

## Wellbeing Board

<b>Date</b>	Monday 5 December 2022
<b>Report title</b>	Wellbeing Board High Level Deliverables Update
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<b>Report has been considered by</b>	Dr Julie Nugent, Executive Director of Economy, Skills and Communities Directorate <a href="mailto:Julie.Nugent@wmca.org.uk">Julie.Nugent@wmca.org.uk</a>

### 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. Health and 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 HOCR Roundtable bi-monthly and establish working group for a new HOCR 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"> <li>- Monthly engagement with Smart City partners</li> <li>- Develop proposals for region with LA partners through Radical Health Prevention Fund</li> <li>- Procure/develop regional remote diagnostics</li> </ul>

	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 3.1 Please see separate paper (interim report) on the agenda for the Wellbeing Board meeting.

#### **Health Inequalities and Health in all Policies**

##### **3.2 Health of the Region (HOTR)**

- a) The next HOTR Roundtable will be held in person on Wednesday 11<sup>th</sup> January 2023. The agenda will include parallel breakout sessions on recent and ongoing collective activity, maximising engagement and influence.
- b) The HOTR Core Group has recently decided its 'big ticket' item for collective advocacy, which is on integrating financial wellbeing into frontline health and related services (including for staff). This is now being aligned with work from the Mental Health Commission focused on the 'cost of living' crisis, and collective action that can be taken forward. Officers are supporting these two independent groups by mapping existing response activity (e.g. at a local level) and scoping opportunities for additive activity and for sharing, amplifying and co-ordinating good practice in frontline delivery across the region.

##### **3.3 Healthtech / Medtech**

- a) We are continuing to work closely with colleagues in WM5G (leading the SMART city-region proposal for the Trailblazer Devolution Deal), exploring ways to add value in terms of health and connectivity and / or adoption of innovation beyond the devolution asks.
- b) We are continuing to work with colleagues leading the Innovation Accelerator work programme (which is focused on healthtech / medtech), particularly as this and related workstreams are expanding with LEP integration.

##### **3.4 Design Sprints**

- a) 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.
- b) Community Decision Making: Resulting from a design sprint involving system partners, the CDM project explores the feasibility of potential shared decision-making mechanisms with communities within NHS strategic processes. It is jointly funded with Birmingham Community Healthcare Trust and delivered by Flourish, a community health collaborative who on the Ladywood & Perry Barr Integrated Care Partnership. The substantive focus of the decision-making will be towards co-production of parent- / citizen- led roadmaps for children with additional needs and disabilities. The project will be evaluated by the New Economics Foundation to produce a replicable and adaptable model of engagement, co-design and accountability specially through a race equity lens.

### 3.5 The Kings Fund Workshop Programme

- a) At the last Board meeting, we outlined the collaboration with The Kings Fund on the delivery of a monthly workshops for senior leaders in Local Authority Public Health, ICBs, commercial, voluntary and community sectors to inform ways of working, understand the barriers and consider individual and collective actions to influence policy and practice. Over 60 delegates have attended the first two workshops on Inclusive Growth and Homelessness which have been received positively and resulted in emerging actions:
  - a. To consider climate change implications in Joint Strategic Needs Assessments
  - b. To introduce or extend staff training on Net Zero and its implications on health;
  - c. A commitment to reduce health inequalities and in doing so reduce homelessness.
- b) The workshop series continues with a population focus on what levelling up means for disabled people on 14 December (now postponed due to rail strikes) and January's Regional health duty.
- c) A final report on the actions, learning and impacts of this work will be presented to the Wellbeing Board at its next meeting.

### 3.6 Work with Transport for West Midlands and Housing on embedding HiAP

- a) Work continues with Transport for West Midlands on the development of the Local Transport Core Strategy and area plans to shape policy on improving health and this focuses on:
  - a. **Enabling walking and cycling** (for active travel and health) by making it easier, accessible, safe and enjoyable to get around. There is a positive partnership with TfWM to encourage behaviour change through investment such as the forthcoming Dept for Transport announcement on its Capability and Ambition Fund. If successful, there will be funding to take forward some of the work of the social prescribing walking and cycling activity. In consultation with Local Authorities and other partners, getting more people walking and cycling was identified as the highest shared priority.
  - b. **That transport is accessible, affordable, safe and efficient for everyone.** The Communities team has been working with TfWM on evidencing health improvement and reducing inequalities in emerging TfWM's road safety and community transport strategies and DfT bids to get more people using public

transport post pandemic by offering free transport for patients who are prescribed activities. The Communities team is also convening local authority and community partnerships to bid through the Motability grants scheme to improve motability and access for disabled people.

- c. **Supports safe and community friendly streets and spaces** through well designed streets and open spaces by reducing speed and pavement obstacles.
- d. Minimise the **harmful effects of the environment** as air and noise pollution are the biggest health risk factors in Europe.
- e. **Contributing to improving to other health outcomes** such as fast food advertising, healthy design and workforce upskilling.

### 3.7 Pursuing and exemplar improving health outcomes for disabled people region

- a) At the last meeting, the Wellbeing Board considered the West Midlands Citizen voice priorities including housing, transport and Net Zero. This work is now being pursued with relevant WMCA Directorates.
- b) Work continues to prepare for the implementation of a Pan Disability Strategic Needs Assessment to determine the WM strategic priorities to determine what levelling up means for disabled people as part of our ambition to be an exemplar region in improving the health outcomes for disabled people.

### 3.8 Implementing innovative pilots and embedding a strategic relationship with Sport England

- a) Impactful delivery continues with the healthy and active environment work to co-create community active spaces with Solihull (central), Dudley (Brierley Hill, St Thomas and St James) Coventry (Foleshill), Birmingham (east Birmingham) and Sandwell (Tipton). Delivery has told us the value of unlocking green assets with the community and activating areas to improve safety, route planning and creating paths and routes for everyday use.
- b) The Sport England partnership is summarised in a separate paper.

## 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.

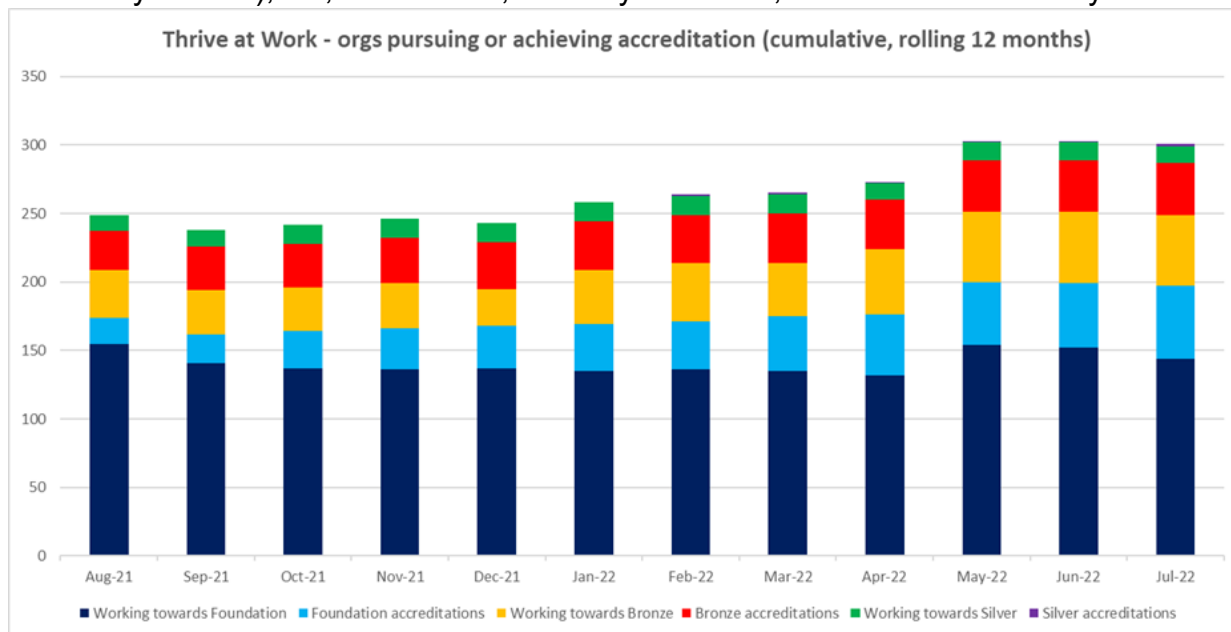


Table 1 – Organisations pursuing or achieving accreditation

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:

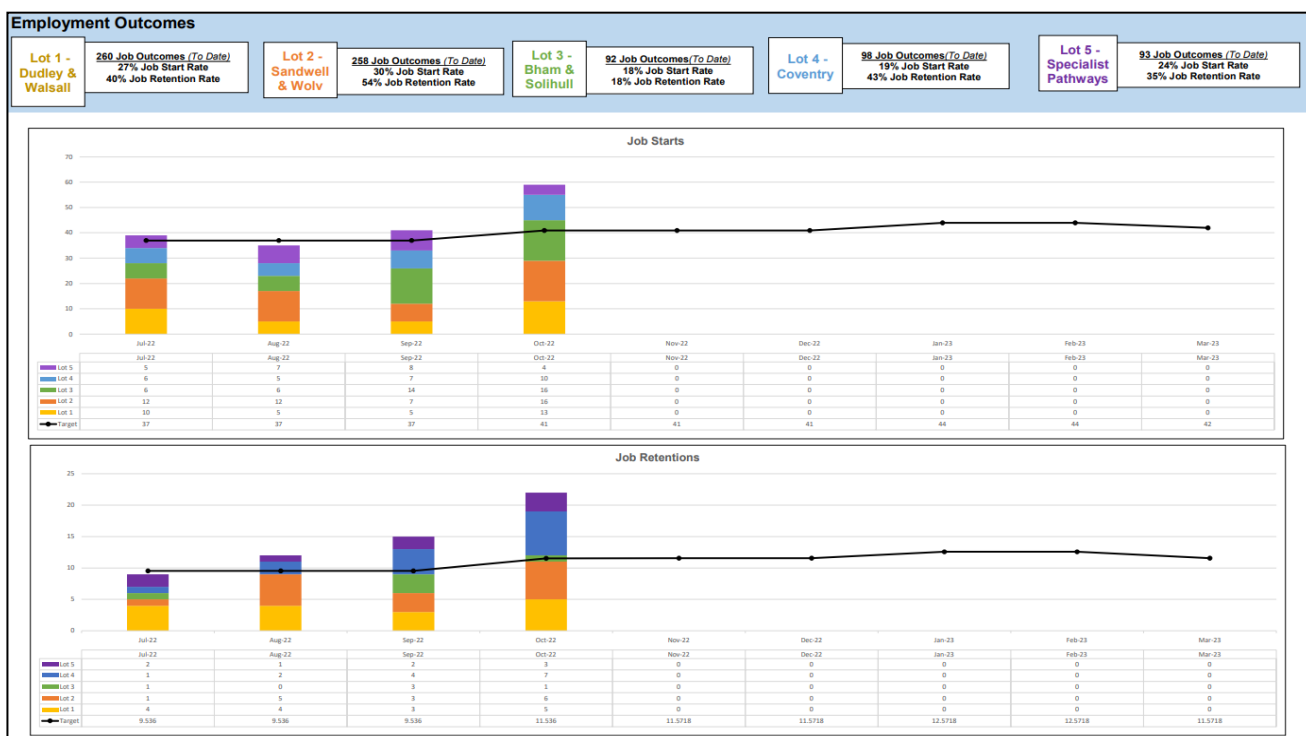
- Refreshing the programme deliverables (including a minimum dataset and impact measures);
- Exploring updated solutions for organisation diagnostics and evidence collection for workplace wellbeing;
- Determining programme developments required to respond to the implications of varying new ways of working (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



Thrive into Work (Extended Service) KPI Dashboard		31 October 2022					
		Referrals	OOW Engagements	IW Engagements	Job Starts	Job Retentions	13 Week Sustainments
Monthly Total		426	208	48	59	22	31
	Target	240	163	28	41	12	28
Service Extension Total To Date		1434	699	199	174	58	121
	Target	960	651	114	152	40	112



The Programme continues to progress well evidencing a clear demand for this service. 3248 people have been supported as of October 22; this is ahead of total targets to date in 4 out of 5 Lots. Service engagement since the extension has been outperforming targets (114% engagement target achieved July22-Oct22) and additional employment specialists have been taken on to increase capacity and meet the demand.

826 people have been supported into work as of October 22 (90% of OOW Target; 112% of IW Target). Job outcomes in Lots 3-4 were previously impacted by the slow ramp up for engagement when service launched in July 21, however these Lots have been exceeding recent monthly targets to make up this deficit. The job conversion rate in the older Black Country Lots is currently 29% and job retention rate is 45%. Approximately 63% of those in work have successfully evidenced a 13-week sustainment, and of those who sustained 79% reported an increase in ability to manage their health condition and 50% of those already interacting with primary care reported less interactions. The average weekly salary is around £389 per week and 74% of service users in employment are working for over 16 hours a week.

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