

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.

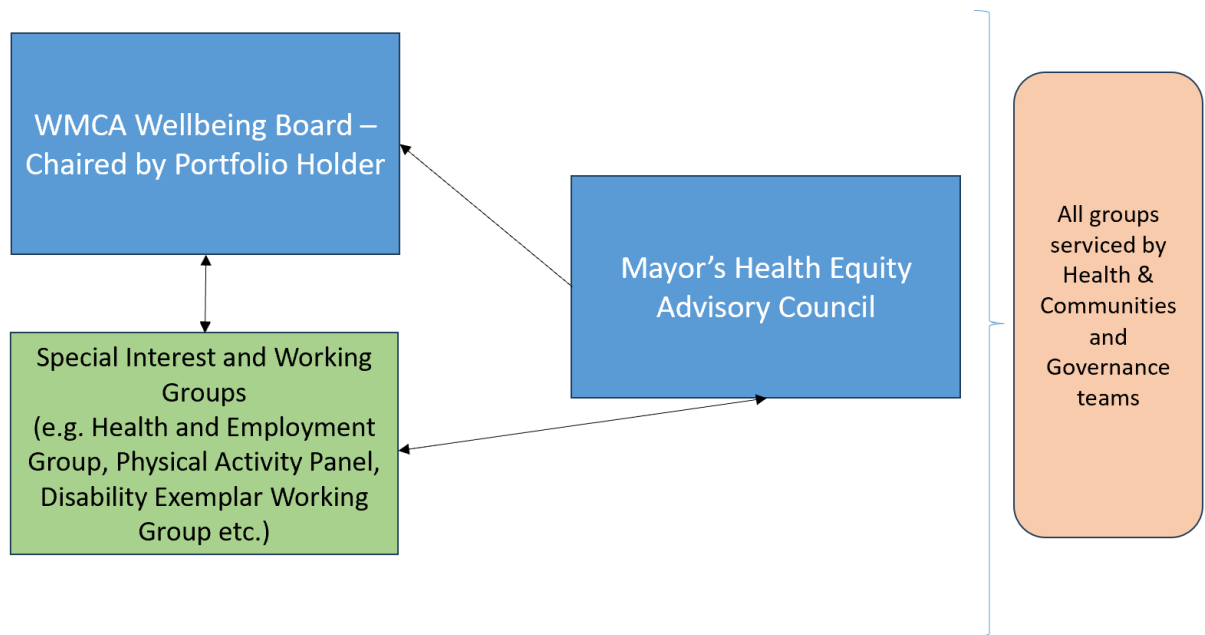
3.4 At the development session held on 5 October 2023, attendees were very supportive of the Health Equity Advisory Council and considered that it would enable the more in-depth investigations to be carried out at the expert level first before feeding though into more strategic Wellbeing Board. It was 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>

Appendix C – Physical Activity Advisory Group Terms of Reference

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.

	tbc		
	tbc		
	tbc		
			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="421 232 1310 517"> <tr> <td data-bbox="421 232 667 371">Simon Hall</td> <td data-bbox="667 232 970 371">Strategic Lead for Wellbeing and Prevention</td> <td data-bbox="970 232 1310 371">West Midlands Combined Authority</td> </tr> <tr> <td data-bbox="421 371 667 517">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.