Wellbeing Board

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Report title	Convening a new Mental Health Commission – update
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Recommendation(s) for action or decision:

It is recommended that the Wellbeing Board endorses the updated plans in respect of convening a new Mental Health Commission, as set out in this paper.

CONVENING A NEW MENTAL HEALTH COMMISSJON – UPDATE

1.   Purpose
1.1   This paper provides an update on the progress in convening a new Mental Health Commission.

2.   Recap – Commission purpose
2.1   The West Midlands Combined Authority is committed to convening a new Mental Health Commission. It is important that the new Commission 'adds value' by building on the work which has taken place and continues to take place in the 7 constituent local met areas and by taking account of the body of evidence that continues to emerge nationally. In particular, it will aim to:

a)   Provide a clear, nuanced regional understanding of the impact of and response to the COVID-19 pandemic in terms of the mental health & wellbeing of local people – at home, in education, at work and at play;

b)   Identify, recognise and celebrate innovation and good practice in supporting mental health & wellbeing during the pandemic thus far, via the West Midlands Mental Health Star Awards;

c)   Co-develop actionable recommendations that support the pursuit of mentally healthier communities, a mentally healthier region, and reductions in inequalities within mental health and wellbeing.

3.   Focus of the Commission's work
3.1   The WMCA is convening a Commission, with cross-sectoral representation – see section 4. The focus of the Commission's work will clearly take account of the WMCA's devolved powers and key areas of influence, but will also give consideration to jointly agreed topic areas that go beyond this.

3.2   It is considered important for Commission members to collectively decide on the detailed focus of the Commission's work, informed by available evidence, and with an overall framework guided by existing work (e.g. frameworks from WHO and Public Health England, as was). It is an explicit goal of the Commission to provide added value / additionality, particularly in respect of:
*   Understanding of differential and gross impact;
*   Identification of innovation and good practice;
*   Consideration of learning points for wider dissemination and potential adoption to support the development of mentally healthier communities.

3.3   Embedding a systematic consideration of inequalities
3.3.1   It is intended that the Health Equity Assessment Tool (HEAT) will be used throughout the life of the Commission to support a clear, systemic focus on health inequalities –

in terms of both understanding the issues and supporting co-development of corrective action.

3.3.2   It is intended that 3 cross-cutting themes will be considered in the examination of all topics and potentially also in their own right. These are:

a)   The implications there have been for **women and girls**. (NB it is recognised that there is also a need to understand the implications for males, as male mental ill health can often cause detriment to the quality of life of women and girls, as family members, etc.).

b)   The implications in terms of **racial differentials** (considered in conjunction with the work of the Race Equalities Taskforce);

c)   The implications there have been for **children and young people** (supported by a dedicated young person's panel / Commission drawn from the refreshed Young Combined Authority, if workable).

3.3.3   It is also intended that the Commission draws on the expertise of the IncludeMe citizens' panel, reflecting perspectives from people with disabilities (mental health, physical health, learning disabilities and neurodevelopmental conditions) and people with long term health conditions.

3.4   **A proposed 'longlist' of topics** - areas pertaining to factors that influence mental health which may have been exacerbated during the pandemic are highlighted in the diagram and sections below:
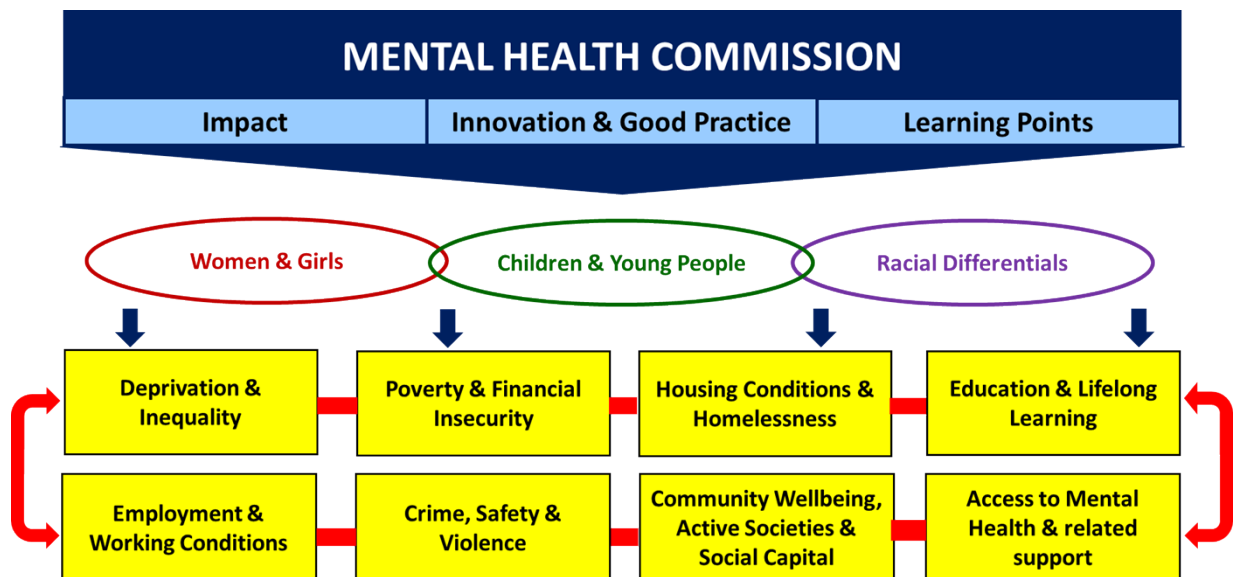
3.4.1   *Impact on deprivation and inequality:* The pandemic has brought inequalities, generally pre-existing, into sharp focus. There is a close relationship between mental health and many forms of inequality, with experiences of disadvantage often increasing the risk of mental health difficulties. Existing evidence indicates that people with existing mental health difficulties are often adversely affected in respect

to employment, income and relationships. In terms of people living in deprived areas – i.e. with a lack of access to a range of key resources, including money, adequate housing, green space, etc. – there is a greater likelihood of needing mental healthcare but a lower likelihood of accessing support and a lower likelihood of recovery following treatment. We also know that populations with large differences in wealth and resource between individuals are associated with higher levels of mental health difficulties for the population as a whole.

3.4.2 *Impact on poverty and financial insecurity:* Personal and family financial security are protective factors for mental health, whilst low income and debt are risk factors. Poverty can be both a causal factor and a consequence of mental ill health. Consideration should also be given, as indicated in the commissioned community listening exercise, to the impact on for those with no recourse to public funds.

3.4.3 *Impact on housing conditions and homelessness:* Stable access to good quality housing is a protective factor for mental health and contributes to recovery. Conversely, poor quality housing (including overcrowded conditions) and homelessness are risk factors for mental health difficulties. There are particular mental health challenges associated with people caught in the 'revolving door', between hostels, prison, hospitals and the streets.

3.4.4 *Impact on access to education and lifelong learning:* There has been a significant amount of disruption to schooling and other educational provision during the pandemic. Schools, colleges and universities make differing but respectively important contributions to promoting and supporting mental health amongst children and young people. Amongst other things, school interventions can support resilience and can appropriately enable targeted support for children struggling with mental health difficulties. Young people who are neither in education, employment nor training (NEET) have been found to be at increased risk of depression and suicide. In addition, community-based adult education programmes can aid mental health and wellbeing through access to social networks and activities.

3.4.5 *Impact on employment and working conditions:* Good workplaces can provide vital support and encouragement for employee wellbeing. Stable and rewarding employment is a protective factor for mental health and can make a strong contribution to recovery from mental health difficulties. The pandemic has placed sustained pressures on a range of key workers, frontline staff and their managers across many sectors, which have challenged their mental health and wellbeing. In addition, we know that unemployment and unstable employment are risk factors for mental health difficulties.

3.4.6 *Impact on crime, safety and violence:* The relationship between crime and mental health problems is complex, with people with mental health difficulties being more likely to be a victim of crime than the general population and also more likely to be a victim of assault (considerably more likely for a woman). Being a victim of intimate partner violence or domestic abuse increases the risk of mental health problems. People in contact with the criminal justice system have a high prevalence of mental

health needs and have substantially more risk factors for suicide (e.g. substance misuse and socioeconomic deprivation). Consideration needs to be given to the added pressures placed on policing and the criminal justice system and also the implications for those in the system and their respective family networks.

3.4.7 ***Impact on community wellbeing, active societies and social capital:*** An individual's mental wellbeing is linked to the wider social, economic, cultural and environmental conditions in which they live, in addition to their own social, emotional and physical wellbeing. As such, it would be useful to explore the impact of the pandemic on access to social networks (including faith networks), to public green space, to sport and physical activities, to arts and cultural offers, and to volunteering opportunities. There is a 'Mental Health and Sports Symposium' planned in April 2022 to feed into the Commission, which will examine evidence of sports and physical activities as a protective factor during the pandemic and also to consider the effectiveness of plans to maximise the opportunity that the Birmingham 2022 Commonwealth Games presents to support local and regional mental wellbeing.

3.4.8 ***Impact on access to mental health and related support:*** The pandemic has had a dramatic impact on the availability of mental health and related support (e.g. support for substance misuse issues) from statutory, VCS and independent sector organisations and also how this support has been made available. There have been differential impacts on different groups. For instance, access to help for those at risk of suicide, such as young males, or differing levels of disruption to the appointment regimes of people with pre-existing disabilities and health conditions, and for people with substance misuse issues.

3.4.9 ***Intersectionality*** – it is recognised that the people do not neatly and wholly fit into the above-mentioned individual topic areas and that there will be a need to explore and understand intersections between topic areas.

4. The membership of the Commission

4.1 It is intended that the members of the Commission will have been fully recruited by the end of January 2022 and that the membership will take account of the geographic and demographic diversity of the region and will comprise:

- ***Co-chairs*** – Danielle Oum, Chair of Coventry& Warwickshire ICS (agreed). Sir Norman Lamb – discussions underway.
- ***Chief Executive Sponsor*** – Dr Helen Paterson, Chief Executive of Walsall MBC (agreed);
- ***NHSE & I*** – Giles Tinsley, Regional Lead for MH (agreed);
- ***Public Health*** – intention to secure a senior rep from OHID and a local Director of Public Health (or nominee).
- ***Local Health & Care systems*** – intention to secure 3 reps reflecting statutory and VCS representation.
- ***Services for Children & Young People*** – intention to secure a senior rep, ideally from a school;

- *Police & Criminal Justice* – Tom McNeil, Assistant Police & Crime Commissioner or nominee (agreed);
- *WMCA rep* – to be confirmed;
- *General / Lay Members* – intention to secure 3 reps via open recruitment process, with a priority for 'experts by experience'.
- *Business reps* – intention to secure 2 reps ideally from a Chamber of Commerce or similar plus a rep from a business with a track record in supporting mental wellbeing.
- *Sports sector* – Sport England rep to be confirmed.
- *General workforce rep* – intention to secure a representative from a workforce body or public sector union.
- *Built or natural environment* – rep to be considered;

5. The proposed set up and operation of the Commission

5.1 A planned timeline of activities is set out below:

Ref	TASKS	2022											
		J	F	M	A	M	J	J	A	S	O	N	D
1	Recruitment of Commission members	■											
2	Procure additional evidential support	■											
3	Initiation / set up work, including OD support and finalising focus	■	■										
4	Awareness campaign on the forthcoming Commission & associated MH Star Awards	■	■										
5	MH Star Awards event			■									
6.	Set up citizens' panel, Youth MH Commission and topic reference groups	■	■	■									
7	MH & Sport Symposium				■								
8	Session 1 / Topic 1 and session notes			■									
9	Session 2 / Topic 2 and session notes				■								
10	Session 3 / Topic 3 and session notes					■							
11	Mid-term review						■						
12	Session 4 / Topic 4 and session notes							■					
13	Session 5 / Topic 5 and session notes									■			
14	Session 6 / Topic 6 and session notes										■		
15	Commission wrap up and agreeing recommendation delivery arrangements											■	
16	Final report											■	■

5.2 The Initiation process for the Commission is to commence at the end of January, involving the Co-Chairs, Chief Executive Sponsor and Project Team to further detail the operation, scope and focus of the Commission.

5.3 An initiation workshop with all Commission members will take place to agree the final list of topics, initial key lines of enquiry, plus ways of working.

5.4 It is intended that the Commission will meet on a monthly basis to consider respective topics, in the terms agreed.

5.5 The Commission will be supported by infrastructure as indicated below:
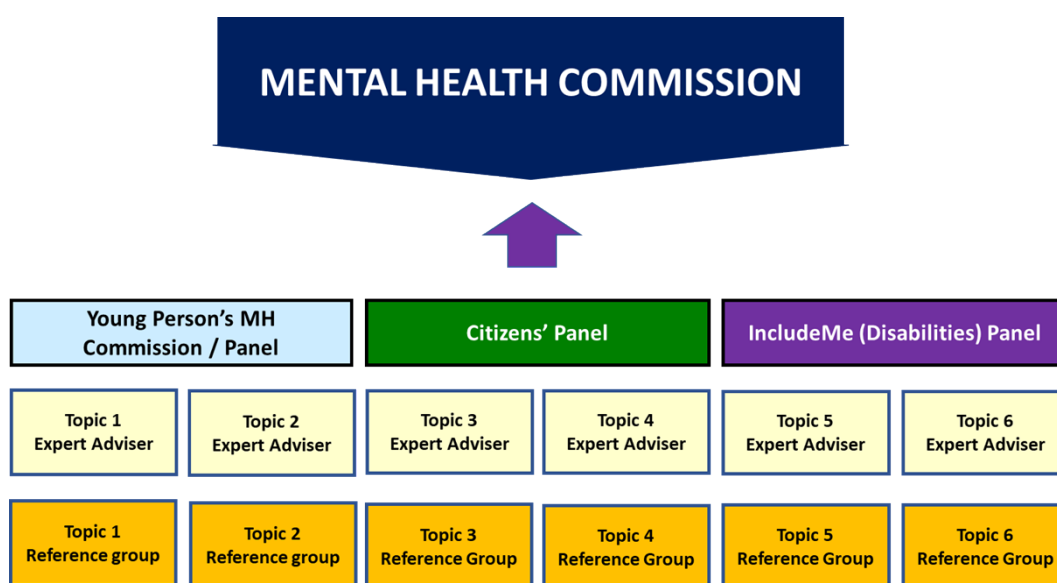
5.6 **Mental Health Star Awards –** The awards event is scheduled to take place on 23rd March and is an early output of the MH Commission. It will recognise and celebrate good work and innovation by individuals and teams / organisations in supporting mental health and wellbeing during the pandemic. The call for nominations is already open. It is intended that Commission members will contribute to the selection of award winners.

5.7 **On-line MH Commission presence –** it is planned to set up an online presence for the MH Commission to comprise key resources, including information on Commission members, MH Star Awards, evidence and progress with the Commission's work.

6.   Financial Implications
6.1 There are sufficient funds within the Wellbeing portfolio budget to support the activities of the MH Commission. Specific areas of expenditure include:

a) Procurement of additional support to identify and synthesise relevant evidence, to support Commission deliberations and the co-development of actionable recommendations. (circa £21,000);
b) Organisational development support for the ways of working of the Commission. (circa £4,500);
c) Support for engagement of 'general / lay' Commission members and those involved in the support infrastructure, including the Young Person's Panel / Commission and the IncludeMe panel. (circa £4,500).

7. Legal Implications
7.1 There are no specific legal implications arising from the contents of this report.

8. Equalities Implications
8.1 There are clear steps being taken to maximise the focus of the MH Commission on 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.
b) Focus – women and girls, racial differences, and children and young people are cross cutting themes that will be embedded in the work of the Commission and its consideration of a range of key topic areas. One of the proposed specific topics is the impact on deprivation and inequality. It is intended that there will be joint work with the Race Equalities Taskforce on mental health racial disparities.
c) Equality Impact Assessments at project design / delivery stage will help ensure that key equality considerations are taken into account so that solutions are inclusive for different protected characteristics.
d) It is intended that the Health Equity Assessment Tool (HEAT) will be used to support a systematic consideration of health inequalities.

9. Inclusive Growth Implications
9.1 The scoping work for the second Mental Health Commission takes into account several of the fundamentals of inclusive growth, which are protective factors when present, and risk factors when absent. Whilst it is not known at this stage how the commission members will prioritise these topics, it is right that this should be so.

9.2 The work is also 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 will also ensure that people who have been most affected by mental ill health during the Covid-19 pandemic are prioritised and heard.

10. Geographical Area of Report's Implications
10.1 The work of the Wellbeing Board applies to relevant activity across both Constituent and Non-constituent areas.

11.   Other Implications

11.1   None.

12.   Schedule of Background Papers

12.1   None