of this project, we have seen that already, in a wide variety of areas ranging from inclusive growth to homelessness, the WMCA is making a real difference through its ability to play a wide variety of roles in how it delivers for its communities.

However, there are opportunities to go further, and we hope that this document provides some options to consider in terms of how to better realise that potential. The King's Fund recommends that the following ideas are considered further. Each recommendation necessitates taking on at least one of the roles outlined in the taxonomy in Table 2 – precisely which is indicated in brackets in the list below.

1. Plans to mitigate climate change are well-developed and visible across many public bodies in the region. The economic opportunity from climate transition is well articulated. Health bodies have been required to develop green plans to a national template. It is clear that adaptation is less well advanced in some parts of public services. **The skills, data analysis and expertise apparent within the WMCA may usefully be shared with boards and teams working in other sectors** (type 2).
2. Tackling homelessness benefits from an expert commission and a real sense of local drive. But services remain often exclusionary for some. Even though the evidence of what works is clear, there is not transparency on how effective service offers are. **We heard a clear ask from those involved for the combined authority to hold a mirror**

with users up to services in different locations to test the equity of provision across the region (type 3, 4, 5).

3. Tobacco control represents an essential part of any health inequalities approach and the **alliance model** that is being developed could create a vehicle to level up across the West Midlands. **Agency engagement varies, and creating a sense of challenge from the combined authority may enable greater penetration by experts into changing policies and practice in each part of the region** (type 1, 4, 5).
4. Recognising the opportunity created by the disability exemplar region deal, there is a need to ensure that tangible, measurable results are defined rather than simply project areas for focus. **A commitment to a different future needs to be owned across partner agencies** (type 1, 4).
5. Routinely make available at WMCA and constituent authority level health outcome data, including data demonstrating inequalities, to illustrate the scale of challenge faced by the combined efforts of local public bodies. **This could become the groundwork for annual health of the region reporting, which would not only consider specific local projects, but also the overall performance curve of health as a contributory asset within the West Midlands** (type 4).
6. Explore the role the WMCA could play in developing expertise across local authorities and health in community leadership as applied to health improvement. **This could take the form of giving profile to local work or developing tools and knowledge which can then be used more locally** (type 2, 3).
7. Consider whether there are facets of health improvement expertise, including public health, where hosting within a regional body such as the WMCA could add value to locally led efforts. Such hosting would be on the basis of shared expertise rather than creating new domains of responsibility. **It is highly likely that this will require a dialogue with the Office for Health Improvement and Disparities and potentially The UK Health Security Agency, which hold statutory roles in this field** (type 2).

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Community Decision-Making Project

For WMCA Wellbeing Board

3rd July 2023

Contents

1. Overview
2. The Flourish model
3. Key learning
4. Design characteristics
5. Recommendations
6. Legacy links

Overview

Rationale:

- Project aim: to explore the **feasibility of creating a replicable community-based decision-making model** within NHS strategic processes through a race equity lens and **understand what good engagement, co-design and accountability looks like** in tackling structural inequalities in health.
- Responding to: **structural racism and inequalities in health and wider determinants** exposed by Covid-19, recognising that action on health inequalities must reflect all ethnic identities and address power imbalance between different groups.

Key elements:

- Funding source: **Birmingham Community Healthcare NHS Foundation Trust (BCHCT) and West Midlands Combined Authority (WMCA)**
- Delivery partners: **Flourish** (collective of grassroots health & social care organisations in West Birmingham) selected because it is rooted in community-based decision-making and has strategic levers at **Ladywood & Perry Barr Locality Partnership**.
- Opportunity: These relationships established a good opportunity to deliver the project and draw out learning to influence **how decision-making is shared at a strategic level** in new NHS structures with the prospect for exploring sustainable organisational change to other 4 locality areas in the Birmingham & Solihull ICS.
- Pilot: Flourish delivered the community decision-making '**Roadmap Project**' which provides support for parents of children with special educational needs.
- Evaluation: **New Economics Foundation was commissioned**, and the evaluation was **co-designed** with the WMCA and Flourish team. It focused on whether Flourish is achieving its aims in relation to service users, community organisations and healthcare providers, identifying good practice and advantages of the model and assessing the potential replicability and race equity approach of Flourish as a community-based decision-making model .

Why was the WMCA involved?

- Support the development and discussion on **sustainable funding models for VCS in health** as evaluation will support case for future funding for Flourish
- Funding **good practice with ambition to scale up** this learning across the ICS, sharing decision making with communities is key element for NHS anchors action on wider determinants [here](#)
- Unpicking and **calling out tricky issues** around power imbalance and race inequity
- **Supporting and influencing health system transition** to ICBs and ICPs with focus on community partnership working and sharing power

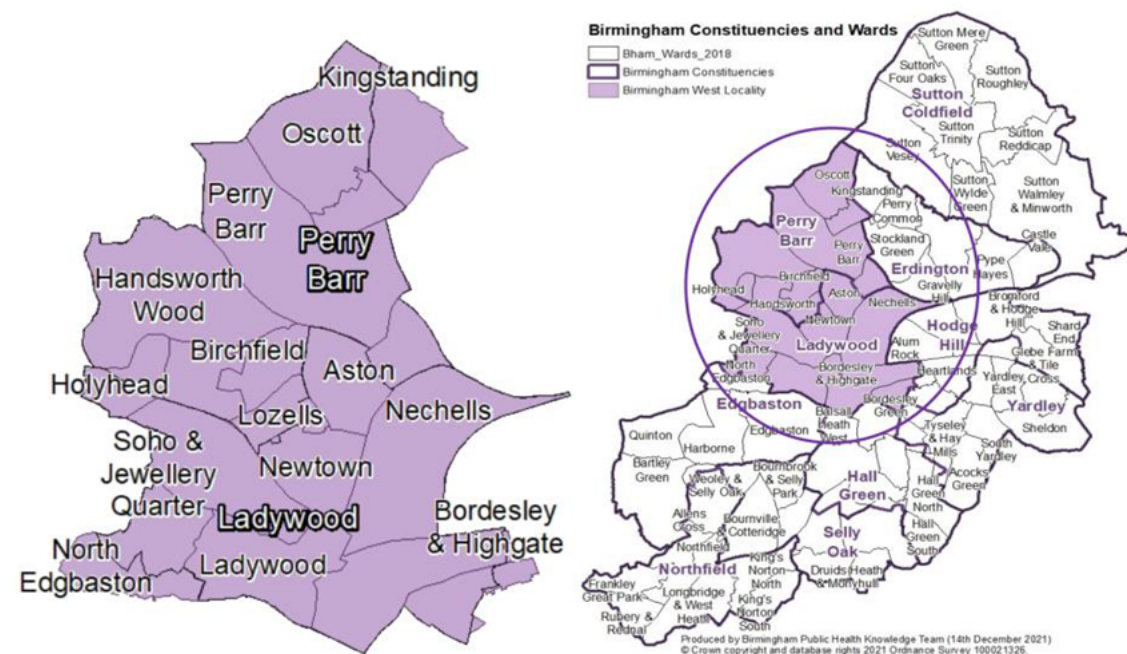


Figure 1: Birmingham West locality map and Birmingham map

What is the Flourish model?

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Who:

- Flourish is a new **collective of micro and hyper-local community organisations** working in and around the health and social care space in West Birmingham (Perry Barr and Ladywood constituencies).

What:

- Flourish brings groups together and **navigates decision-making spaces**, as well as direct delivery of support to local service users.
- The collective aims to present a **viable and sustainable alternative option for investment into the community**, providing better support and better health and wellbeing services for local residents.
- Flourish assists micro and often hyper-local organisations in the area through funding, facilitation, and other forms of support.

How:

- Its role is to **tap into the existing work in local communities**, and act as a connective tissue between the NHS and other healthcare providers, communities, and grassroots organisations.
- Its model is rooted in a commitment to **co-production and work is driven by needs and priorities as defined by the community itself**, particularly in the health and social care space.
- There is a strong emphasis on community buy-in and membership is open and free.
- Flourish has a light-touch governance structure, with five issue-based subgroups: building trust; primary care access; best start in life; diabetes, obesity & asthma and; communications.

System:

- Flourish is part of **Ladywood & Perry Barr Locality Partnership** with key organisations from Health and Care including NHS Provider and Commissioners alongside Birmingham City Council social care.
- This enables Flourish to effectively influence local decision making and **resource allocation**.

Key learnings from first year of Flourish's work:

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Building of connective tissue

- Between community organisations, statutory services and service users (communities)
- Created place at decision-making table for community organisations
- Increasing legitimacy, credibility and direct trusted pathways to local people

Rebuilding trust and building community capacity to self-support

- Service users feel listened to and increased understanding how healthcare system works and how to self-support

Building good practice and foundations for future work and impact

- Providing time and space for people to come together
- Moving from listening to action
- Building capacity within member community organisations
- Building relationships and local approach to co-production to respond to local needs

Indirect impact on tackling racial inequalities in health

- Through geographic delivery context operating in a location with high proportion of ethnic minority communities and focus on empowering community organisations which represent local people and their needs

N.B. Flourish is a young partnership – and these findings reflect what has been achieved in the first year of its work, in line with the **short-term outcomes set out in its Theory of Change**. There is still “a lot work to be done” as highlighted by Flourish partners and its early evaluation sends a clear signal that Flourish is open to scrutiny as it continues to develop.

Design characteristics to replicate a similar model: *collective grassroots organisations for community-based decision-making with a seat at the strategic table*



Find people who are deeply connected to their community and are trusted



Understand barriers to trust between organisations



Avoid membership fees for community organisations



Power and voice should be distributed within the collaborative network



Enable influence and flexibility with funding to respond to needs



Have slim governance and reporting requirements for small projects



Recommendations to continue to progress impact of Flourish model in working with communities

1. Embed monitoring and evaluation funding and activity into wider Flourish delivery
2. Use these short-term outcomes to further assess the foundations being built by Flourish and statutory services for future work
3. Consider what data is needed to assess medium-term outcomes in the theory of change
4. Encourage partnership between statutory and research institutes to support gathering and analysing this data at local level to further understand impact
5. Include and embed racial equity in vision and priorities to allow for deeper assessment of tackling this issue
6. Use these insights and design characteristics to inform and influence conversations in other localities

Strategic links for the project's legacy

Name	Description	Link to project/ legacy activity
Mental Health Commission	Aims to 'add value' in pursuit of a mentally healthier region, building on existing local and national work, by: 1. Supporting a clear regional understanding of the differential mental health and wellbeing impacts of COVID-19 on local people; 2. Understanding the response to the pandemic, particularly local innovation and good practice; 3. Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health. Since MHC completion, an implementation plan has been devised to identify delivery levers for point 3.	Learning from this project and potential to explore continuing the relationship with Flourish in this space is well-aligned to MHC Implementation idea (3) "Reinforce the role of voluntary, community and faith sector in meeting diverse, unmet MH needs" particularly meeting potential project elements (b) develop opportunities between ICS and VCS, (c) utilising small grants and (d) co-develop capacity building.
Race Equalities Taskforce	Independent group working to improve equality of opportunity for all of our communities with a five year strategy (2023-2028) which included a health & wellbeing theme	Learning from this project can support/ contribute to the following priority actions in the HWB thematic area of the RET's strategy: Support regional health literacy to help communities navigate support. • Take forward action in Mental Health, through reviewing services and creating a community campaign. • Support activity to encourage healthier behaviours, such as developing culturally appropriate health incentives. • Contribute to the Taskforce's cross cutting priorities around building cultural intelligence resources and exploring the potential of a West Midlands ethnicity data standard.
Inclusive Growth	A more deliberate and socially purposeful model of growth. The IG Framework measures growth against a set of social & environmental missions i.e. the 8 Fundamentals. Those relevant to this project are 'power and participation' (the extent to which people and have a voice in influencing the things that matter to them) and 'health & wellbeing' (people living longer, healthier, and happier lives, regardless of their social circumstances)	Learning/ activity from this project helps WMCA delivery against fundamentals within the framework. Shared learning for Inclusive Economies Partnership work in the pipeline for developing community power in place.
WMCA comms	Alignment with narrative for Economy, Skills & Communities directorate	Promote work and key messages with stakeholders including Birmingham & Solihull ICS colleagues.
WMCA website	Health of the Region landing page	Upload evaluation report and promote good practice – link this to other examples of good practice across WMCA patch
Community Connexions	2-year scheme led by (BCHC) and Black Country Healthcare NHS Foundation Trust. Funded by the Clinical Research Network. Aston University key partner. Seeking to capture the lived experiences of local communities, in order to adapt healthcare services to inform future health research and better meet local needs. Used activity to develop community engagement toolkit.	Strategic learning from project for toolkit i.e. the sustainability and value of collective orgs such as Flourish which support grassroots orgs in their work with communities. Learning from the toolkit helpful for WMCA work on what does good look like for community engagement
Birmingham & Solihull ICS	Role out model to other 4 localities in ICS patch	Utilise learning across patch and put case forward for Fairer Futures Fund for Flourish and other similar grassroots infrastructure orgs in patch.
Flourish	Win additional funding to support sustainability and continued operation of Flourish's activities and the grassroots infrastructure and community engagement and co-design it supports	Value-add of Flourish demonstrated in early evaluation with much more to continue to understand. Opportunity to continue use of Theory of Change to monitor medium to longer term impact.

Policy and research context

Policy / research	Overview	Links
The Hewitt Review: an independent review of integrated care systems (April 23) and Government Response (June 23)	<p>The review set out to consider the oversight and governance of integrated care systems. ICSs) represent the best opportunity in a generation for a transformation in our health and care system. Relevant to this project, effective change includes delivering on the promise of systems and specifically, for local accountability and priority setting.</p> <p>Govt supports Hewitt’s recommendation and states that Health & Care Act 2022 enables this. However, more consideration is needed for most appropriate way to achieve this aim.</p>	<p>Just as the care and treatment of individuals must be based on ‘no decision about me without me’, so local communities must be involved through a continual process of engagement, consultation and co-production in design and decisionmaking about local services. Strong and visible local accountability, recognising the principle of subsidiarity, also plays an important role in promoting legitimacy with the local population through empowering, accountable and transparent decision-making. The Flourish model is taking steps for the how to do the hardwiring into the Bsol system.</p>
New Local and Joseph Rowntree Foundation: ‘Designing out the most severe forms hardship in local areas’ (May 23)	<p>Framework to support local areas to make progress towards designing out the most severe forms of hardship. Based upon research exploring how local public services, voluntary and community organisations, community groups and other partners are working tenaciously and creatively to both mitigate the impact of poverty and attempt to fundamentally tackle the root causes of it.</p> <p>Areas of the framework relevant to this project are: shifting power and redesigning the system and creating the conditions for sustainable change.</p>	<p>Correlation between most severe forms of hardship and those experiencing health inequalities. Flourish model seeks to shift decision-making power to community, deliver services in the community based on their needs and pave way for sustainable funding and change across NHS structures.</p>
Government mandate to NHS (June 23)	<p>The government’s priorities to NHS June 23-24 are to cut waiting lists and recover performance, technology and workforce</p>	<p>Lack of priorities centred around public health restoration: a missed opportunity to boost the important shift to focus on promoting good health and prevention and flagged by NHS Confed here. The Flourish model supports bottom-up promotion of good health and prevention.</p>
WHO Health for All: Transforming economies to deliver what matters (May 23)	<p>The WHO Council on the Economics of Health for All has called for shifts in economic thinking – in each country, region and globally – to prioritize Health for All. Recommendation relevant to this project are: Strengthening public sector capacity for Health for All through Build trust: Demonstrate transparency and meaningful public engagement to hold governments accountable for the common good</p>	<p>Building trust through meaningful engagement is key to the Flourish model and highlighted by WHO: Meaningful public engagement, accountability and trust are critical to ensure governments can anticipate new needs and set goals that resonate with people, and to build support for changes required to reshape economies to support goals. Participatory mechanisms must be adopted that capture and reflect the public’s opinions in central decision-making. Amplifying people’s voices increases legitimacy of the policy-making process, rendering governments more responsive to the needs of the population.</p>
Kings Fund Prevention and policy (May 23)	<ul style="list-style-type: none"> • government consulted on Advancing our health: prevention in the 2020s and has not followed it up • upcoming major conditions strategy will have a preventive component, mostly focused on secondary prevention • Levelling up health mission but no health disparities white paper 	<p>Evaluation findings demonstrate how Flourish is supporting preventative care within the community and contributing to overall Govt strategic direction and filling the blanks on the how to.</p>

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