

Wellbeing Board

Date	Tuesday 6 September 2022
Report title	Wellbeing Board High Level Deliverables Update
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Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

- (1) Consider the progress to date on the 2022/3 High Level Deliverables
- (2) Agree to continue to receive an update on the High-level Deliverables at each future Board meeting.

1. Purpose

- 1.1 This paper outlines the progress made against high level deliverables agreed by the Wellbeing Board in July 2022.

2. Healthy Communities high level Deliverables for 2022/23

- 2.1 The team operate within the Economy, Skills and Communities directorate and our focus is on reducing health inequalities and maximising the impact on health outcomes through the CA's current devolved responsibilities on transport, housing, skills and inclusive economic growth work. Operating in this directorate gives us a greater opportunity to address those underlying issues, the wider determinants of health and really exploring the link between health and wealth.
- 2.2 We are also working on obtaining a trailblazing devolution deal for health. This is a testament to our success in engaging with the local and regional health and care system and becoming a regional voice on health and health inequalities. In order to achieve our

core mission of creating a healthier West Midlands we maximise the opportunities to enable, influence and delivery system change using the following principles:

- Using WMCA's **core functions** to galvanise action to ensure all economic investment in the region **supports better health outcomes**;
- Work with partners to **attract funding** from government and provide a **regional voice on health inequalities**;
- Work with partners to **maximise the economic opportunities** created by the West Midlands **health and care economy**;
- Champion specific issues and **deliver grant-funded programmes** where there is the **clear support** of the Combined Authority and its **partners** to do so.

2.3 In July 2022, the Wellbeing Board approved the High levels Deliverables below and provide an update on impact and progress against each deliverable, along with partners involved.

HLD	Associated Milestones
Conclude the Mental Health Commission and take forward the recommendations with internal and external partners	Develop a Commission report, which sets out key recommendations to support pursuit of a mentally healthier region;
	Develop and publish key outputs from the recommendations of the MH Commission by March 2023, including a Mental Health Work Programme and documented delivery arrangements
Develop and deliver a work programme to promote and enhance an evidence-based approach to preventing and tackling health inequalities in the WMCA and amongst other regional partners.	Work with Transport and Housing on embedding HiAP approach to impact health outcomes through monthly meetings, shared work programme and disseminate impact and evaluation reports to DsPH, OHID and NHSEI
	Pursue exemplar region in improving the health outcomes of disabled people by getting 2-3% more disabled people active and convening the system on disabilities related issues through workshops
	Promote wellbeing and prevention through implementing innovation pilots around social prescribing and developing a strategic sustainable relationship with Sport England on health inequalities through a shared agreement
	Deliver Health of the Region update report by April 2022, develop online data hub by October 2022, run HOTR Roundtable bi-monthly and establish working group for a new HOTR report to be completed in October 2023
	Support the promotion of health tech and drive investment for prevention in region through pursuit of remote diagnostics and Smart City region, through the Levelling Up work and Radical Health Prevention Fund as well as convening system through: <ul style="list-style-type: none"> - Monthly engagement with Smart City partners - Develop proposals for region with LA partners through Radical Health Prevention Fund - Procure/develop regional remote diagnostics

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

3. Current Programme Updates

WM Mental Health Commission

- 3.1 The Commission has explored 2 topics thus far. Emerging findings and recommendations from these 2 topics will be discussed further with key stakeholders to further shape them, to consider their relative priority and to establish potential deliverability of recommendations.
- 3.2 There is planned joint work with the regional Race Equalities Taskforce in November to scope and explore issues pertaining to racial inequalities and mental health.
- 3.3 Commission members are in the process of agreeing the remaining 3 (of 6) topics to explore, giving consideration to the respective regional significance of the issue, the link to addressing health inequalities, the extent to which the issue is under-explored / requires attention and having regard to the ability to impact on the issue locally / regionally. The 'long list' of potential topic areas is:
1. **Access to mental health support, including early help and prevention** – people with physical health conditions, disabilities or who are neurodivergent; **or** LGBT+ people; **or** physical health needs of people with SMI; **or** defining the core ingredients that support the positive mental health and wellbeing of local communities; **or** meeting the mental health needs of people with addictions; **or** strengthening and harnessing the voluntary & community sector contributions to meeting MH needs; **or** maternal and early years MH;
 2. **Employment, workplaces and mental wellbeing** - supporting the mental wellbeing of staff in public facing roles; **or** exploring the potential for the "good work" agenda to support employee mental wellbeing; **or** supporting workplace wellbeing in small businesses; **or** supporting workplace wellbeing in higher risk sectors / industries.
 3. **Mental wellbeing and cost of living pressures** – defining community support and community infrastructure that support the mental wellbeing with financial challenges; **or** supporting the mental wellbeing of families experiencing financial challenges.

3.4 The Commission has identified emerging recommendations on some of its existing topics:

Topic 1: The pandemic's impact on children and young people in the education system who have SEND, are transitioning to different parts of the system or are outside of the system by way of exclusion or home-schooling. Key emerging areas of recommendation, subject to further stakeholder discussions, thus far are:

- a) Include ('hard wire') mental health within school curricula as a staple part of the education system at all ages and that this should be protected and provided with appropriate levels of funding. Provide training for staff to enable implementation of this;
- b) Counselling provision available for all children in all schools;
- c) Counselling available for earlier mental health difficulties in appropriate settings;
- d) Target for zero exclusions for all schools, and partner organisational support to meet that target;
- e) Make access to the Education, Health and Care Plan (EHCP) process for SEND children easier as the gateway to resources for support. Also, overall support for a fairer EHCP system to enable all SEND children to receive the support required;
- f) Address loneliness and isolation issues with children and young people;
- g) Recommend and emphasise the importance of an ICS focus on prevention and early intervention for children and young people;
- h) Pursue further opportunities for social prescribing for children and young people's mental health and wellbeing;
- i) Organisations to sign up to the ambition to drive progress and highlight accountabilities in respect of mental health and wellbeing, monitored through annual reports.

Topic 2: Seizing the opportunities presented by physical activities, sports & MH (incl. B2022 Commonwealth Games) to support MH - A stakeholder 'feeder' event, Strengthening Mental Health Through Sport, took place on 27.06.22 to inform the Commission's deliberations on this topic on 30.06.22. Emerging areas of recommendation, subject to further stakeholder discussions, thus far are:

- a) Physical activities being part of a self-help toolkit for those waiting for MH treatment / support.
- b) Systematically build physical activities (including sport) into health and care 'treatment' pathways for MH;
- c) Support local people into employment in the sports sector.
- d) Systemically reduce financial & other barriers to local people using the Commonwealth Games facilities on their doorstep going forwards;
- e) Systematically reduce barriers to local people engaging in physical activities – cost, cultural issues, range of activities on offer, etc.
- f) Refreshing stewardship arrangements for this agenda - to oversee and drive cohesion, to co-develop and enable delivery of priorities
- g) Build a stronger 'real time' evidence base of the impact of engaging in physical activities and sport – drawing on local academic institutions, grassroots & elite sports organisations and local communities.

Health Inequalities and Health in all Policies

3.5 Health of the Region (HOTR)

- a) As agreed at the previous Wellbeing Board meeting, we will no longer pursue an interim HOTR report nor an online data hub at this current time.
- b) The HOTR Roundtable will now meet bi-annually, with the newly established HOTR Core Group meeting bi-monthly.
- c) The next HOTR Roundtable will be held in person on Friday 14th October.
- d) The HOTR Core Group is currently establishing a programme of collaborative advocacy around 'big ticket' issues, which will be brought to the forthcoming HOTR Roundtable.
- e) We will also open an invitation to join a steering group for the planned HOTR Report 2023 at the forthcoming Roundtable meeting.

3.6. Healthtech / Medtech

- f) We are continuing to work closely with colleagues in WM5G to develop the SMART city-region proposal for the Trailblazer Devolution Deal, with health connectivity being a central pillar, triangulated with energy and transport.
- g) We are also working closely with colleagues leading the Innovation Accelerator, which has been earmarked for healthtech / medtech innovation in this region (as well as cleantech). We have contributed towards sifting the early expressions of interest with a health inequality lens and we have influenced the regional prioritisation criteria against which the fully costed proposals will be assessed.

3.7 Design Sprints

- h) Accessible Housing – given the progress on the Health TDD, Healthy Communities and Housing and Region intend to contract some initial work to work with local authorities on current practice and barriers around accessible homes.
- i) Community Decision Making: Following stalled progress, we have now determined a mechanism through which we can explore community decision making with a race equity lens, which will be evaluated by the New Economic Foundation. Subject to the imminent finalisation of internal procurement and legal processes, a fuller progress update should be available for the next Wellbeing Board meeting.

3.8 The Kings Fund Workshop Programme

- j) As part of the WMCA's Healthy Communities convening work, we have contracted The Kings Fund to lead a series of workshops for senior officers in Local Authority Public Health, ICBs, Local Economic Partnerships, Voluntary Community Services Leads and the NHS Midlands to explore the impact and contribution of the health inequalities duty, inclusive growth and health, work, homelessness and health and an exemplar improving health outcomes for disabled people region. This monthly workshop programme will inform ways of working, understanding barriers and policy levers to influence and change.

3.9 Work with Transport for West Midlands and Housing on embedding HiAP

- k) The WMCA worked with TfWM on integrating health into its draft Local Transport Plan, following the case making on health inequalities. This has led to opportunities to work together to address the inequalities in those who active travel; exploring future Ring and Ride provision and the delivery of the Cycling for Everyone legacy programme.
- l) Further exploration of the health in all policies approach and connection to the Housing and Regeneration priorities including healthy environments and accessible housing.

3.10 Pursuing and exemplar improving health outcomes for disabled people region

m) This is summarised in the Wellbeing Board paper on Disabled Citizens Voice.

3.11 Implementing innovative pilots and embedding a strategic relationship with Sport England

- n) The WMCA was unsuccessful in its bid to be one of Government's social prescribing walking and cycling pilots which were announced on 22 August 2022. The WMCA was praised on its partnership between transport and health but highlighted the bid could have been improved by targeting a specific geography and focusing on the existing walking and cycling routes.
- o) As a WMCA bid we had evidenced the rationale why we wanted to target 7 small areas of poor health and disabled people and people with MSK conditions. This is where we would get greatest impact of such a pilot.
- p) These locations were near to some existing but mainly planned but not funded routes, for which our pitch was about encouraging behaviour change in these areas to accelerate the delivery and usage of these routes.
- q) We are working with a consortium of partners to bid to deliver elements of the social prescribing bid through the Motability charity grant fund and also how we can commit to delivering the priority Front line Practitioner workforce development programme to develop knowledge and understanding of the benefits and local opportunities.
- r) In response to the hugely successful Commonwealth Games, Sport England and WMCA are accelerating the development of a long-term partnership to ensure that there is a long-lasting legacy in reducing health inequalities and physical inactivity. We will be consulting Local Authorities, NHS and Sport England's System Partners on the nature of this partnership, prior to bringing the draft collaboration agreement and plan to the December 2022 Wellbeing Board meeting for approval.

4. Thrive at Work

4.1 **Current performance** - Just over 300 organisations across the region are currently in receipt of Thrive at Work accreditation (at Foundation, Bronze or Silver levels respectively) or are pursuing accreditation – please see chart below. Accreditations in July 2022 have included 2 schools (Bridgetown Primary and St Matthew's Bloxham C of

E Primary School), exi, Leadac Ltd, MES Systems Ltd, TruTac Ltd and Valley House.

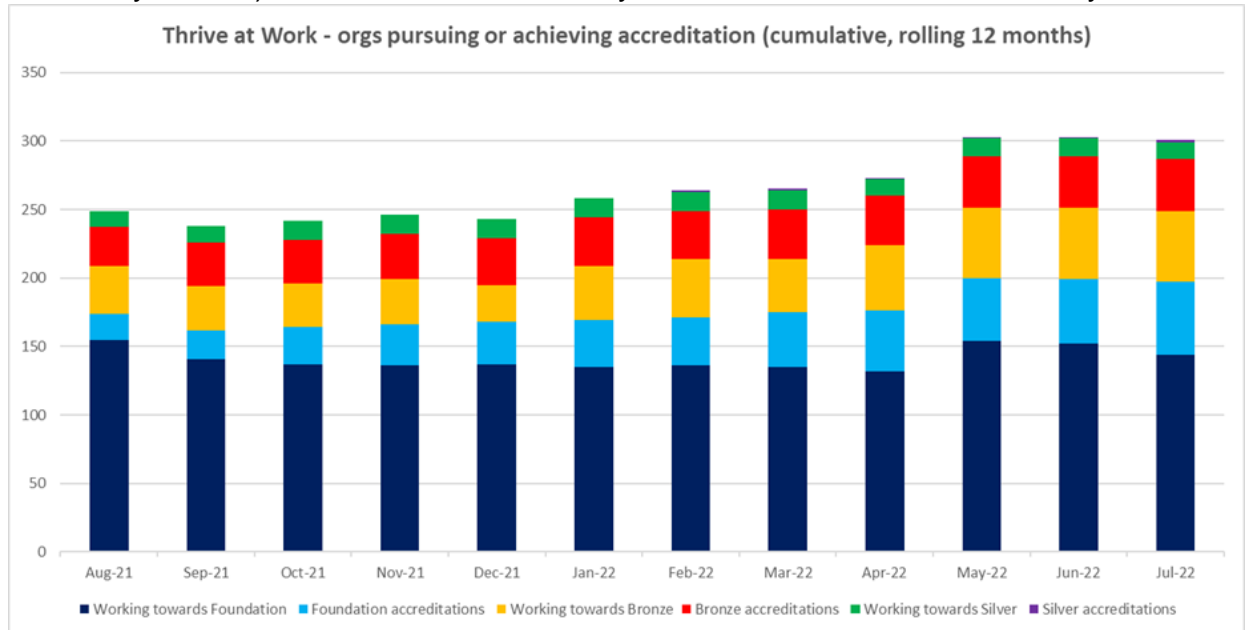


Table 1 – Organisations pursuing or achieving accreditation

4.2 **Work to refresh the programme** – this is ongoing and both aligned to the refresh of the Mental Health & Productivity Pilot (MHPP) and also to developmental work taking place within the Economy, Skills and Communities (ESC) directorate. Areas of activity include:

- Refreshing the programme deliverables (including a minimum dataset and impact measures);
- Exploring updated solutions for organisation diagnostics and evidence collection for workplace wellbeing;
- Determining programme developments required to respond to the implications of varying new ways of working (ushered in by the pandemic, etc.);
- Securing feedback from organisations on the barriers and opportunities to progressing Thrive at Work and workplace wellbeing initiatives generally;
- Review ESC sector / industry analyses to inform potential targeting of types of organisations sectors to maximise programme impact and benefit;
- Identify programme health and wellbeing topic / theme developments to maintain the currency / fitness for purpose of the programme.
- Developing a stakeholder communication and engagement strategy and plan, and narrative, in conjunction with ESC and MHPP colleagues.

5. Thrive into Work

5.1 Performance

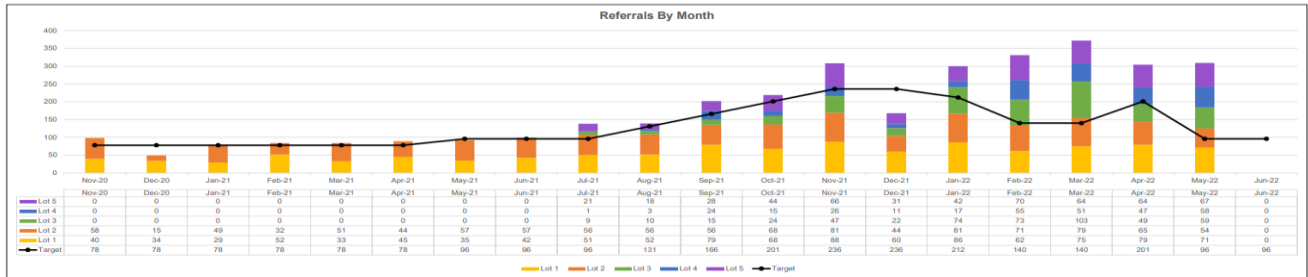


Referrals

Referrals to date in the Black Country remain high for Lot 1 (144% of target) and Lot 2 (143% of target)

Referrals in the newer sites (Lots 3-5) increased slightly from last month and almost achieved targets to date in Lot 3 (92%), and have exceeded targets in Lot 4 (118%) and Lot 5 (221%)

Community Non-Health is was the largest referral source in month with 39% of all referrals received. This is followed by Primary Care with 30%, and then by Self Referrals with 18% of referrals



Engagement

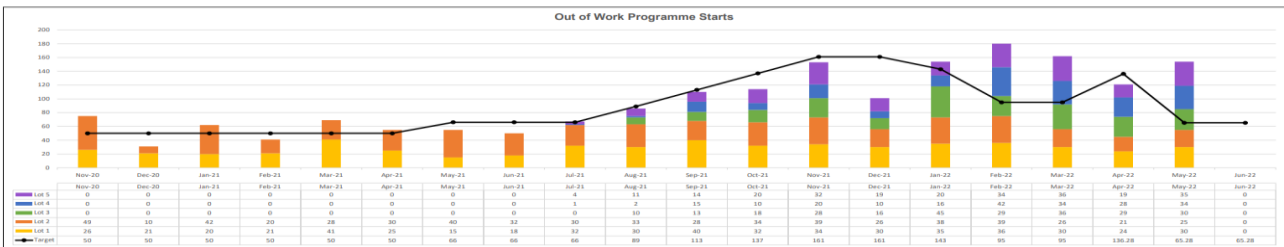
Lot 1 - Dudley and Walsall has now achieved 107% of OOW programme starts targeted to date, and 161% of IW programme starts targeted to date

Lot 2 - Sandwell and Wolverhampton has now achieved 117% of OOW programme starts targeted to date, and 87% of IW programme starts targeted to date

Lot 3 Birmingham and Solihull has delivered support to 72% of OOW programme starts targeted to date, but only 35% of IW programme starts targeted to date

Lot 4 Coventry has delivered support to 122% of OOW programme starts targeted to date, and 141% of IW programme starts targeted to date

Lot 5 - Specialist Pathways has delivered support to 184% of OOW programme starts targeted to date, and 128% of IW programme starts targeted to date



The Programme continues to progress well evidencing a clear demand for this service. The IPS Team are now developing strong links with the WMCA Head of Employment Services to strengthen employment offers to vulnerable people whilst supporting business to have confidence in this talent pool.

Since our last report we have had a private meeting with Chloe Smith Minister for Disabled People Work and Health. Our IPS work will feature in the Health and Disability White Paper due to be announced in the autumn. She had the opportunity to meet those who have accessed our service with a noticeably clear message of the important association between health and work which the Minister has endorsed.

We have now submitted our bid for additional funding to continue with IPS provision through to 2025. This will allow us to concentrate on sustainability of the work that we have developed. We have been ambitious in our funding ask but feel we have provided a good case for investment.

6. Financial Implications

6.1 The WMCA budget agreed was agreed in February 2022 has been built around these draft High Level Deliverables. There are no other direct spend or budgetary implications as a result of the recommendations within this report.

7. Legal Implications

7.1 It is a statutory requirement that the Combined Authority has an assurance framework in place. The assurance framework approved by the WMCA Board on 24 July 2020 stipulates the requirement of the Wellbeing Board to approve and monitor the deliverables

of the portfolio. There are no additional legal implications arising from the contents of this report.

8. Equalities Implications to update

- 8.1 Portfolio Equality Impact Assessment identified key impact and considerations for high level deliverables. The composition of the Thematic Boards and other governance structures of the WMCA normally reflect the composition of the political leadership in constituent local authorities. To this extent, at the current time, they do not reflect the full diversity of the West Midlands region and decision-making might be skewed by unconscious bias. Where there is scope for local authorities to consider diversifying who might represent them on such Boards this could be considered and where there is scope for the Thematic Board to consider co-opting non-voting members on the grounds of their gender or protected characteristics then this too could be considered.

9. Inclusive Growth Implications

- 9.1 The inclusive growth implications of this work are largely positive: reducing health inequalities is a headline health and Equality outcome of the Inclusive Growth Framework, with improvements in mental health and wellbeing, increased levels of physical activity and greater inclusion of people with disabilities also sitting as key objectives.

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

None.

12. Schedule of Background Papers

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

13. Appendices

None