

Wellbeing Board

Date	3 July 2023
Report title	Mental Health Commission – Final Report & Next Steps
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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)