

Wellbeing Board

Date	05.12.22
Report title	Mental Health Commission – update
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Recommendation(s) for action or decision:

It is recommended that the Wellbeing Board:

- a) Notes the progress that has been made with the work of the Mental Health (MH) Commission thus far;
- b) Provides feedback on the initial findings and emerging recommendations comprised in the respective ‘topic reports’, particularly indicating priority areas for action and highlighting other useful, local sources of evidence;
- c) Identifies any key stakeholders from whom feedback on the initial findings and emerging recommendations should be sought;
- d) Notes that there will be a final MH Commission session at the end of January 2023 to start developing the final report, which will be brought back to the Wellbeing Board for consideration.

MENTAL HEALTH COMMISSION – UPDATE

1. Purpose of the paper

- 1.1 This paper provides an update on the work of the WMCA-convened Mental Health (MH) Commission, particularly providing:
- A brief re-cap on the membership, purpose and scope of the MH Commission;
 - An update on the work of the Commission thus far and inviting feedback on the initial findings and emerging recommendations;
 - An indication of the forthcoming work of the MH Commission;

2. MH Commission purpose, scope and membership

- 2.1 The West Midlands Combined Authority (WMCA) has convened a Mental Health Commission due to the strong consensus that the pandemic has undermined mental health and wellbeing in the West Midlands, as deemed from the evidence gathered in the Health of the Region report. The evidence showed that the impact has been experienced unequally, with some groups experiencing bigger (negative) impacts than others. The people more likely to experience negative impacts included people living in areas of higher deprivation, people on lower or more precarious incomes, people from racialised communities (i.e. those from Black, Asian and other ethnic minority communities), people living with pre-existing mental or physical health problems, people with caring responsibilities, especially women, and also children and young people.
- 2.2 The West Midlands MH Commission therefore aims to support the pursuit of a mentally healthier region by:
- a) Supporting a clear regional understanding of the differential mental health and wellbeing impacts of the COVID-19 pandemic on local people – at home, in education, at work and at play.
 - b) Understanding the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;
 - c) Co-developing priority actions for the WMCA and partners to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.
- 2.3 The Commission is fulfilling its role by exploring 6 priority topic areas which its members have chosen and are set out in section 2.5.2 below.
- 2.4 **Membership** – the Commission comprises the following members:
- Independent Chair – Danielle Oum, Chair of the Coventry and Warwickshire ICS; Chair of the Birmingham & Solihull MH Trust
 - Chief Executive Sponsor – Dr Helen Paterson, Chief Executive of Walsall MBC;

- Integrated Care System reps – Patrick Vernon, (Non-Executive Director, Birmingham & Solihull ICS); Dr Arun Saini (MH Lead GP, Black Country ICS);
- West Midlands OPCC – Tom McNeil (Assistant Police & Crime Commissioner);
- NHS England & Improvement – Giles Tinsley (Programme Director for MH);
- Public Health - Dr Lola Abudu (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 Programme of work

2.5.1 There was initial work undertaken prior to the Commission starting its exploration of the issues, particularly:

- **Initial community listening exercise** – particularly highlighting feedback on mental health and wellbeing impacts and experiences for groups who are seldom heard;
- **Mental Health Star Awards** – recognising good practice in supporting mental health and wellbeing during the pandemic.

2.5.2 Consideration of 6 topic areas, agreed through discussion with Commission members.

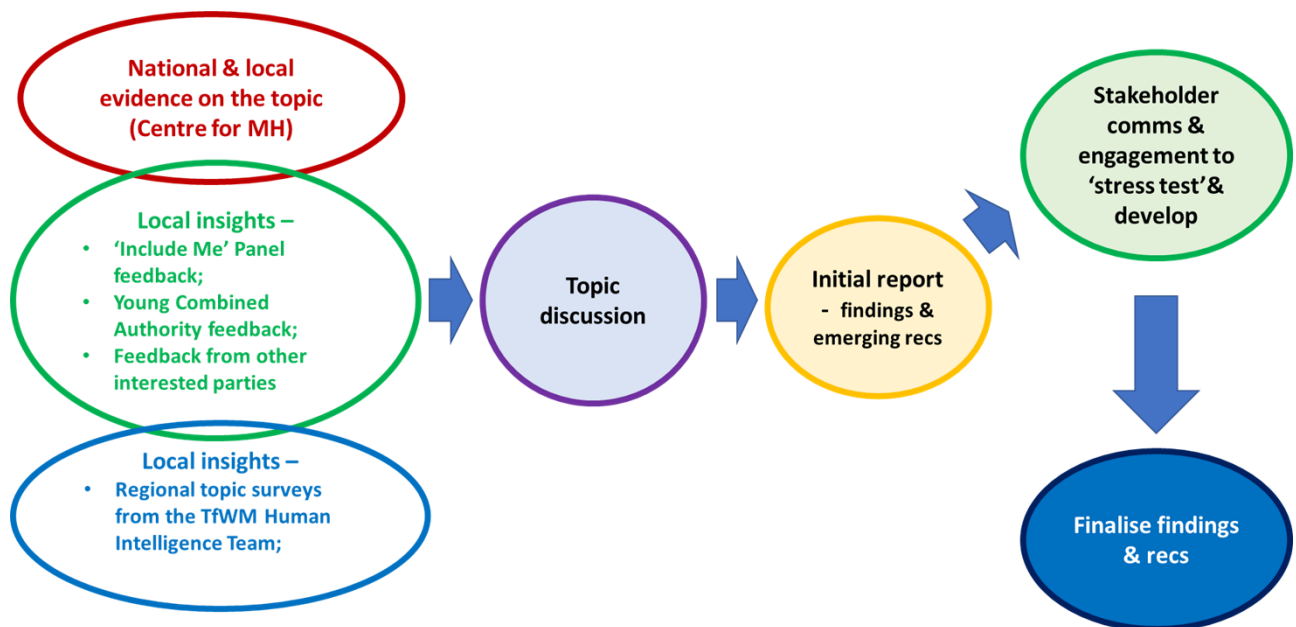
Month	Topic
May 2022	The impact on children & young people in the education system, particularly those with special educational needs and disabilities
Jun 2022	The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing
Sep 2022	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 The outline process for considering each topic area

For each topic, work is initially undertaken to capture local and national insights – predominantly through the work of the Centre for Mental Health – and formed into an ‘evidence pack’ / insights paper to inform a Commission discussion. This discussion then generates some initial findings and recommendations. These are captured in a draft ‘topic report’ which is then then ‘stress tested’ through further stakeholder communication and engagement to arrive at finalised findings and recommendations. See below:



3. Emerging Commission recommendations from the first 3 topics

3.1 Topic 1: *The impact on children & young people in the education system, particularly those with special educational needs and disabilities.* Emerging recommendations:

- a. Include Mental Health within all school curricula as a staple and protected part of the education system at all ages, with appropriate resourcing and staff training to implement this;
- b. Make counselling available to all children in all schools and make counselling and other therapeutic support available for mild-moderate mental health difficulties in other appropriate settings;
- c. Make access to the Education, Health and Care Plan (EHCP) process for SEND children easier as the gateway to resources for support. Take steps to

create a fairer EHCP system overall to enable all SEND children to receive the support required;

- d. Agree with schools and local authorities in the region a target for zero exclusions, with partnership support to meet that target, drawing on learning from other areas (e.g. the London Borough of Southwark's 100% inclusion commitment).
- e. Support and enable a priority focus by local Integrated Care Systems on prevention and early intervention in respect of mental health difficulties for children and young people.
- f. Capture, evaluate and publicise existing good practice in these areas through regional research collaborations and Communities of Practice;
- g. Address loneliness and isolation issues affecting children and young people by developing further mental health and wellbeing social prescribing opportunities;
- h. Develop and implement a regional process to monitor the annual progress in delivery mental health and wellbeing improvement actions indicated by the Commission.

3.2 **Topic 2: *The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing.*** Emerging recommendations:

- a. Physical activities being designed into toolkits for those waiting for MH treatment / support. (Led by MH service providers);
- b. Systematically build physical activities (including sport) into health and care 'treatment' pathways for mental health; (Led by MH service providers);
- c. Systematically reduce barriers that may prevent local people from engaging in physical activities – cost, cultural issues / perceived norms, transport, the range of activities on offer, etc. in part through co-designing inclusive physical activities with key communities to better meet their needs. (Led by local authority lead, with local sports partnerships);
- d. Support local people into employment in the sports sector and support the roll-out of sector training on mental health and wellbeing; (Leadership from WMCA, with involvement of OHID);
- e. Refreshing regional leadership / stewardship arrangements for the physical activities and mental health agenda - to oversee and drive a cohesive approach, to co-develop and enable delivery of priorities that maximise positive impact to enable the delivery of a long-lasting legacy; (Led jointly by WMCA and Sport England);
- f. Systemically reduce financial & other barriers to local people using the Commonwealth Games facilities & other facilities on their doorstep; (Led by local authority, with sports partnerships);
- 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. (Leadership between WMCA, Sport England and HE sector).

3.3 Topic 3: *The mental health and wellbeing implications of the cost of living crisis.*

Emerging potential opportunities for action, reflecting further feedback, are:

- a. Opportunities to increase income:
 - Amplified regional campaign to pay a real living wage – particularly through engagement with private and public sector ‘anchor’ institutions and their key suppliers / contractors;
 - Amplified regional drive to progress the delivery of social value in procurement, putting money in the pockets of local people and organisations, particularly working with private and public sector ‘anchor’ institutions.
 - Continue to develop and deliver targeted skills development and career development opportunities;
 - Coordinated work across system partners to maximise benefits take up;
- b. Opportunities to reduce costs:
 - Continue to explore opportunities to provide reduced / subsidised public transport for key groups to access a range of health-supporting opportunities e.g. work, training and leisure. Groups under consideration to include young people up to the age of 25 and healthcare and other key workers (accepting eligibility definitional difficulties);
 - Explore to potential to introduce rent controls
 - Emergency funding to support local people to meet food costs, energy & fuel costs;
 - Support with Council tax payments and a sensitive approach to addressing council tax arrears;
- c. Other mitigating actions:
 - Support to enable the ongoing face-to-face and on-line provision of community advice services, particularly those targeting ‘seldom heard’ parts of the population;
 - Making a case to central government for sustained local funding and discretion over how it is used to mitigate cost of living challenges;
 - Advocating for action to achieve timely and supportive benefits processes, such as Disability Living Allowance;
 - Ongoing pursuit of genuinely affordable housing;
 - Ongoing pursuit of energy efficient housing;
 - Enable community, voluntary and faith networks to support those most affected.

- 3.4 Part of the stakeholder engagement work in respect of the emerging recommendations is to determine the respective priority of the proposed action areas and to gauge who might need to be involved to enable delivery.
- 3.5 Work is currently underway to generate the 'topic reports' for topics 4 and 5.
- 3.6 The Commission is due to explore topic 6 on 13th December.
- 3.7 An event is being planned in January 2023 with the Young Combined Authority to get the views of young people on the initial findings and emerging recommendations arising from the Commission's work.

4. Financial implications

- 4.1 There is no new funding ask within this paper. The costs outlined below are within the Health and Communities portfolio external advice budget to support the activities of the MH Commission. Specific areas of expenditure have included:
 - a) Procurement of additional support to identify and synthesise relevant evidence, to facilitate Commission deliberations, to facilitate the co-development of actionable recommendations and co-author a final report. (circa £36,000);
 - b) Organisational development support for the set up of the Commission including supporting the recruitment of the independent members and also facilitating agreement of the ways of working for the Commission. (circa £4,500);

5. Legal Implications

- 5.1 There are no specific legal implications arising from the contents of this report.

6. Equalities implications

- 6.1 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 some 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 – see section 2.5.2.

7. Inclusive Growth implications

7.1 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. These fundamentals have features in Commission discussions thus far.

7.2 The Commission's 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, and perspectives provided to 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.

8. Geographical Area of Report's Implications

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

9. Other implications

9.1 None

10. Schedule of background papers

10.1 Topic 1 report – The impact on children & young people in the education system, particularly those with special educational needs and disabilities.

10.2 Topic 2 report – The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing.

10.3 Topic 3 report - The mental health and wellbeing implications of the cost of living crisis & associated mapping of mitigating action.