



West Midlands  
Combined Authority

## Wellbeing Board

<b>Date</b>	Monday 5 <sup>th</sup> December 2022
<b>Report title</b>	Skills, Employment and Health
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<b>Report has been considered by</b>	Dr Julie Nugent, Executive Director of Economy, Skills and Communities Directorate, WMCA <a href="mailto:Julie.Nugent@wmca.org.uk">Julie.Nugent@wmca.org.uk</a>  Dr Mubasshir Ajaz, Head of Health and Communities <a href="mailto:Mubasshir.Ajaz@wmca.org.uk">Mubasshir.Ajaz@wmca.org.uk</a>

### Recommendation(s) for action or decision:

#### The WMCA Wellbeing Board is recommended to:

- (1) Consider the background and current activity in this area as set out in the report.
- (2) Advise on additional activity, including specific interventions (if any), areas of best practice and key stakeholders to engage, to amplify HIAP in employment and skills.
- (3) Consider, if there is sufficient interest and availability, agreeing a Board lead for more regular consultation to advise further development in this area of work.

## **1. Purpose**

- 1.1.1 This paper follows the continued evolution of the WMCA's role in the health and wellbeing space, and agreement around the key contribution it can uniquely make on the wider determinants of health through its devolved levers.
- 1.1.2. The WMCA's Health and Communities Team is now focused on embedding the central aim of improving health within all WMCA strategies, policies, investments and activities. This builds upon the WMCA's work on Inclusive Growth, which steers all economic activity in the region (including by the WMCA itself) to positively contribute to the lives and outcomes of citizens in the region. Capitalising on this framework, the Health and Communities Team will work with colleagues across the WMCA to explore the opportunities and challenges that exist within their area to influence health, first introducing evidence relating to health within that area and then working with partners, including those across the regional health and care system, to maximise the opportunities to improve health outcomes through current WMCA activity and future collaboration.
- 1.1.3. This paper thus begins to make real the proposition of a 'health in all policies' (HIAP) approach, starting with skills and employment. It firstly gives a brief overview of the WMCA skills portfolio, followed by insight into the impact of skills (and employment and income) on health and, finally, the paper explores current and emerging activity for further development, which the Wellbeing Board is asked to reflect upon and steer.

## **2. Skills, Employment and Health**

### **2.1. Overview of WMCA Skills Portfolio**

- 2.1.1. The WMCA has devolved responsibility over skills provision across the region, increasing employment opportunities and aligning local / regional demand and supply in employment and skills, which it achieves through a number of funding levers and regional initiatives, as follows.
- 2.1.2. The WMCA's circa £130m per annum Adult Education Budget funds:
  - every adult resident's legal entitlement to English (incl. ESOL), maths and digital skills from Entry Level to Level 2 (equivalent to GCSEs);
  - Adult & Community Learning (ACL) provision, via Local Authorities, in programmes such as digital inclusion, health & wellbeing, family learning and ESOL for Life and Basic Skills;
  - and specific skills provision aligned to regional priorities such as construction (linked to the Commonwealth Games), digital (pioneering a 'bootcamp' model), sustainability (e.g. retrofit, electric vehicle maintenance) and health and social care (with progression pathways into Level 5).
- 2.1.3. The WMCA continues to secure complementary funding streams from the Department for Education, including the National Skills Fund (supporting the Lifetime Skills Guarantee), Digital Retraining Fund (extending the successful bootcamps) and, most recently, Multiply (for flexibly delivered numeracy training to those in work) – all of which contribute towards enabling residents to access jobs, maintain employment or progress within careers and to generate higher incomes. These outcomes support people to live

more fulfilled – and therefore, healthier – lives, as set out in further detail in the following section.

- 2.1.4. The WMCA also works closely with the Department for Work and Pensions on initiatives such as Youth Hubs across the region, which provide bespoke advice and guidance to young people on Universal Credit (UC) through dedicated work coaches, and Sector-based Work Academy Programmes (SWAPs), which help prepare people in receipt of unemployment benefits<sup>1</sup> to gain the relevant skills and work experience required to work in a different sector, organised with specific employers that have existing vacancies and are prepared to guarantee job interviews for SWAP participants. Moving people away from unemployment, and associated conditions, and into employment can positively impact health, as set out in further detail below.
- 2.1.5. Alongside the responsiveness to employment sector needs that has been achieved through skills devolution (i.e. construction, digital etc., as above), provision has also been tailored to specific cohorts of need, reflecting the demographics of the region. Initiatives include a clear focus on young people, given the relatively high proportion of young people in the region and relatively high rates of young people Not in Education, Employment, or Training (NEETs), through the active support of more vocational training routes explicitly linked to employment, such as Apprenticeships, Kickstart and T-Levels. Similarly, much of the bootcamp provision has been directed to specific cohorts such as women, people from black and minority ethnic backgrounds, refugees and carers. More recently, in response to changes in the employment market and associated needs, tailored support for those aged 50 and above has emerged as an area of focus.
- 2.1.6. It is noteworthy that a number of the interventions that involve employment support also include ‘wraparound’ elements i.e. tailored signposting (or ‘handholding’ to varying degrees) to services such as health and social care and other issues that are barriers to employment and also impact health (e.g. housing, financial wellbeing etc.). Examples of this include some ESOL provision, Youth Hubs and SWAPs.

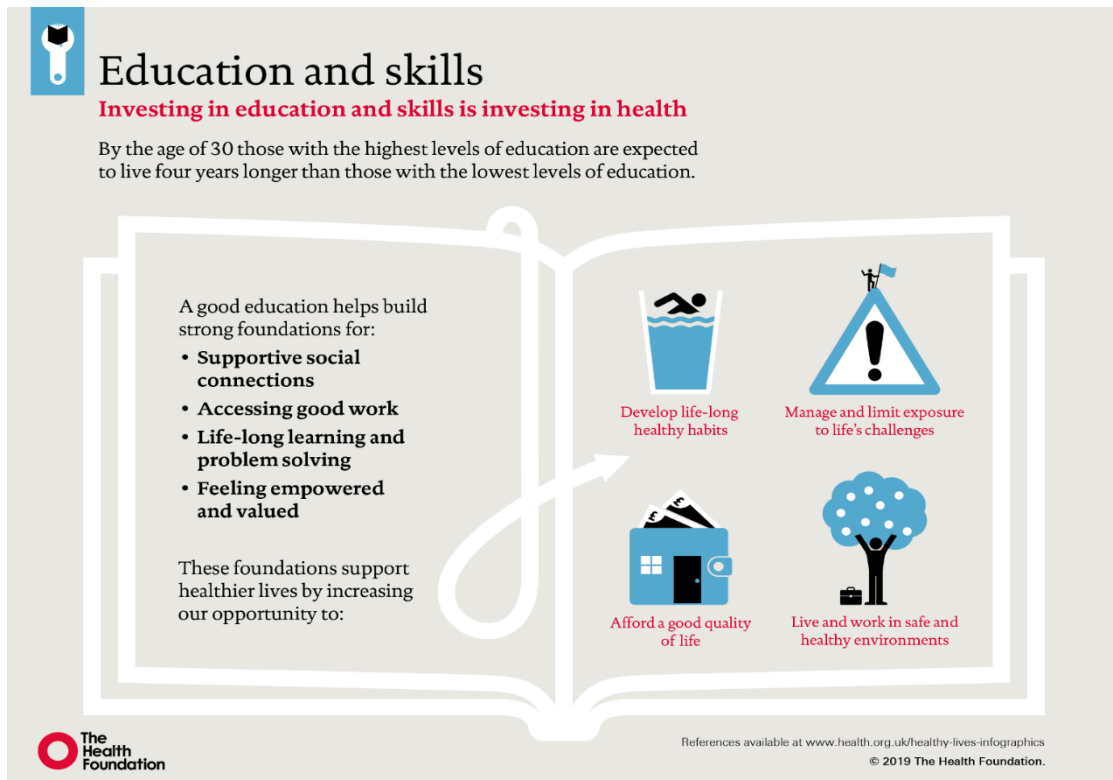
## **2.2. The Impact of Skills on Health**

- 2.2.1. Education (and skills) is a wider determinant of health; it is one of the ‘causes of the causes’ that impact the circumstances in which a person is born, grows, lives, works and ages. High levels of educational attainment strongly and significantly correlate with good health (and vice versa). Firm educational / skills foundations can support healthier futures, mitigate social stressors, and provide access to employment opportunities and life chances that could protect individuals from later-life disadvantage<sup>2</sup>.

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<sup>1</sup> This includes those on, for example, zero-hour contracts.

<sup>2</sup> <https://www.health.org.uk/infographics/how-do-our-education-and-skills-influence-our-health>



2.2.2. Education and skills can be the key to unlocking other wider determinants of health, namely employment and, in turn, income. Employment – specifically *good work* – provides people with a core role, identity and purpose; it provides social interaction, which protects against social exclusion; and it provides income<sup>3</sup>. Conversely, unemployment is associated with an increased risk of mortality and morbidity (i.e. death and disease, respectively)<sup>4</sup>. There is also reverse causation at play: poor health can prevent people from accessing and maintaining employment<sup>5</sup>. People on low incomes are more likely to engage in unhealthy behaviours (e.g. drinking and smoking) and endure psychosociological stressors (e.g. lack of financial safety net; lack of control), whereas higher incomes can enable people to access health-promoting goods and services<sup>6,7</sup>.

2.2.3. Education (and skills) has been described as the single most important *modifiable* wider determinant of health<sup>8</sup>.

2.2.4. As set out above, the WMCA’s remit focuses on adult education. Adult learning is key to skill acquisition and employability (the latter both in terms of finding and sustaining employment as well as contributing towards in-work progression), thereby enabling access to higher income levels. There is some evidence that adult learning correlates with improvements in physical health, and good evidence that adult learning results in improved mental health (improved confidence, reduced depression and improved wellbeing or life satisfaction)<sup>9</sup>. Adult learning can contribute to enhanced social capital

<sup>3</sup> <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>

<sup>4</sup> <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>

<sup>5</sup> <https://www.jrf.org.uk/report/how-does-money-influence-health>

<sup>6</sup> <https://www.health.org.uk/infographic/poverty-and-health>

<sup>7</sup> <https://www.jrf.org.uk/report/how-does-money-influence-health>

<sup>8</sup> <https://www.health.org.uk/infographics/how-do-our-education-and-skills-influence-our-health> (emphasis added)

<sup>9</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/356063/Review4\\_Adult\\_learning\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356063/Review4_Adult_learning_health_inequalities.pdf)

and connectedness and also have a positive impact on health-related behaviours (e.g. decreased alcohol consumption, increased exercise)<sup>10</sup>.

## 2.3. Areas of Joined-Up Activity and Emerging Opportunities

2.3.1. The relationship between health and employment garnered significant attention at a strategic, policy level through:

- the 2010 Marmot Review, *Fair Society, Healthy Lives*, which recommended fair employment and good work for all as a policy objective<sup>11</sup>;
- the 2017 Taylor Review, *Good Work*, which drew attention to the implications of modern working practices<sup>12</sup>;
- and the 2017 Stevenson / Farmer Review, *Thriving at Work*, which highlighted the role of employers supporting employees' mental health<sup>13</sup>.

2.3.2. These policy drivers contributed towards the development of WMCA programmes specifically focused on health and employment, namely:

- Thrive at Work, a workplace wellbeing programme that recognises the health-promoting behaviours of employers in the region through accreditation awards;
- and Thrive into Work, an intensive employment support service modelled on Individual Placement and Support (IPS) that provides a personalised and integrated service to those with health-related barriers to employment.

Both of these programmes began in pilot form and have evolved in order to maximise their effectiveness in changing landscapes.

2.3.3. The Covid19 pandemic radically impacted the world of work and health in multiple ways. It tangibly demonstrated the relationship between work and health for many, and it highlighted and exacerbated related inequalities; certain groups had to continue to work in frontline services with high risks of exposure to the virus and many had to continue to access work (or other services) using relatively high-risk modes (i.e. using public transport rather than more enclosed private transport). During the height of the pandemic, labour markets changed in response to changing business needs, such as lockdowns in the hospitality sector, and some of the implications of exiting the EU were also beginning to be felt, for example in the haulage industry, all while people experienced significant variation in their working practices and thus their quality of life and health. In the now 'post-pandemic' world, working practices such as 'hybrid' returns to workplaces are still evolving while the 'cost of living' crisis has hit – all with profound implications for health and employment. The region's Claimant Count has fluctuated accordingly; it has fallen by 16.8% over the past year but remains 21.7% higher than it was in March 2020 (having peaked at 34.3% in February 2021)<sup>14</sup>. Both nationally and regionally, numbers of unfilled vacancies are at near-record highs, while there have been significant increases in the number of people that are economically inactive due to long-term ill health.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/356063/Review4\\_Adult\\_learning\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356063/Review4_Adult_learning_health_inequalities.pdf)

<sup>11</sup> <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>

<sup>12</sup> <https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices>

<sup>13</sup> <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>

<sup>14</sup> NB. These regional figures are from DWP West Midlands Group, which is not exactly co-terminous with the WMCA area.

- 2.3.4. The WMCA and partners are now working to amplify health concerns and inequalities within skills and employment work programmes, further prioritising or integrating health-related interventions into 'business as usual'. This is in response to Covid19 and subsequent developments (as captured above), as well as internal programme drivers, namely:
- the Health of the Region report (2020), commitments around integrating a HIAP approach therein, and the evolution of the WMCA's role to focus on devolved levers associated with the wider determinants of health as a key contribution to the regional health system;
  - and ongoing work with the Health Foundation (and The Kings Fund) to bring together expertise from across the Mayoral Combined Authorities, engendering peer support and enabling national leadership in a complex and delicate space.
- 2.3.5. Current developments include advocating for more wraparound support, including health, in skills provision and exploring tailored employment support for emergent cohorts, such as 50+ year old returners to the job market. The WMCA is working closely with the regional DWP team to design three pilots to this end. Relatedly, the narrative around 'Good Work' has been reinvigorated, drawing in understandings around current high levels of economic inactivity to underline the fact that it is not necessarily any work but emphatically *good* work (decent wages, optimal hours, job security etc.) that is healthful and not harmful. The WMCA's role in co-ordinating skills provision with employers' needs as well as wider business support, now being strengthened with the integration of the Local Enterprise Partnerships, enables significant influence in this space.
- 2.3.6. While the benefits of these interventions on health are clear, it is not straightforward to capture and quantify them in terms of their return on investment – an argument which could stimulate further investment in this area and encourage a systemic shift towards preventative care. It would take years, likely decades, to capture the impacts of such interventions on health conditions and any causal links would be tenuous. It would be useful and pragmatic to develop subjective wellbeing metrics as a means of understanding the broader picture of health and wellbeing related to the wider determinants of health and to translate these data into investment terms (and eventually into investable propositions). Integrating this into programme design would mutually reinforce the WMCA's HIAP and Inclusive Growth work and would align with HM Treasury's Green Book guidance on wellbeing<sup>15</sup>. It could also supplement WMCA outcomes data more generally; for example, in skills provision and employment support, capturing improvements in subjective wellbeing could contribute towards a measure of 'distance travelled' for an individual as yet too far from the labour market to reach the more standard achievement of securing employment or moving off UC. This could be a key area of joint exploration and positive impact.
- 2.3.7. Another emerging opportunity relates to the proposal of a Regional Disability Strategy, which has been gaining traction during Trailblazer Devolution Deal negotiations. Simultaneously, the difficulties of those with special educational needs and disabilities (SEND) has been underlined by the current Mental Health Commission. It is pertinent to recognise that support interventions are in place – not least Thrive into Work – though there is clearly an appetite to expand or strengthen provision for this cohort (and further intersectional cohorts therein, if possible). It is a complex issue, with complex jurisdictions and complex funding streams, but working to close the employment gap that people with disabilities suffer would prove an invaluable area of joint action.

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<sup>15</sup> <https://www.gov.uk/government/publications/green-book-supplementary-guidance-wellbeing>

2.3.8. A clear and immediate priority for joint action is around the health and social care workforce, which is in a critical state of shortage, struggling to attract and retain staff due to pay, conditions, working practices and cultures, rigid rules and the relative attractiveness of alternatives. The WMCA has a firm foundation in negotiating local skills pathways and flexibly delivered training in this sector, having recently developed a Health Science and Care Services Plan<sup>16</sup>. Building on this foundation, in conjunction with wider organisational changes (the recent establishment of Integrated Care Systems, Partnerships and Boards, and the more localised integration of Health Education England), there could be further ways to co-ordinate and commission innovative training and guaranteed job interview schemes against specific areas of critical shortage that could unblock the system. If unprecedented numbers of people are turning away from the labour market due to poor health and wellbeing, it is vital to support and expand the workforce that protects and enables health and wellbeing, and in turn wealth and growth.

### **3. Financial Implications**

There are no significant or immediate financial implications, however subsequent decisions on specific actions to take forward may impact upon budget allocations / distribution in the next and potentially subsequent financial years.

### **4. Legal Implications**

None.

### **5. Equalities Implications**

Any actions developed from this report will address health inequalities and, following the Marmot principle of proportionate universalism, will necessarily have positive implications in terms of equalities considerations. Any new WMCA-led initiatives on this agenda will undergo a health and equity impact assessment.

### **6. Inclusive Growth Implications**

Any actions developed from this report will contribute towards WMCA's inclusive growth aims, particularly (but not exclusively) increasing skills levels, increasing household income and reducing health inequalities. Specific outcome indicators include:

- reducing the proportion (%) of working age people (between 20-29) with no qualifications in the 3 LEP area;
- increasing the total number of learners; and
- reducing the gap in healthy life expectancy.

### **7. Geographical Area of Report's Implications**

The subject matter of this report is relevant across the full WMCA geography.

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<sup>16</sup> <https://www.wmca.org.uk/news/new-skills-and-training-plan-to-help-local-people-gain-thousands-of-jobs-in-health-sciences-and-care/>

**8. Other Implications**

None.

**9. Schedule of Background Papers**

None.