



Wellbeing Board

Date: Tuesday 12 December 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
Mark Axcell	Black Country Integrated Care Board
Councillor Margaret Bell	Warwickshire County Council
Councillor Ian Bevan	Dudley Metropolitan Borough Council
Councillor Kamran Caan	Coventry City Council
Councillor Tony Diccico	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
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	Office for Health Improvement & Disparities / NHS England
Pete Wilson	West Midlands Fire Service

Quorum for this meeting shall be seven members.

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

Contact Craig Evans, Governance Services Officer
Telephone 07584 009024
Email craig.evans@wmca.org.uk

AGENDA

No.	Item	Presenting	Pages
Items of Public Business			
1.	Apologies for Absence	Chair	None
2.	Declarations of Interest Members are reminded of the need to declare any disclosable pecuniary interests they have in an item being discussed during the course of the meeting. In addition, the receipt of any gift or hospitality should be declared where the value of it was thought to have exceeded £25 (gifts) or £40 (hospitality)	Chair	None
3.	Chair Remarks (if any)	Chair	None
4.	Minutes - 3 July 2023	Chair	1 - 4
5.	Governance: Wellbeing Board Development Day	Mubasshir Ajaz / Julia Cleary	5 - 28
6.	Health of the Region Report 2023	Mubasshir Ajaz / Rachel Clifford	29 - 32
7.	High Level Deliverables Update	Mubasshir Ajaz	33 - 42
Date of Next Meeting			
8.	Wednesday 6 March 2024	Chair	None



West Midlands
Combined Authority

Wellbeing Board

Monday 3 July 2023 at 10.00 am

Minutes

Present

Councillor Karen McCarthy (Vice-Chair)	Birmingham City Council
Dr Justin Varney	West Midlands Association of Directors of Public Health Representative

In Attendance via Microsoft Teams

Councillor Izzi Seccombe (Chair)	Portfolio Lead for Wellbeing
Councillor Tony Diccio	Solihull Metropolitan Borough Council
Councillor Julian Gutteridge	Nuneaton & Bedworth Borough Council

Item No.

44. Apologies for Absence

Apologies for absence were received from Mark Axcell (Black Country Integrated Care Board), Councillor Kamran Caan (Coventry), Councillor Gary Flint (Walsall), Councillor Suzanne Hartwell (Sandwell), Councillor Jasbir Jaspal (Wolverhampton), Jo Pitman (West Midlands Police), Sean Russell (Universities West Midlands), Lisa Stalley-Green (Birmingham & Solihull Integrated Care Board) and Mike Wade (NHS England).

45. Inquorate Meeting

The meeting was inquorate and therefore the recommendations contained within the minutes would be submitted to the next Wellbeing Board on Monday 11 September 2023 for formal approval.

46. Notification of Substitutes

It was noted that Mike Hill was substituting on behalf of Mike Wade (NHS England).

47. Chair's Remarks

The Chair reported that she had attended the launch of the Mental Health Commission report, which had been a worthwhile event.

48. Minutes - 6 March 2023

The minutes of the meeting held on the 6 March 2023 were agreed as a correct record.

49. Trailblazer Devolution Deal Health Duty Update

The committee received a presentation from the Head of Health & Communities reporting a decision of the WMCA Board on 9 June 2023 to not progress with consultation on the health duty and to continue to work on Health in All Policies (HiAP) without duty. The committee also received information on potential funding opportunities to support various proposals / initiatives to support wellbeing for the region.

Councillor Tony Diccico shared his views following the decision not to include health improvement duty in the Trailblazer Devolution Deal, the role, mandate and work programme of Wellbeing Board should focus on the areas where there was a clear mandate and agreement from all constituent authorities, for example Thrive at Work / Thrive into Work. Councillor Karen McCarthy agreed with these views and also highlighted the need to avoid duplication in activity and data, whilst being clear and transparent on the work being taken forward.

Dr Justin Varney highlighted that he recently attended a meeting of the Mayor & Portfolio Leads to present the health improvement duty proposals, and that the objection to take this forward within the devolution deal was based more on potential duplication of responsibilities concerns rather than the principle of the duty. He also noted that more should be done to engage discussions on the Equality Impact Assessment tool within WMCA Board reports.

Recommended:

That the update be noted.

50. WMCA and Sport England Partnership

The committee received a report from the Strategic Lead for Wellbeing & Prevention updating it on the long-term partnership between the WMCA and Sport England, along with initial funding and associated £2.5m solicited grant submission.

The Chair noted that the opportunities arising from the partnership with Sport England would be positive for the region. Councillor Tony Diccico was also supportive of the recommendations and principles outlined in the report, and highlighted that the next phases should include continued delivery of such initiatives through local authorities.

Members of the board highlighted the need to ensure that adequate governance arrangements were put in place to support the partnership. The Strategic Lead for Wellbeing & Prevention suggested that an advisory group be established to feed back into Wellbeing Board. The Chair requested that further details on this suggestion be submitted to the next meeting for consideration.

Recommended:

- (1) That the overview of the WMCA and Sport England long-term partnership outlined within the Memorandum of Understanding and attached initial funding be noted.
- (2) That regular briefings on the impact and learning from the resultant action plan be provided to the Wellbeing Board.
- (3) The comments on the future of sport and physical activity within the WMCA region boosted by the partnership be noted.

51. West Midlands Mental Health Commission Final Report and Next Steps

The committee considered a report providing a brief overview of the final report of the Mental Health Commission and the intended next steps, including the proposed implementation projects to be taken forward. The Chair thanked the members of the commission for the work they had undertaken in preparing the report and its recommendations.

Dr Justin Varney highlighted a key statistic relating to evidence around suicide and self-harm in young people, with 65% of 11 - 19 year olds having self-harmed and 26% attempting suicide. Committee members held discussions around the hope and need for the Mental Health Commission to stress the need to young people to be supported, the provision of early intervention, and the provision of support to both schools and parents.

Recommended:

- (1) That the final report following the launch event of the Mental Health Commission be noted.
- (2) The comments and views of the next steps and how the Commonwealth Games Legacy Funds Community Grant allocation of £5.5m would support implementation be noted.

[NB. Dr Justin Varney declared an interest in this item in respect of his membership of the Mental Health Commission.]

52. Wellbeing Board High Level Deliverables Update

The committee considered a report outlining the progress made against the high level deliverables previously agreed by Wellbeing Board in July 2022. Some of the key achievements in 2022/23 related to delivering on Thrive into Work IPS trails, securing £1.6m funding from the Health Foundation to house the WMCA's Improving Health & Reducing Inequalities programme, as well as running a series of successful workshops with the King's Fund. The Head of Health & Communities provided an overview of the proposed high level deliverables for 2023/24.

Recommended:

The progress to date on the 2022/23 high level deliverables be noted.

- 53. Date of Next Meeting**
Monday 11 September 2023 at 10.00am.

The meeting ended at 11.45 am.



Wellbeing Board

Date	12 December 2023
Report title	Governance – Feedback from Board Development Day
Portfolio Lead	Wellbeing – Councillor Izzi Seccombe
Accountable Chief Executive	Laura Shoaf, West Midlands Combined Authority e-mail: laura.shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities e-mail: mubasshir.ajaz@wmca.org.uk

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Review the key areas of discussion from the Wellbeing Board development day on 5 October 2023 as provided in this report.
2. Note the Terms of Reference for the Mayor's Health Equity Advisory Council.
3. Endorse the revised Terms of Reference and Governance of the WMCA Wellbeing Board which will be approved by WMCA Board

1. Purpose

- 1.1 To consider the key discussion points from the Wellbeing Board development session held on 5 October 2023 and to outline the proposed changes to the Wellbeing Board governance. These changes include the introduction of sub-groups and the new Mayor's Health Equity Advisory Council.

2 Background

- 2.1 On 5 October 2023 the Wellbeing Board participated in a development session which included a review of the Terms of Reference for the board. This was especially necessary as the Health & Communities team seek to refocus work to take forward a Health in All Policies approach without a formal health improvement duty. Feedback from the development session included the following points:

- That every opportunity had to be taken to address Health in All Policies.

- That virtual meetings were not working as well as face to face meetings.
- That there needed to be better connection with the work being carried out at Local Authority level so that this could feed into the Wellbeing Board and best practice at local level could be replicated and scaled up, where appropriate across the region.
- That there needed to be better engagement with other directorates in the West Midlands Combined Authority.
- That there was a need to focus on where new value could be added and duplication avoided.
- That the West Midlands Combined Authority leverage in relation to housing, skills and employment needed to be harnessed better and provide a consistency of approach across the region.
- That the West Midlands Combined Authority need to use its coordination powers more effectively in relation to matters such as tobacco control to help ensure joined up thinking across the region.
- That it was vital to use members passion and knowledge of their local areas and that members act as champions for the work of the board.

2.2 Heath Duty

2.3 Given the West Midlands Combined Authority Board decision not to ratify the health improvement duty as part of the Trailblazer Devolution Deal, there is now a need to reassess how West Midlands Combined Authority can pursue a Health in All Policies approach without additional resources that would have come through the duty.

- 2.4 The health duty would have made it compulsory for West Midlands Combined Authority to consider health improvement within every key decision made by the Combined Authority and whilst this remains a key priority for the West Midlands Combined Authority, it is one that has no statutory resource allocation against it. As the West Midlands Combined Authority moves towards a Single Settlement agreement with the Government, it is more important than ever to take a systematic approach to Health in All Policies, ensuring adequate resources are directed towards health improvement and reduction of health inequalities. This can be achieved through the functional pillars that will form the basis of how funding is allocated within the single settlement agreement and which align well to the current devolved responsibilities of the West Midlands Combined Authority (transport, housing, economic growth, employment and skills, and net-zero) and to what are considered the wider determinants of health. Evidence suggests that only 20% of health outcomes are due to clinical reasons, while the rest of the reasons people end up in hospitals are due to issues arising from the social and/or wider determinants of health¹. It is therefore imperative for the Wellbeing Board to not only continue to play a strategic role in addressing health inequalities, but to also provide oversight and scrutiny on the West Midlands Combined Authority's health and communities functions with regards to implementing a Health in All Policies approach.
- 2.5 In order to achieve this, the members of the Wellbeing Board will need more direct engagement with the initiatives undertaken by the West Midlands Combined Authority that are necessary for it to meet its health and communities' objectives. Enhanced and more effective engagement with the Wellbeing Board will allow the significant influence of the members to be harnessed to drive the key agendas of the Wellbeing Board forward and to add value at a regional level that would not be possible should the engagement be at local level only. To realise this ambition, members will need to be better briefed, provided with more relevant, accurate, professional advice and information and be able to have a more direct input in the different areas of work.
- 2.6 There is an additional requirement to ensure better alignment with the wider health system partners and for the more operational details of initiatives to be discussed outside of the substantive board meeting. This will allow the Wellbeing Board to review and oversee at a more strategic level, giving direction and looking forward.
- 2.7 The following section will present the outcomes of the development day discussions, which considered the above context as a catalyst in reshaping the role and governance of the Wellbeing Board.

3 Wellbeing Board Function

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

- 3.1 The role of thematic boards such as the Wellbeing Board, is to develop and approve the portfolio annual delivery plan, including demonstrating a ‘golden thread’ to the West Midlands Combined Authority’s strategic priorities. The board also provides oversight of the portfolio project pipeline, advises and consults on major policy changes within the portfolio and ensures strategic alignment of project work to agreed objectives, including:
- Reviewing and monitors the health high level deliverables performance and budget.
 - Making recommendations to the West Midlands Combined Authority Board on the shaping of policy and decisions that benefit the community.
- 3.2 While the Wellbeing Board had no statutory power or delegated authority from the West Midlands Combined Authority Board, its recommendations to the West Midlands Combined Authority Board on policy and delivery of health initiatives are well received.
- 3.3 Feedback from the workshop event noted that the membership of the board is appropriate, and the high level deliverables with their focus already on a Health in All Policies approach, and a lens on physical and mental health and wellbeing, as well as health inequalities are accurate. However, in order for the board to provide more overview and scrutiny whilst continuing to become more strategic and prescient, some changes to the functions of the board are needed:
- Provide an oversight function for the West Midlands Combined Authority’s Commonwealth Games Legacy and Enhancement Funding sport, physical activity, mental health and wellbeing investments as agreed by the West Midlands Combined Authority Board in June 2023. These functions are illustrated in the infographic below:

WB Board Oversight for CWG LEF WB elements



- ii. Establish interest groups that align with the Health in All Policies areas of focus, such as Health and Employment, Health and Housing, and Health and Transport. Establish other time limited working groups that align to our high level deliverables such as the previously agreed Physical Activity Advisory Group, Disability Working Group, and proposed Mental Health Commission Legacy Group. These time limited working groups would take on the more in-depth discussions on progress, issues and implications, driving forward our work and reporting into the Wellbeing Board for oversight and strategic leadership.
- iii. Proceed with the formation of the West Midlands **Mayor's Health Equity Advisory Council** (see Terms of Reference in Appendix A):
 - Chaired by the West Midlands Mayor, the Health Equity Advisory Council will serve to formalise the Mayor's interaction with the healthcare system leadership.
 - It will serve as the cross-reference group on health system alignment of the West Midlands Combined Authority's work on health that have a direct impact or overlap with healthcare services, with a special focus on system wide alignment on health inequalities.
 - It will provide its recommendations to the Wellbeing Board.
 - This will allow the Wellbeing Board assurance that initiatives that have a direct impact or overlap with healthcare services and public health, have the backing of the senior health leadership when they are presented to the Wellbeing Board for scrutiny, oversight and assignment.
 - The Wellbeing Board remains the key proposer of new work and initiatives for the West Midlands combined Authority's health work through its link to the West Midlands Combined Authority Board.

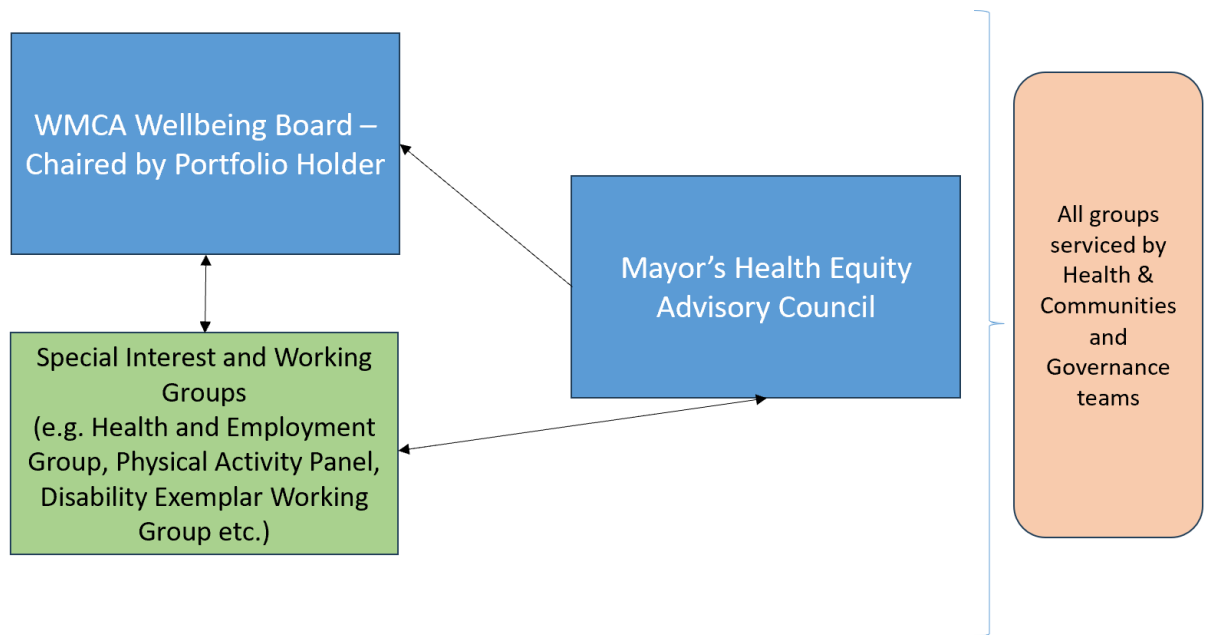
3.4 At the development session held on 5 October 2023, attendees were very supportive of the Health Equity Advisory Council and considered that it would enable the more in-depth investigations to be carried out at the expert level first before feeding though into more strategic Wellbeing Board. It was noted that care would have to be make clear the differences between the two bodies and that the new Health Equity Advisory Council would formalise and streamline a number of meetings that were already taking place. Above and within the Terms of Reference for the Health Equity Advisory Council, there is clarity presented to distinguish the functions of the groups, as well as the links between them.

3.5 It is proposed that working groups be co-chaired by an elected member from the constituent authorities at the Wellbeing Board, and a health system leader from the Health Equity Advisory Council, or an appropriate senior delegate. This would allow greater member engagement and senior health sponsorship for key initiatives that the Wellbeing Board wants to pursue. For example:

- The Health and Employment group (see proposed Terms of Reference in Appendix B), would include more in-depth involvement into the Thrive into Work programme, and allow better alignment across wider health and employment related initiatives across the health system. There is a further proposal to have this group be merged with a sub-group from the Employment and Skills Advisory Board and for this sub-group to report into both the Wellbeing Board and the Employment and Skills Advisory Board.
- The Physical Activity Advisory Group (see proposed Terms of Reference in Appendix C) would be responsible for the oversight on the implementation, learning and impact of the Sport England and West Midlands Combined Authority's Memorandum of Understanding and investment.
- The Disability Working group (see proposed Terms of Reference in Appendix D) would give time limited focus on the regional public health disability needs assessment and establishment of a Citizens Panel, as the Wellbeing Board focuses to determine the strategic priorities to enable the West Midlands to become an exemplar region for disabled people.

4 Governance Links

- 4.1 As agreed, the Wellbeing Board will remain the main member led advisory board and will continue to make recommendations to the West Midlands Combined Authority Board for decisions relating to health across the region.
- 4.2 The special interest groups and time limited working groups will continue to support more directly the work related to specific and defined areas and topics. Any discussion that involves creating new work for the West Midlands Combined Authority will still need to go to the Wellbeing Board for approval.
- 4.3 If any matter considered at a special interest or time limited working group involves interaction with the health system at a strategic or operational level, then the matter should be brought for discussion and advice to the Health Equity Advisory Council. Once advice is received and there is a clear intention for a matter to be considered as new work for the Health and Communities team, it should then be taken to the Wellbeing Board for approval or revert back to special interest or working group for further consideration.
- 4.4 The Health Equity Advisory Council may discuss new issues from the health system where the West Midlands Combined Authority could play a potential role. These issues could be related to regional healthy life expectancy, emergent priority issues and health inequality related. The Health Equity Advisory Council may then refer issues directly to the Wellbeing Board for discussion. Once approved, the work will then be added to the relevant interest or working group (if applicable) or to the health and communities work programme for direct consideration by the Wellbeing Board.



5 Other Considerations

- 5.1 It is important to note that all papers that are to be discussed at thematic boards of the West Midlands Combined Authority, are distributed to the West Midlands Combined Authority Executive Board before going to board members.
- 5.2 Some of the special interest groups and/or working groups were already proposed as sub-groups of the Wellbeing Board and agreed upon in previous board meetings. As such, they already have proposed chairs and/or agreed membership.
- 5.3 For new working groups, there should be an expression of interest submitted to co-chair or join the group, with the final decision lying with the Wellbeing Board Chair.

6 Financial Implications

- 6.1 There are no direct financial implications from this paper, as all activity discussed at the board or sub groups or panels should be in line with the high level deliverables and within financial budgets agreed by West Midlands Combined Authority Board.
- 6.2 If there are financial requests in the future, this should follow West Midlands Combined Authority governance processes.

7 Legal Implications

- 7.1 It is a statutory requirement that the West Midlands Combined Authority has a governance framework in place. One of the Wellbeing Board functions is to provide co-ordination and direction on strategic matters relating to the portfolio needs of the region. The Wellbeing Board is not a decision making board and therefore any changes to the Terms of Reference will need to be approved by the West Midlands Combined Authority Board.

8 Equalities Implications to update

- 8.1 Shifting focus towards health inequalities and the proposed workstreams is likely to have positive impact on race, disability and other protected groups more likely to be affected by health inequalities. Portfolio EqIAs identified key impact and considerations for high level deliverables. The composition of the thematic boards and other governance structures of the West Midlands Combined Authority normally reflect the composition of the political leadership in constituent local authorities. To this extent, at the current time, they do not reflect the full diversity of the West Midlands region and decision-making might be skewed by unconscious bias. Where there is scope for local authorities to consider diversifying who might represent them on such boards this could be considered and where there is scope for the thematic board to consider co-opting non-voting members on the grounds of their gender or protected characteristics then this too could be considered.

9 Inclusive Growth Implications

- 9.1 Reducing health inequality is the headline outcome of the health and wellbeing fundamental of the Inclusive Growth Framework. It states “Avoidable differences in health outcomes are reduced so that everyone can live longer, healthier, and happier lives”, and it is therefore right that it is a high priority for the West Midlands Combined Authority and the Wellbeing Board, with a substantial work programme aligned to it. Focusing on where the West Midlands Combined Authority can use its capacity and convening role to add value is consistent with the West Midlands Combined Authority’s overall approach to inclusive growth, which requires thoughtful collaboration as a means to pooling and creating different types of value.
- 9.2 As the work programme is developed and delivered, the inclusive growth implications of each element can be examined in more detail.

10 Geographical Area of Report’s Implications

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

11 Schedule of Background Papers

- 11.1 Not Applicable

12 Appendices

- 12.1 Appendix A – Mayor’s Health Equity Advisory Council Terms of Reference.
- 12.2 Appendix B – Health and Employment Group Terms of Reference.
- 12.3 Appendix C – Physical Activity Advisory Panel Terms of Reference.
- 12.4 Appendix D – Disability Exemplar Working Group Terms of Reference.

Appendix A – Mayor’s Health Equity Advisory Council Terms of Reference

Mayor’s Health Equity Advisory Council – Terms of Reference	
Purpose	<p>Mayor’s Health Equity Advisory Council will:</p> <ul style="list-style-type: none"> • Formalise the Mayor’s interaction with the healthcare system leadership to discuss national and regional health priorities. • Serve as the cross-reference group on health system alignment of the West Midlands Combined Authority’s work on health that have a direct impact or overlap with healthcare services, with a special focus on system wide alignment on health inequalities. • Provide its recommendations to the Wellbeing Board and assurance that initiatives that have a direct impact or overlap with healthcare services and public health, have the backing of the senior health leadership when they are presented to the Wellbeing Board for scrutiny, oversight and assignment.
Accountable to	Wellbeing Board
Membership	<ul style="list-style-type: none"> • West Midlands Mayor. • West Midlands Mayor Chief Advisor. • Integrated Care Board Chief Executives (Birmingham & Solihull, Black Country and Coventry & Warwickshire). • Integrated Care Partnership Chairs (Birmingham & Solihull, Black Country and Coventry & Warwickshire). • Regional Director of Public Health (Office for Health Improvement & Disparities) and NHS Midlands Regional Director (joint post). • West Midlands Combined Authority Association of Directors of Public Health Representative. • West Midlands Combined Authority Head of Health & Communities. • Co-optees. The Health Equity Advisory Council has the responsibility to co-opt others on to the council for specific agendas or areas of interest.

Chair	The Health Equity Advisory Council will be chaired by the West Midlands Mayor.
Quorum	<p>The Health Equity Advisory Council will be deemed quorate where there are the following members present:</p> <ul style="list-style-type: none"> • West Midlands Mayor. • 1/3 Integrated Care Board Chief Executives. • 1/3 Integrated Care Partnership Chairs. • 1/3 West Midlands Combined Authority Association of Directors of Public Health Representative, Office for Health Improvement & Disparities or NHS Midlands Representative.
Frequency	The Health Equity Advisory Council will meet quarterly, at least six weeks before the Wellbeing Board.
Servicing	<p>The meetings will be serviced by West Midlands Combined Authority officers.</p> <p>The meetings' agendas will be agreed by the West Midlands Mayor and Integrated Care Board Chief Executives in advance of meetings. Agendas and papers will be disseminated (by email) at least 3 working days in advance of the meeting.</p> <p>Key actions from the meeting will be agreed by the Chair within one week of the meeting taking place and shall be circulated to members no later than 10 days after the meeting has taken place.</p>
Review	These Terms of Reference will be reviewed on an annual basis.

Appendix B – Health & Employment Group Terms of Reference

Health & Employment Advisory Group – Terms of Reference	
Purpose	<p>The Health & Employment Advisory Group will:</p> <ul style="list-style-type: none"> • Provide oversight and guidance for the Individual Placement and Support in Primary Care (IPSPC) programme, known locally as ‘Thrive into Work’, which includes – <ol style="list-style-type: none"> 1. Providing oversight and guidance for the delivery of the Thrive into Work programme. 2. Consider and approve programme spends on training / education, communication / marketing and pathway development. 3. Check / challenge programme performance, programme risks etc. as it sees fit. • Collectively influence the development of the wider health and employment support landscape, which includes: <ol style="list-style-type: none"> 1. Supporting the strategic co-ordination of Thrive into Work alongside related programmes and / or proposals. 2. Providing insight and challenge as related developments emerge 3. Influencing the development of national initiatives (namely Department for Work & Pension’s Universal Support). • Endorse and actively promote employment as a wider determinant of health, which includes: <ol style="list-style-type: none"> 1. Championing our collective learning from our pioneering work in this area. 2. Connecting and scaling resources allocated to manage this issue. 3. Supporting opportunities for further resources to support West Midlands’ residents with health-related barriers to employment.
Accountable to	<p>Wellbeing Board (via Member Co-Chair)</p> <p>Health Equity Advisory Council (via delegated Co-Chair)</p>

Membership	Name Specific suggestions / invitees	Title	Organisation
	Mark Axcell (TBC)	Chief Executive Officer	Black Country Integrated Care Board
	Tony Diccio (TBC)	Councillor (Cabinet Portfolio Holder - Adult Social Care and Health)	Solihull Metropolitan Borough Council
	TBC	Director level or senior delegate	NHS Black Country Integrated Care Board
	TBC	Director level or senior delegate	NHS Birmingham & Solihull Integrated Care Board
	TBC	Director level or senior delegate	NHS Coventry and Warwickshire Integrated Care Board
	TBC	Director level or senior delegate	Dudley Metropolitan Borough Council
	TBC	Director level or senior delegate	Walsall Metropolitan Borough Council
	TBC	Director level or senior delegate	City of Wolverhampton Council
	TBC	Director level or senior delegate	Sandwell Metropolitan Borough Council
	TBC	Director level or senior delegate	Birmingham City Council
	Jo Tonkin (TBC)	Deputy Director of Public Health	
	TBC	Director level or senior delegate	Solihull Metropolitan Borough Council
Rachel Egan (TBC)	Head of Inclusive Growth		
TBC	Director level or senior delegate	Coventry City Council	
TBC	Director level or senior delegate	Joint Department of Health & Social Care,	

	Seán Meehan (TBC)	Health & Wellbeing Programme Lead	Office of Health Improvement and Disparities (Midlands) and NHS England Midlands representative
	Richard Smith (TBC)	Strategic Partnership Manager	Department for Work & Pensions (West Midlands Group)
	Tatum Matharu	Strategic Lead – Health Inequalities	West Midlands Combined Authority
	John Hall	Senior Delivery Manager – Employment Support	West Midlands Combined Authority
	Officers In Attendance (as required)		
	TBC	Delivery Manager	West Midlands Combined Authority
	Ethan Williams	Evaluation and Monitoring Officer	West Midlands Combined Authority
	TBC	Project Manager	West Midlands Combined Authority
	Vicky Harris		Black Country Healthcare NHS Foundation Trust
	Sarah George		Shaw Trust
Chair	<p>The Health & Employment Advisory Group will be Co-Chaired by a Constituent Local Authority Member of the Wellbeing Board and a delegate of the Health Equity Advisory Council.</p> <p>Co-Chairs to be confirmed (subject to acceptance)</p>		
Quorum	<p>The Health & Employment Advisory Group will be deemed quorate where there are the following members present:</p> <ul style="list-style-type: none"> • At least one of the Co-Chairs. • 3/7 West Midlands Combined Authority Constituent Leads. • 1/3 Integrated Care Board Leads 		
Frequency	<p>The Health & Employment Advisory Group will meet every two months.</p>		

Servicing	<p>The meetings will be serviced by West Midlands Combined Authority officers.</p> <p>The meetings' agendas will be agreed by the co-chair in advance of meetings. Agendas and papers will be disseminated (by email) at least a week in advance of the board meeting.</p> <p>Minutes of the meeting will be agreed by the co-chair within one week of the meeting taking place and shall be circulated to board members no later than 10 days after the meeting has taken place.</p>
Review	<p>These Terms of Reference will be reviewed on an annual basis.</p>

Physical Activity Advisory Group – Terms of Reference	
Purpose	<p>The Physical Activity Advisory Group will:</p> <p>Provide oversight for the Sport England and West Midlands Combined Authority Memorandum of Understanding implementation including:</p> <ul style="list-style-type: none"> • Reviewing and determining the learning from the implementation of the MoU delivery plan, • Consider the added value of the delivery plan has on getting people active and reducing inequalities in those who take part and to Local Authorities and Sport England’s ecosystem. • Check / challenge programme performance, programme risks etc. as it sees fit. • Encourage Local Authorities and Sport England’s ecosystem to collaborate on shared priorities. • Inform the development and implementation of a new Physical Activity Framework for the region. • Collectively influence the development of the wider physical activity landscape, which includes: <ol style="list-style-type: none"> 1. Impact and learning from the Sport England complementary investment for example the WMCA’s CWG Legacy & enhancement funding. 2. Determine and provide insight, data and challenge as related developments emerge. 3. Influencing the development of national initiatives, strategies and investment, where panel members see there is added value in working together. 4. Developing the collaborative and distribute leadership for physical activity and sport. 5. Understand investment opportunities and impact.

	<ul style="list-style-type: none"> • Endorse, learn and invest in understanding the wider determinants preventing people in the promote Health in all policies, as part of the West Midlands Combined Authority’s Health in all Policies, which includes: <ol style="list-style-type: none"> 1. championing our collective learning from our pioneering work in this area. 2. connecting and scaling resources allocated to manage this issue. 3. Supporting opportunities for further resources to reduce the identified barriers and evidence based opportunities to get more West Midlands’ residents active. 4. Interpret data and evidence to inform West Midlands Combined Authority and cross West Midlands and West Midlands combined Authority policy and practice. 																																	
Accountable & Responsibility to	<p>Wellbeing Board (via Member Co-Chair)</p> <p>Health Equity Advisory Council (via Co-Chair)</p>																																	
Membership	<table border="1"> <thead> <tr> <th data-bbox="416 1211 684 1272">Name</th> <th data-bbox="684 1211 983 1272">Title</th> <th data-bbox="983 1211 1310 1272">Organisation</th> </tr> </thead> <tbody> <tr> <td data-bbox="416 1272 684 1379">Co-Chair</td> <td data-bbox="684 1272 983 1379"></td> <td data-bbox="983 1272 1310 1379">Sport England’s ecosystem</td> </tr> <tr> <td data-bbox="416 1379 684 1520">Co-Chair</td> <td data-bbox="684 1379 983 1520">Local Authority (Cabinet Portfolio Holder for Health)</td> <td data-bbox="983 1379 1310 1520"></td> </tr> <tr> <td data-bbox="416 1520 684 1581">tbc</td> <td data-bbox="684 1520 983 1581"></td> <td data-bbox="983 1520 1310 1581"></td> </tr> <tr> <td data-bbox="416 1581 684 1641">tbc</td> <td data-bbox="684 1581 983 1641"></td> <td data-bbox="983 1581 1310 1641"></td> </tr> <tr> <td data-bbox="416 1641 684 1702">tbc</td> <td data-bbox="684 1641 983 1702"></td> <td data-bbox="983 1641 1310 1702"></td> </tr> <tr> <td data-bbox="416 1702 684 1762">tbc</td> <td data-bbox="684 1702 983 1762"></td> <td data-bbox="983 1702 1310 1762"></td> </tr> <tr> <td data-bbox="416 1762 684 1823">tbc</td> <td data-bbox="684 1762 983 1823"></td> <td data-bbox="983 1762 1310 1823"></td> </tr> <tr> <td data-bbox="416 1823 684 1883">tbc</td> <td data-bbox="684 1823 983 1883"></td> <td data-bbox="983 1823 1310 1883"></td> </tr> <tr> <td data-bbox="416 1883 684 1944">tbc</td> <td data-bbox="684 1883 983 1944"></td> <td data-bbox="983 1883 1310 1944"></td> </tr> <tr> <td data-bbox="416 1944 684 2004">tbc</td> <td data-bbox="684 1944 983 2004"></td> <td data-bbox="983 1944 1310 2004"></td> </tr> </tbody> </table>	Name	Title	Organisation	Co-Chair		Sport England’s ecosystem	Co-Chair	Local Authority (Cabinet Portfolio Holder for Health)		tbc			tbc			tbc			tbc			tbc			tbc			tbc			tbc		
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			Sport England
			Department of Health & Social Care Office of Health Improvement and Disparities (Midlands)
			West Midlands Combined Authority
	Officers In Attendance		
			West Midlands Combined Authority
Chair	The Wellbeing Board will agree a Constituent Authority member to Chair this advisory Board and a vice chair appointment from the Health & Employment Advisory Board or its preferred appointee e.g. Sport England system partner organisation.		
Quorum	<p>The Physical Activity Advisory Group will be deemed quorate where there are the following members present:</p> <ul style="list-style-type: none"> • at least one of the Co-Chair. • 3/7 WMCA Constituent Leads. • 3/7 Sport England system partners. 		

Frequency	The Physical Activity Advisory Group will meet every two months.
Servicing	<p>The meetings will be serviced by West Midlands Combined Authority officers.</p> <p>The meetings' agendas will be agreed by the Co-Chair in advance of meetings. Agendas and papers will be disseminated (by email) at least a week in advance of the Board meeting.</p> <p>Minutes of the meeting will be agreed by the Co-Chair within one week of the meeting taking place and shall be circulated to Board members no later than 10 days after the meeting has taken place.</p>
Review	These Terms of Reference will be reviewed on an annual basis.

Appendix D – Disability Exemplar Working Group Terms of Reference

Disability Exemplar Working Group – Terms of Reference	
Purpose	<p>To influence and ensure that the ambition to become an exemplar region for disabled people is embedded within the West Midlands Combined Authority’s core business.</p> <p>To create and share and agree the development and understanding of a needs assessment to inform the shared narrative of collective ambitions to demonstrate what the West Midlands as an exemplar region for disabled people looks like and the benefits it would realise.</p> <p>To raise the profile and awareness of the importance that the Disability Exemplar Region has as a catalyst for change for the West Midlands to be a fairer, prosperous, better connected healthier place for its citizens and visitors.</p> <p>To work collaboratively to build up the proposed framework including project plan, timeline, stakeholder and communication plans. It will ensure it meets the needs of the region to maximise its potential impact to become an exemplar region for disabled people.</p> <p>To receive updates from the West Midlands Combined Authority on government policy announcements and consider the implications and added value. Understand how these impact on establishing the exemplar region work priorities and opportunities and challenges to focus on.</p> <p>To make recommendations to the Wellbeing Board on the defined approach, structure, governance, stakeholder, and communications plans including the purpose of the Disability Working Group and future direction and skills, knowledge, lived experience and recruitment of its members.</p> <p>To understand the data, strategies and intelligence available and gaps which will inform the strategy and work programme.</p> <p>To identify what the issues, risks and enablers to accelerate this work e.g. leadership, shared learning, shared accountability, values and behaviours.</p>
Accountable to	<p>Wellbeing Board as accountable to the West Midlands Combined Authority Board</p> <p>Health Equity Advisory Council as responsible for considering emerging collective ambitions and actions.</p>

Membership	Name	Title	Organisation
		Shani Dhanda	Chair
	(TBC)	Deputy Leader / Cabinet Member	(TBC)
	Clenton Farquharson MBE	Health and Wellbeing	Community Navigator Services
	Sarah Rennie	Transport	Sarah Rennie Consulting
	Amy Francis Smith	Housing and Built Environment	Birmingham Architectural Association
	Alice Hargreaves	Employment and Skills	SIC
	Dave Rogers	Learning Disability / Social Care	Midland Mencap
	Richard Day	Inclusive Business	Midlands Ability Network
	Louise Connop	Sight Loss	Thomas Pocklington Trust
	Parmi Dheensa	Disability Rights / Complex Needs	Include Me Too
	Louise McKiernan	Pan Disability	Disability Resource Centre
	Chloe Schendal-Wilson	Policy	Disability Policy Centre
	TBC	National Charity Advocacy	TBC
	TBC	Citizens Voice	Citizens Panel Member
	TBC	Citizens Voice	Citizens Panel Member

TBC	Director level or permanently nominated lead	NHS Integrated Care Board Representative
TBC	Director level or permanently nominated lead	Director of Public Health Representative
TBC	Director level or permanently nominated lead	Department of Health & Social Care Office Office of Health Improvement and Disparities (Midlands)
TBC	Director level or permanently nominated lead	Dudley Metropolitan Borough Council
TBC	Director level or permanently nominated lead	Walsall Metropolitan Borough Council
TBC	Director level or permanently nominated lead	City of Wolverhampton Council
TBC	Director level or permanently nominated lead	Sandwell Metropolitan Borough Council
TBC	Director level or permanently nominated lead	Birmingham City Council
TBC	Director level or permanently nominated lead	Solihull Metropolitan Borough Council
TBC	Director level or permanently nominated lead	Coventry City Council
TBC	WMCA Senior Representative	West Midlands Combined Authority
TBC	TFWM Senior Representative	West Midlands Combined Authority

	<p>Officers In Attendance</p> <table border="1" data-bbox="416 230 1310 517"> <tr> <td data-bbox="416 230 667 371">Simon Hall</td> <td data-bbox="667 230 970 371">Strategic Lead for Wellbeing and Prevention</td> <td data-bbox="970 230 1310 371">West Midlands Combined Authority</td> </tr> <tr> <td data-bbox="416 371 667 517">Mark Fosbrook</td> <td data-bbox="667 371 970 517">Senior Policy Officer: Health and Disability</td> <td data-bbox="970 371 1310 517">West Midlands Combined Authority</td> </tr> </table>	Simon Hall	Strategic Lead for Wellbeing and Prevention	West Midlands Combined Authority	Mark Fosbrook	Senior Policy Officer: Health and Disability	West Midlands Combined Authority
Simon Hall	Strategic Lead for Wellbeing and Prevention	West Midlands Combined Authority					
Mark Fosbrook	Senior Policy Officer: Health and Disability	West Midlands Combined Authority					
Chair	<p>The Disability Working Group will be chaired by a disabled person and have a Deputy Leader / Cabinet member as a Vice Chair.</p> <ul style="list-style-type: none"> • Chair – Shani Dhanda (TBC subject to Approval). • Vice Chair – TBC. 						
Quorum	<p>The Disability Working Group will be deemed quorate where there are the following members present:</p> <ul style="list-style-type: none"> • at least one of the Chair / Vice Chair. • 3/7 West Midlands Combined Authority Constituent Leads. • The meeting has a minimum 60% majority of disabled people or organisations representing disabled people. 						
Frequency	<p>The Disability Working Group will meet every two months. Sub thematic groups will meet more frequently when required.</p>						
Servicing	<p>The meetings will be serviced by West Midlands Combined Authority officers.</p> <p>The meetings' agendas will be agreed by the Chair in advance of meetings. Agendas and papers will be disseminated (by email) at least a week in advance of the Working Group meeting.</p>						

	Minutes of the meeting will be agreed by the Chair within one week of the meeting taking place and shall be circulated to Working Group members no later than 10 days after the meeting has taken place.
Review	These Terms of Reference will be reviewed in May 2024.

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Wellbeing Board

Date	12 December 2023
Report title	Health of the Region Report 2023
Portfolio Lead	Wellbeing – Councillor Izzi Seccombe
Accountable Chief Executive	Laura Shoaf, West Midlands Combined Authority email: laura.shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities email: mubasshir.ajaz@wmca.org.uk

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Note the outline of the Health of the Region 2023 report as set out in this paper.
2. Review the draft of the report that has been shared with members and provide comments and feedback.
3. Support the launch of the final report and promote its implementation through your role as local leaders.

1. Purpose

- 1.1 The Health of the Region 2023 report is due to be published by the WMCA in January 2024. The Health and Communities team are drafting this report and will be presenting emerging findings to the board at this meeting. This paper will outline some of the findings and next steps for discussion by the board.

2. Background

- 2.1. The Health of the Region report published in November 2020, highlighted persistent and widening health inequalities within the West Midlands Combined Authority region and set out a recovery journey intent on tackling these health inequalities. It identified the virtuous circle between good health, wellbeing, and a prosperous and growing region, highlighting the role of an inclusive economy as a key lever for delivering better health and wellbeing outcomes for the West Midlands.
- 2.2. It established a collaborative focus to lay the foundations for improved health and reduced inequalities. Working with partners on more than 50 commitments to action, there has been considerable effort to address the key challenges of reducing inequalities for racialised communities, widening access to health and care services, enabling people powered health and focusing on shaping the conditions which promote good health.
- 2.3. Despite joint effort and collaboration, the picture of health inequalities in the West Midlands Combined Authority region has not changed significantly since our last report. The data shows us that people living in the West Midlands Combined Authority region continue to die earlier than the average for England and life expectancy is declining. This has a direct impact on economic growth and productivity in the region, as the economy needs a healthy community to thrive and vice versa.
- 2.4. This highlights the need for a system wide approach and one that addresses some of the root causes of these health inequalities, which relate to where people live, where they work, how much they earn, how easily they can travel, etc. These wider social determinants of health are where the West Midlands Combined Authority has a key role to play in supporting better health.
- 2.5. This report will focus specifically on this assertion and the role of the West Midlands Combined Authority.

3. Health of the Region 2023 Content

- 3.1. The Health of the Region report will be divided into three sections to describe the role of West Midlands Combined Authority in relation to improving health in the region.
 - 3.1.1. The first part of the report will describe the **health of the people who live in the West Midlands Combined Authority** area, specifically in relation to health inequalities that were highlighted in the 2020 report and those linked to the wider determinants of health. It will use local and national intelligence data to identify where change is needed, for example poor deprivation scores, lower life expectancy, infant mortality and mortality from preventable causes, levels of obesity (including childhood obesity) and overall poorer health outcomes, and how existing inequalities have been exposed and exacerbated by the pandemic, especially for certain groups. This part will also show the underlying causes behind the poorer outcomes and inequalities, which lie in upstream factors, like the wider determinants of health like housing and employment as well as structural inequalities.
 - 3.1.2. The second part will discuss **how the West Midlands Combined Authority has undertaken work that supports better outcomes in health across** all we do. This part will embed case studies from all parts of the West Midlands Combined Authority which highlight the current work and potential to impact on health through initiatives within housing, transport, skills and employment, economy, environment and energy.

- 3.1.3. The final part will set out **priority areas for action** within the West Midlands Combined Authority work, using logic models to illustrate the outcomes that directly or indirectly impact on health. This will serve as both a measurement of our impact on health outcomes, but also application of a systematic effort to implement a Health in All Policies approach for the West Midlands Combined Authority.
- 3.1.4. The final part will also include elements from the governance discussion by the Wellbeing Board (separate agenda item), that will enable action and member leadership in driving this renewed focus on Health in All Policies.
- 3.2. A draft of this report has been shared with board members for review and comment, but it is not available for public viewership yet.
- 3.3. It is proposed that board members provide all their feedback directly to the Health & Communities team via email by 18 December 2023. The report will then be finalised and set for publication early in the new year, with a launch possibly to coincide with the Health of the Region Roundtable (scheduled currently for 24 January 2024).

4. Financial Implications

- 4.1 There are no direct financial implications although the report will potentially lead to West Midlands Combined Authority investment in the future, which will need to follow West Midlands Combined Authority governance processes.

5 Legal Implications

- 5.1 There are no legal implications arising from this report.

6. Equalities Implications

- 6.1 The focus on inequalities is aligned to the inclusive growth purpose and direction.

7. Inclusive Growth Implications

- 7.1 The focus on inequalities is aligned to the inclusive growth purpose and direction.

8. Geographical Area of Report's Implications

- 8.1 The focus is agreeing on common priorities with geographical areas and strengthening the collaborative work across the West Midlands to deliver long lasting and sustainable change.

9. Other Implications

- 9.1 None

10. Schedule of Background Papers

- 10.1 None

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Wellbeing Board

Date	12 December 2023
Report title	Wellbeing Board High Level Deliverables Update
Portfolio Lead	Wellbeing – Councillor Izzi Seccombe
Accountable Chief Executive	Laura Shoaf, West Midlands Combined Authority email: laura.shoaf@wmca.org.uk
Accountable Employee	Dr Mubasshir Ajaz, Head of Health and Communities email: mubasshir.ajaz@wmca.org.uk

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Review the progress against high level deliverables for 2023/24.
2. Note brief updates against key delivery programmes aligned to the high level deliverables.

1. Purpose

- 1.1 This paper outlines the progress made against high level deliverables for 2023/24, as agreed by the Wellbeing Board in July 2022.
- 1.2 Paper also includes brief updates on key initiatives aligned to the high level deliverables.

2. High Level Deliverables for 2023/24

- 2.1 Our high level deliverables for 2023/24 are below. We will provide an update on impact and progress against each deliverable, along with partners involved at every future Wellbeing Board meeting.

High Level Deliverables	Milestones	Update/Comment
<p>Enable healthy, thriving communities through implementing a health in all policies approach and helping drive resources into specific areas of unmet need.</p>	<p>Establish good practice, and identify issues and challenges for housing and transport in embedding Health in all Policies. Complete an accessible housing project reporting to the Wellbeing Board.</p>	<ul style="list-style-type: none"> • Health Impact Assessment and influenced health narrative and priorities with the Transport for West Midlands Local Transport Plan and its “big themes”. • Evidence based research and recommendations provided for Transport for West Midlands’ work on the impact of potential declining bus funding. • Development and testing “Wap map” across the West Midlands in conjunction with the World Blind Games in Birmingham. • Transport for West Midlands walking and cycling funding secured for social prescribing project for people with musculoskeletal, hypertension and diabetes in North Solihull. Project lead to be appointed week beginning 20 November 2023. • Co-funding with Transport for West Midlands the extension of the West Midlands funded transport and loneliness “Let’s Chat” project until 31 March 2023. • Accessible housing supply and demand analysis out to request for quotation and appointment by 6 December 2023. Findings and recommendations to be brought to the first 2024/25 Wellbeing Board meeting.

	Support the Health of the Region Core Group to develop community-relevant issues into actionable solutions. Reporting to quarterly meetings.	As agreed at the last board meeting, the Health of the Region Core Group has come to a close, with the recommendation around Real Living Wage Region being pursued by members through their spheres of influence.
	Work with the Wellbeing Board, Health Leaders and West Midlands Combined Authority Executive team to establish the governance and implementation terms of the Trailblazer Devolution Deal Health Duty.	This has been adapted to reconsider the governance arrangements of the board, as discussed in a different agenda item.
Support the delivery of initiatives that tackle health inequalities with health system partners, including Mental Health Commission and Commonwealth Games Legacy programmes of work.	Deliver the Health Foundation Improving Health and Reducing Inequalities Combined Authorities programme as per grant requirements. Report back to Health Foundation, other Combined Authorities, and the Wellbeing Board.	Delivery plan for Year 1 (Oct 23 – Sept 24) has been developed and two programme governance board meetings have been held to set the Terms of Reference and support programme set up and delivery planning. Planning underway to bring a programme-related report to the March 2024 Wellbeing Board.
	Oversee delivery of Mental Health Commission implementation and Commonwealth Games Sport Physical Activity projects and report to the Wellbeing Board.	Established the sport, physical activity, mental health and wellbeing criteria for the Commonwealth Games Legacy and Enhancement Fund. Funded: <ul style="list-style-type: none"> • Inclusive Communities Fund (£9m). • Sandwell Aquatic Centre Energy Costs (circa. £1.4m). Subject to Wellbeing Board agreement established the boards oversight role on such investment. Secured complementary funding; see below.

	<p>Publish new Health of the Region report in December 2023 and hold annual roundtable with community by April 2024.</p>	<p>Health of the Region Report draft as separate agenda item. Roundtable to be held 24 January 2024.</p>
	<p>Sign long-term partnership agreement with Sport England and develop co-investment plan and obtain Wellbeing Board approval by July 2023.</p>	<p>Completed Secured £2.5m 3 year complementary Sport England funding and aim to launch in January 2024 to:</p> <ul style="list-style-type: none"> • Extend the 4 Commonwealth Active Communities. • Pilot the impact of sport integration into the mental health care pathway for children and young people with one Integrated Care Partnership. • Extending United by 2022 trailblazer sport programme. • Pilot voluntary sport organisation triage service to expert advice linked to the Commonwealth Games Legacy Enhancement Fund Inclusive Communities Fund. • Subject to approval, establish 3 year WMCA Assistant Delivery Manager post. <p>First meeting of the Physical Activity Advisory Panel by end of January 2024, subject to the Wellbeing Board's approval of the terms of reference in the governance paper as discussed in a different agenda item.</p>

	Strengthen disabled people's voices in regional decision making by increasing the number of members and agreeing purpose and direction. Report then to the Wellbeing Board.	Disability Exemplar Working Group first meeting by end of January 2024. Terms of reference for the group presented in governance paper as discussed in a different agenda item.
Enable healthy, productive workforces and deliver evidence-based initiatives focusing on 'good work' as a determinant of health	Deliver the Thrive at Work programme as per Midland Health and Productivity Pilot guidelines. 21 signups and 21 accreditations per quarter.	<ul style="list-style-type: none"> • 103 sign-ups achieved (as of the end of October). • 78 accreditations achieved (as of the end of October).
	Deliver the Thrive into Work programme as per Department for Work & Pensions guidelines. 3,369 starts, 1,143 job outcomes.	<ul style="list-style-type: none"> • 1434 programme starts (as of the end of October). • 383 job outcomes (as of the end of October).
	Support the implementation of the Real Living Wage Region. Initiate a campaign and 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 the Wellbeing Board.	<ul style="list-style-type: none"> • The key objective of leading a campaign on the Real Living Wage across the health & social care sector (as an initial focus) has been revised in light of the financial climate in Local Authority's and Integrated Care Boards. • We will now run a number of workshops with the Living Wage Foundation (in January / February 2024) to support partners in airing and working through barriers to implementation. • The Health of the Region Core Group has been discontinued but key stakeholders will be kept up to date. The Wellbeing Board will continue to be kept up to date.

3. Brief Updates on Key Initiatives

3.1 West Midlands Mental Health Commission

Working with and engaging partners across the region to drive forward and map progress against the recommendations outlined within the report, including delivery of key implementation projects:

- The **Thrive at College** pilot was developed to support further education colleges to embrace and adopt a whole college approach to mental health and wellbeing. Six colleges have agreed to be part of the pilot; Coventry, Walsall, Telford, Wolverhampton, Sandwell and Halesowen. A co-design workshop will be held in December with the aim to agree and define the approach and next steps.
- The **Inclusive Communities Fund** launched on the 5 November 2023, administered by the Heart of England Community Foundation. This £9million fund encourages organisations to deliver mental wellbeing initiatives which align with the recommendations in the Mental Health Commission report, including using physical activity as a protective factor for mental wellbeing.

3.2 Health Inequalities and Health in all Policies

3.2.1 Using Digital Health as an Economic Driver of Health

- **Smart City Region:** Working with West Midlands Combined Authority subsidiary, WM5 and the Department for Levelling Up, Housing & Communities have committed £10m capital funding towards our Smart City Region (connectivity across health and social care) programme. Both WMCA and the Department for Levelling Up, Housing & Communities assurance processes have now been completed and documents finalised (business case, Memorandum of Understanding etc.), while local Integrated Care Boards and NHS Trust partners have co-developed the spend and matched contribution-in-kind strategies, allocating funding to remote diagnostics (capsule colon endoscopy at-home kits and service), home-monitoring (for 65+ year olds), preventative healthcare for employees (primarily for the health and social care workforce) and an exemplar Smart Hospital (Midland Metropolitan University Hospital). Procurement processes have been initiated, and a launch event is being held on the 28 November 2023 at Stratford Hospital and University Hospital Coventry and Warwickshire.
- **Digital Health Devices:** Working with The Active Wellbeing Society, we are distributing c.300 FitBits (smart health tracker watches) to residents with long term health conditions, analysing the impact on health, health literacy and digital skills / literacy. Approximately two thirds of the devices have been distributed to date, with service users committed to submitting a baseline and exit survey. Data will be evaluated by The Active Wellbeing Society and the report is due by the end of the financial year.

3.3 Thrive at Work

- a) Update / overview: The Thrive at Work programme team continues to encourage sign-ups and drive through accreditations, despite a lack of clarity over the programme's continuation beyond the current grant arrangement. Performance has recently picked up, primarily due to staffing changes, and sign-up figures are close to target.

b) Key priorities:

- Delivering on our contractual obligations, prioritising the 'enhanced offer' of the Midland Health and Productivity Pilot (Midland Health and Productivity Pilot – our funder), which is a systematic engagement approach across Midland Health and Productivity Pilot partners with a low, medium and high 'dose' of support to employers.
- Agreeing a funding and operating model for the next financial year, and potential revising to the product accordingly.
- Contributing towards Midland Health and Productivity Pilot's final report to its funders, and supporting the Midland Health and Productivity Pilot with its close-down activities.

c) Current performance:

- With an overarching target of 21 sign-ups per month, the end of October target was 112 sign-ups. The team has achieved 103 sign-ups within this funding tranche, totalling 573 sign-ups overall (including previous funding phases of the programme).
- With an overarching target of 21 accreditations per month, the end of October target was 112 accreditations. The team has achieved 78 accreditations within this funding tranche, totalling 164 accreditations overall (including previous funding phases of the programme).

3.4 Thrive into Work

a) Update / overview:

The Thrive into Work programme team has mobilised the new Individual and Placement Support in Primary Care contracts (back-to-back funding agreements aligned to the new Department for Work & Pensions grant) while our activity delivery partners have continued to provide the Thrive into Work service in good faith.

b) Current performance:

- 2581 referrals have been generated across all areas, with currently 350-450 referrals generated each month.
- 1434 people have started on programme (1098 Out of Work & 336 In Work), 115% of target and ahead in four out of five Lots.
- 383 people have successfully achieved employment outcomes (252 New Job Starts and 131 Existing Job Retentions), 104% of target.
- The Job Conversion rate for service to date (including previous Post-Trial delivery) is 33%. This aims to increase to 40% over current delivery period in order to meet the Department for Work & Pensions new service targets.
- 13 Week Sustainment Rate remains consistent at 69% (aim to increase to 75% over the remaining programme duration).

- The new 26 week sustainment key performance indicator is still too early to report but delivery partners continue to collect data for this new performance metric. This new key performance indicator will be measurable around Q3 / January 2024.

4. Financial Implications

- 4.1 There are no other direct financial implications as a result of the recommendations within this report, however there will be financial implications through delivery of the agreed high level deliverables, which will be within the agreed budget for 2023-24.

5. Legal Implications

- 5.1 It is a statutory requirement that the West Midlands Combined Authority has a governance framework in place. Whilst the Wellbeing Board is not a decision-making board, one of its functions is *“to performance manage the delivery of projects detailed within the Wellbeing Portfolio Project Pipeline at Portfolio level, ensuring effective and appropriate challenge to the Business Area and stakeholders”* and to *“consider the Wellbeing aspect of the Inclusive Growth & Public Service Reform Portfolio Project Pipeline in order to monitor its content, providing feedback to the Business Area and performance managing project development”*.

6. Equalities Implications

- 6.1 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 West Midlands Combined Authority 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.
- 6.2 Positive equality outcomes can be supported within these high level deliverables. Whilst improved inclusion of disabled people is an explicit action, the high level deliverables 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.

7. Inclusive Growth Implications

7.1 The West Midlands Combined Authority 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 and challenges.
- As projects relating to high level deliverables 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.

8. Geographical Area of Report’s Implications

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

9. Other Implications

9.1 None.

10. Schedule of Background Papers

10.1 None

11. Appendices

11.1 None

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