



WMCA Board

Date	6 March 2023
Report title	Mental Health Commission – summary of emergent findings and recommendations, plus indicative project implementation areas
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Report has been considered by	Dr Julie Nugent, Director of Economy, Skills & Communities Dr Mubasshir Ajaz, Head of Health and Communities

Recommendation(s) for action or decision:

Wellbeing Board is recommended to:

1. Provides views on key emergent findings and recommendations arising from the Commission's work;
2. Provide views on the indicative implementation project areas arising from the Commission's work, noting the potential £1.2m funding envelope and indicating potential lead local authorities to support project co-development;
3. Note that the final report will be developed and launched after the May 2023.

1. Purpose of the paper

- 1.1 This paper provides an update on the work of the WMCA-convened West Midlands Mental Health (MH) Commission, particularly providing:
- a) A brief re-cap on the membership, purpose and scope of the MH Commission;
 - b) A summary of the key findings, recommendations on a topic by topic basis, with some indications of good practice;
 - c) An indication of areas of focus for implementation projects, which would need to be co-developed, and would help to bring key Commission recommendations to life.
 - d) An indication of the next steps to finalise the work of the MH Commission, including the timeline for a report launch.

2. MH Commission purpose, scope and membership

- 2.1 The West Midlands Combined Authority (WMCA) convened a Mental Health Commission to explore *the post-COVID-19 pandemic gross and differential impact on the mental health and wellbeing of people across the region.*

- 2.2 The Commission specifically aimed to support the pursuit of a mentally healthier region by exploring 6 topic areas to:

- a) Better understand the differential mental health and wellbeing impacts post COVID-19 pandemic on local people – at home, in education, at work and at play.
- b) Better understand the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;
- c) Co-develop priority recommendations and implementation actions to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.

- 2.3 There were a number of key considerations that informed the work of the Commission, including:

- a) As an independent Commission, to take the opportunity to be bold;
- b) To give due regard to potential role of system partners in addressing identified issues, not just the potential role of the WMCA;
- c) Giving clear consideration to mental health inequalities;
- d) Give due regard to different perspectives on the issues, including consideration of the wider determinants of health;
- e) In formulating recommendations, to consider opportunities to 'add value' to local work, to plug gaps in knowledge or action, and to expand good practice across the region.

2.4 Membership – the Commission comprises the following members:

- Independent Chair – Danielle Oum, Chair of the Coventry and Warwickshire ICB;
- Chief Executive Sponsor – Dr Helen Paterson, Chief Executive of Walsall MBC (as was);
- Integrated Care System reps – Patrick Vernon, (Non-Executive Director / Interim Chair, Birmingham & Solihull ICB); Dr Arun Saini (MH Lead GP, Black Country ICS);
- West Midlands Office of the Police & Crime Commissioner – Tom McNeil (Assistant Police & Crime Commissioner);
- NHS England & Improvement – Giles Tinsley (Programme Director for MH);
- Public Health - Dr Lola Abudu (Office of Health Improvements & Disparities (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 Evidence packs & topic facilitation was provided by the Centre for Mental Health.

2.6 Programme of work

2.6.1 The Commission explored the following 6 topic areas:

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

2.6.3 **Limiting factors** – the timeline within which the Commission was working, only enabled ‘snap shot’ explorations of topic areas.

3. Baseline considerations:

3.1 In considering the impact of the pandemic on mental health and wellbeing, there were a number of notable issues, including:

- a) The discussions were necessarily often about pre-existing inequalities being exacerbated rather than new inequalities being created;
- b) Groups whose mental health and wellbeing were particularly hard hit by the pandemic included people with disabilities, women & girls, children and young people, people from racialised communities and people living in deprived areas.
- c) It was felt important to have a strong focus on the wider determinants of mental health rather than a focus on treatment services;
- d) It was felt important to have a stronger focus on early help and prevention opportunities, rather than a focus on specialist or acute services.

4. The Commission's work - emerging cross-cutting themes for mentally thriving communities

- 4.1 There were a number of general, cross-cutting themes that were found to be key ingredients in supporting and enabling mentally thriving communities. These included the following:
- a) Communities with good mental wellbeing have strong social networks, trust and reciprocity, plus a sense of power & control.
 - b) The importance of taking opportunities to build and maintain strengthened multi-sector partnership working, that emerged from collective efforts in responding to the challenges of the pandemic, to create a more co-productive, community-led approach to improving the mental health and wellbeing of local populations. (As highlighted, for instance, in the Wolverhampton Director of Public Health report).
 - c) As in the initial stages of the pandemic, to foster and enable positive instances of local communities acting to support each other through, amongst other things, volunteering. (NB ONS research (2020) found that 64% said other local community members would support them if they needed help during the pandemic, and also found that 63% had checked in on neighbours who might need help at least once in the last seven days).
 - d) The importance of fostering innovative community solutions to meeting diverse mental health needs. (NB the national Better Mental Health Fund stimulated some short term good work from eligible / participating local systems, e.g. Sandwell worked with 30 local organisations from October 2021 on a range of projects, including a community hub for new parents in the borough's libraries, a football-based programme through the local club, and a project offering befriending within racialised communities through gardening. Birmingham funded 11 projects reaching more than 24,000 people through organisations such as The Delicate Mind, which works with Muslim communities in the city to run workshops for men and women and bring about wider social change drawing on people's experiences and challenging structural inequalities).

5.

TOPIC SUMMARIES

MH Commission Topic:**5.1 The impact on children & young people in the education system, particularly those with special educational needs and disabilities****Key findings**

- a) Schools, colleges and universities are crucial formative environments for children and young people – covering key developmental stages where foundations of beliefs and behaviours are formed;
- b) Pandemic-associated school and college disruption has been a significant driver of MH difficulties, potentially unsettling children’s emotional, cognitive and social development.
- c) Whilst most child and young people’s mental health improved after restrictions were reduced, there has been a significant increase in MH needs, including longer-term difficulties requiring specialist support.
- d) The biggest detriment to mental wellbeing was noted amongst children & young people with SEND; & also amongst girls + children from the most disadvantaged backgrounds, including those from racialised communities;
- e) School exclusions increased significantly in the region – higher rated for those with a MH difficulty (6.8%) than those without (0.5%); there is a 2-way relationship between psychological distress & school exclusion: those who have poor MH are more likely to be excluded, and exclusion is associated with worsening mental health.
- f) A ‘whole school’ (or college or university) approach works – where it systematically involves pupils, staff, parents / carers and the wider community and influences a range of school / college aspects including leadership, student voice, curricula and staff development.

Good practice examples

- In Wolverhampton, secondary schools implemented the evidence-based Penn Resilience Programme as part of Headstart. This is an 18-lesson curriculum that is aimed primarily at 11 to 13-year olds. The programme enables young people to develop skills that empower them to be more resilient in dealing with situations both in and out of school.
- Dudley Council initial work on pursuing zero exclusions; plus good practice from Southwark and Scotland;
- St Vincent’s Family Project (Westminster) provides support to pupils through art or drama therapy – with nearly half of the referrals received for children with behaviours that challenge. No referred pupils were subsequently excluded.
- Ongoing roll-out of Mental Health Support Teams into schools (and some colleges) across the region through NHS England & Improvement.

Key recommendations

- a) Include Mental Health within all school and college curricula as a staple and protected part of the education system at all ages, with appropriate resourcing and staff training to implement this. (For Local authority / school & college network consideration);
- b) Make paid for counselling, or other equally effective, alternative MH support, available to all children and young people in all schools and colleges, supporting prevention and early help, supplementing the NHS roll-out of MH Support Teams in schools. (Local authority and ICS consideration);
- c) 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
- d) 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.

MH Commission Topic:**5.2 The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing****Key findings**

- a) Physical activity can help prevent and manage mental health problems and promote mental wellbeing, for instance in neurobiological, psychosocial, behavioural, environmental and physical terms. Physical activity can be used in treatment for depression in adults (e.g. NICE guidance), can be good for addressing anxiety;.
- b) There is strong evidence that physical activity is associated with a range of positive outcomes for mental wellbeing. These include increased self-confidence and self-esteem, increased resilience, reduced stress, improved mood, improved sleep and improved social connectedness through access to new social networks and activities.
- c) The WMCA geography has the highest levels of physical inactivity in England and some of the greatest inequalities in those who take part. Inactivity is higher amongst those with disabilities.
- d) When the pandemic was at its peak, with restrictions in place, participation in team sports was down, but activity outdoors was up.
- e) People from a low socioeconomic classification (including a higher likelihood of being in a racialised community) are twice as likely to be inactive compared to a person from a high socioeconomic classification. Unemployed adults are 59% more likely to be inactive compared to a person who is working full or part time.
- f) Some groups face more barriers to being physically active than others – psychological, linked to the social or physical environment – and so reaching those who are ‘underserved’ will be important.

Good practice examples

- Solihull Commonwealth Active Communities’ programme of work, to amongst other things, seek to reduce inactivity, improve MH, encourage use of parks, canals, cycle paths, streets and pitches; encourage pride in local areas; plus a wellness marketing and communication strategy;
- Sport England work with Rethink to embed physical activities within severe MH community systems and pathways;
- Sport England work to support impact & scaling of green social prescribing;
- Birmingham & Solihull MH Foundation Trust work to trial 24-week sessions of local community based physical activities for users of adult community MH Teams.
- Commonwealth Games activities – signposting campaign for construction workers, signposting them to assured NHS resources; psychological first aid training available for volunteers; a Games-time public wellbeing campaign;
- Freewheelin Dance (Birmingham) – aims to promote wheelchair dancing as a sport and a leisure activity. It is inclusive, working in association with Para Dance UK, and is open to any age, ability or experience. Many of the members are wheelchair users.

Key recommendations

- Design physical activities into toolkits for those waiting for MH treatment / support. (Led by MH service providers / ICSs);
- Systematically build physical activities (incl. sport) as a meaningful option into health and care ‘treatment’ pathways for mental health; (Led by MH service providers / ICSs);
- Support local people into employment in the sports sector and support the roll-out of sector training on mental health to support signposting and access to early help; (Leadership from WMCA, with involvement of OHID);
- 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. through co-designing inclusive physical activities with key communities to better meet their needs. (Led by local authority lead, with local sports partnerships);

- 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).

MH Commission Topic:

5.3 The mental health and wellbeing implications of the cost of living crisis.

Key findings	Good practice examples
<ul style="list-style-type: none"> a) Compelling evidence that financial wellbeing is a major determinant of MH and the biggest single factor in explaining MH inequalities. Research has established that poverty is linked to increased risks for at least 16 diseases, incl. psychiatric disorders, that form a ‘cascade’ of interrelated health conditions including later heart disease, lung cancer & dementia. Poverty is a key social determinant of health and illness – resulting in a large proportion of ill health, early deaths and costly health & care services. b) Deprivation is a particular challenge in the West Midlands, with the 3 local ICS areas ranking 1st, 2nd and 21st (of 42) in having the highest proportion in the country of their population in the most deprived quintile nationally. c) Poverty increases the risk of experiencing multiple adverse childhood events (ACEs) which in turn leads to an increased risk of mental ill health. Research has indicated that ACEs are 5x more likely for the most deprived 20% of children. When one has experienced multiple ACEs, there is an increase of negative outcomes, such as: Depression: +460%; Suicide attempts: +1220%; Intravenous drug use: +4600%; d) The West Midlands has the 3rd highest regional level of rent arrears nationally; e) Other societal implications include more theft, increased domestic violence, increased sex work (resorting to sex work; forced into sex work; ‘sex for rent’); increasing substance misuse / addictions as a coping mechanism; increased loan shark activity. 	<ul style="list-style-type: none"> • Paying a real living wage: e.g. accreditation of WMCA, Birmingham City Council, Aston University; pursuit by Coventry City Council & Dudley Council; • Work to drive social value in procurement includes the OPCC, WMCA and metropolitan local authorities in some form; • Work to maximise benefits take up is taking place across the metropolitan local authorities in some form; Walsall Housing Group have also undertaken good work in this area; • WMCA-led retrofit projects to support energy efficient housing; • Work to enable community advice services – Coventry has 4/5 Community Empowerment Hubs being set up; Sandwell has a VCSE development reserve and Birmingham has funded community advice and supported training programmes for community partners on benefits.

Key recommendations

- Opportunities to increase income (led by WMCA and local authority partners)
 - Amplified regional campaign to pay a real living wage – through engagement with private & public sector ‘anchor’ institutions & 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
 - Coordinated work across system partners to maximise benefits take up
- Opportunities to reduce costs (Led by WMCA with local authority partners):
 - 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.
 - Explore to potential to introduce rent controls / managed increases;
- Other (led by local authorities)

- 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;

MH Commission Topic:

5.4 MH and racial inequalities – what works for whom and why

Key findings	Good practice examples
<p>a) There are stark inequalities in mental health <i>and</i> mental health care between ethnic groups in the UK (and other Western nations), which are impacted by structural racism and discrimination. There is increasing evidence of the significance of ‘community trauma’ on the mental health of respective racialised communities in modern Britain, associated inequalities and links to historical issues, plus a recognition that traditional models of MH support are not working for everyone;</p> <p>b) There is no genetic predisposition for mental illnesses amongst people from racialised communities;</p> <p>c) There can be unwarranted differences in diagnoses by healthcare professionals depending on the racial background of the patient;</p> <p>d) Higher rates of mental ill health (particularly severe mental illness) are mirrored in the greater use of coercion in mental health services. Experiences of racism in society are too often reflected in the ways people are treated within mental health services; In England and Wales, people from Black communities are 4.5 times more likely to be sectioned under the Mental Health Act than White people (a disparity that has been growing in recent years, despite growing awareness of the problem).</p> <p>e) Significantly higher rates of Mental Health Act use are evident among Bangladeshi and Pakistani communities and among those classified by NHS Digital as ‘other’ White communities;</p> <p>f) Evidence suggests that Black people (including children) are far more likely to enter mental health services via the police or criminal justice system. Also, Black people are more likely to have multiple compulsory hospital admissions than their White counterparts – suggesting that their experiences and outcomes were poorer;</p>	<ul style="list-style-type: none"> • Taraki is a movement working with Punjabi communities to reshape approaches to MH, with a focus on awareness, education, social support & research. • Black Thrive Global (Lambeth, London) does leading work in responding to mental health inequalities faced by African and African Caribbean communities, taking a ‘collective impact’ approach. They have partnered with Catalyst 4 Change (Birmingham) to develop a local approach. • BLACHIR’s exploration and evidence gathering of health issues in the African and African Caribbean communities; • Initial national piloting by Birmingham & Solihull MH Foundation Trust of the Patient & Carer Race Equality Framework (PCREF);
Key recommendations	
<p>a) Provider development, support and sustained investment for organisations led by racialised communities to deliver MH support, linked in part to amplified social value in procurement work and micro grants; (ICSs and LA leadership);</p> <p>b) Develop and implement more effective models of co-production, innovation, transformation and cultural change in meeting the diverse need of racialised communities; (ICSs Lead);</p> <p>c) Develop and trial a new community-focused approach to addressing ‘Community Trauma’, to supplement individualised work; (Led by ICSs);</p> <p>d) Train, develop and recruit a new generation of therapists, counsellors, psychologists, psychiatrists and academics from racialised communities to have greater diversity in the health and care workforce. (ICSs, with support from WMCA);</p> <p>e) Generate more evidence of what works, for whom and why (Led by WMCA)</p>	

f) For the regional Race Equality Taskforce to progress key issue areas (led by WMCA)

MH Commission Topic:

5.5 The contribution of the voluntary, community and faith sector to meeting MH needs, including early help and prevention, particularly for women and girls

Key findings

- a) The VCS sector has strengths that are different from and complementary to those of statutory services. Identified strengths include an ability to work across traditional disciplinary and clinical boundaries, service user support which reflects a deep understanding of and responsiveness to the diverse needs of communities they support, a focus on advancing equality, diversity and inclusion, and experience addressing the social determinants of mental health (e.g. job insecurity, poverty and isolation).
- b) People who are unwilling or unable to engage with statutory services may be more accepting of support from VCS organisations
- c) Women and girls have higher levels of mental ill health than men and boys. The steepest rises in poor wellbeing during the past two decades have been among young women. There are deep inequalities among women and girls in mental health.
- d) Violence and abuse are major risk factors to women and girls' mental health: the more serious and prolonged the exposure, the higher risk is caused to mental health;
- e) During the pandemic the VCS sector has played a critical role in supporting mental health within communities and lessening the strain on the NHS (CQC, 2020). It did this not only by providing extra capacity, but also by providing skills and expertise that were complementary to and distinct from those of statutory services.
- f) The current financially challenging climate is affecting the ability of many VCS organisations to remain a going concern.

Good practice examples

- The Better Mental Health Fund in South Tyneside funded Women's Health in South Tyneside (WHiST), a voluntary sector organisation that connects access to counselling services for women with practical support in relation to budgeting, debt management and bill-paying. The project also offers advice on housing issues and social security benefits.
- Mamas Health & Poverty Partnership (Gtr Manchester) – with 12 organisations run for & by Black women and girls to offer a range of culturally appropriate MH support, including outreach, counselling, psychotherapy, dance therapy and advocacy, plus wider support, e.g. life coaching, social inclusion activities, sexual health advice, solicitor signposting, immigration advice, housing support, access to basic provisions like food and donated white goods

Key recommendations

- a) Reposition the role of the VCS to being a fundamental part of the MH support system, linked to their role in delivering social interventions in mental health which are increasingly understood to be of value either alongside pharmacological and psychological therapies or as alternatives. (Led by ICSs)
- b) Take steps to ensure that the voices of women and girls are 'hard wired' into the development and design of key MH pathways and support. (Led by ICSs);
- c) Maximise the VCS / statutory sector collaboration opportunities presented by the adult community mental health transformation in terms of the provision and design of community MH services - potentially improving reach, experience and effectiveness. (Led by ICSs);
- d) Combat instability and enable innovation in the VCS sector by taking opportunities to provide longer term funding to VCS organisations, with approaches that support both larger and smaller organisations. Utilising social value in procurement and more progressive commissioning approaches will be important, e.g. enabling consortia and alliances, small grants programmes, etc. (Led by ICSs);

e) ICSs should embed mechanisms to include VCS organisations in their governance and decision-making processes. This must be at 'place' as well as 'system' level, to ensure the voices of VCS organisations are heard at every level of the new health and care system. VCS organisations working with communities experiencing poorer MH support access, experiences or outcomes need to be prioritised in this regard. (Led by ICSs).

6.

**INDICATIVE
IMPLEMENTATION
PROJECT IDEAS**

(For co-development with system partners & potential beneficiaries)

6.1 Implementation projects

6.1.1 There is a potential £1.2m from the Commonwealth Games Legacy Funds which is available to support implementation projects arising from the work of the MH Commission. Matters to be taken into account are:

- a) Implementation project details should be co-developed with key partners, including a lead local authority and people with lived experience / potential beneficiaries (and / or their representatives, e.g. in the VCS);
- b) Where procurement activity is required to mobilise a project, consideration will be given to utilising a progressive social value in procurement approach;
- c) Projects will be time-limited – to end by 31st March 2025;
- d) Consideration will be given as to how the respective implementation project would 'add value' - building on what already exists or helping to fill a key gap in addressing MH inequalities or improving MH;
- e) In the context of the MH system needing to continue to change and evolve, consideration will be given to how a respective implementation project might support a fresh and effective approach, e.g. supporting innovation or helping a more joined up or integrated / multi-sector approach?
- f) Consideration would be given on how a respective implementation might support prevention or early help in respect of mental ill health;
- g) Consideration will be given to the respective proposed scale of impact.
- h) Prospects for sustainability or a potential exit strategy will also need careful consideration;

6.1.2 There are 7 indicative areas of project focus that have been identified, arising from topic discussions. There would potentially be an opportunity for a met local authority to each lead on a respective project area.

6.1.3 All implementation projects would be subject to evaluation processes, which should be co-developed with 'experts by experience' and / or potential beneficiaries.

MH Commission Implementation Project ideas

1. Further exemplify a whole school or college approach to MH

Description: Co-produce and pilot a holistic, tiered mentally healthy school and / or college approach, which builds on and supplements existing arrangements

Potential project elements could include:

- a) Annual identification of MH needs of pupils / students and other key pupil / student data;
- b) Co-develop meaningful approaches to building MH into school / college curricula;
- c) Make paid for counselling (and equally effective alternative MH support) available to all students, with supervision support for practitioners;
- d) Training multiple school / college senior leaders as MH 'champions', with trauma informed supervision, plus create a community of interest to share learning and good practice;
- e) Implement a workplace wellbeing framework for school / college staff (e.g. Thrive at Work) plus including embedded supervision, plus staff training & development on MH and child development;
- f) MH support and skills development for family members and others in the 'ecosystem' of the child / young person;
- g) Taking a 'zero exclusion' approach – acknowledging that exclusions can often result from unrecognised & unmet MH needs and developing a supportive inclusion system;
- h) Integrate existing school / college MH arrangements and external arrangements (e.g. Mental Health Support Teams);
- i) Evaluate & develop a 'road map' of what good looks like for mentally healthy colleges and make proposals for 'mainstream' commissioning changes;

Potential partners:

- A local school or college;
- WMCA (ESC dept);
- NHS MH Trust;
- Local authority
- NHS England & Improvement;
- Citizens UK

Outcome & output areas (tba):

- Improved pupil MH and wellbeing;
- Improved school / college staff MH and wellbeing;
- MH training for 3 senior college / school leads as 'MH champions'
- Establish a community of practice to support learning and knowledge exchanges;
- Others tbc

MH Commission Implementation Project ideas

2. Further strengthen the contribution in the West Midlands of physical activities (including sport) to good MH & wellbeing

Description: Locality pilots of a multi-faceted approach to strengthening the contribution of physical activities to positive MH and wellbeing

Potential project elements:

- a) ICS pilots across the region of co-developing and systematically building physical activities into support for an agreed cohort of people waiting for MH treatment – to include a diverse range of social prescribing opportunities offered via a diverse range of social prescribers
- b) ICS pilots across the region of co-developing and systematically building physical activities into agreed MH treatment pathways as a meaningful option in / contribution to MH treatment;
- c) Locality pilot to build MH capacity, skills & confidence amongst grassroots / community providers of sports and physical activities - supporting identification of early signs, basic advice, signposting to MH & wider support, etc;
- d) Targeted, co-developed locality pilot focusing on achieving 30 mins of activity per day working with an agreed population cohort, who are furthest away from this target, to identify and reducing key barriers to achieving the target;
- e) Explore rolling out a 'green doctors' pilot
- f) Targeted locality focus to maximise targeted opportunities for active travel;
- g) Evaluation of the various strands and proposals for revised approaches to 'mainstream' commissioning;

Potential partners:

- a) Sport England
- b) ICS / MH Trust
- c) WMCA
- d) VCS orgs
- e) Local authority

Outcome & output areas (tbc)

- No. of care pathways refreshed;
- Experience, activity, health outcomes & outputs tba

MH Commission Implementation Project ideas

3. Reinforce the role of voluntary, community and faith sector in meeting diverse, unmet MH needs

Description: Piloting an approach which both further enhances and harnesses the contribution of the voluntary, community & faith sector to reducing in MH inequalities (in a locality or with a population cohort with a protected characteristic – women & girls, racialised communities);

Potential project elements:

- a) Enable commissioner investment in the VCFSE sector, particularly to further develop a workforce of ‘experiential practitioners’ / ‘experts by experience’ in a VCS alliance or network of organisations to work with an agreed population cohort (locality or population group) to deliver amplified, innovative preventative work and early help to meet diverse, unmet MH needs through planned community hubs or key community venues;
- b) ICSs to create further joint learning opportunities / knowledge and skills development opportunities between statutory and VCS partners;
- c) Utilise a small grants / micro grants programme to support community innovation by small grassroots organisations, with proportionate, culturally intelligent evaluation approaches;
- d) Co-develop a capacity building programme for VCS orgs, specifically in relation infrastructure & governance support (e.g. active advice from larger organisations as part of corporate social responsibility or exploring the potential for a regional mental health VCS infrastructure organisation);

Potential partners:

- ICS / MH Trust
- Local authority;
- WMCA (SINZ and ESC Directorates);
- VCS orgs

Outcome / outputs (tbc)

- Investment targets for VCS orgs tbc;
- Other metrics tbc

MH Commission Implementation Project ideas

4. Develop an 'Equally Well' initiative to further address racial inequalities in MH

Description: To pilot a co-developed initiative which further contributes to a systematic tackling of racial inequalities in MH

Potential project elements:

- a) Undertake provider alliance / consortium development work specifically for VCS organisations led by people from racialised communities to strengthen opportunities to be commissioned to deliver MH support and to provide opportunities for shared learning and knowledge exchanges;
- b) Develop a targeted programme to train further cohorts of MH practitioners from racialised communities, linked to more inclusive training curricula and linked to clear career pathway progression opportunities;
- c) Co-develop a capacity building programme for VCS orgs from racialised communities, specifically in relation infrastructure & governance support, potentially through the development of a VCS infrastructure organisation);
- d) Co-develop community MH awareness campaigns to tackle stigma;
- e) Co-develop and pilot a community trauma response to racial inequalities, with an agreed population cohort, involving community-led orgs;
- f) Develop a regional 'support & challenge' forum involving ICSs, convened by the WMCA, to review progress in the impact of initiatives to address racial inequalities in MH and also to share good practice and learning.

Potential partners:

- ICS / MH Trust
- Local authority;
- WMCA (SINZ and ESC Depts);
- Race Equality Taskforce
- VCS orgs

Outcome & outputs

tba

MH Commission Implementation Project ideas		
5. A regional MH economic inclusion strategy and plan for people with mental ill health	Description: Recognising the strong relationship between MH and financial welfare (incl poverty), develop and pilot a multi-faceted economic inclusion approach for people with mental ill health	
Potential project elements: a) Co-develop and pursue an amplified, regional strategy and plan to deliver a real living wage across the region, building on good practice locally and initially targeting larger public and private sector organisations as early implementers; b) Co-develop and implement an amplified regional strategy and plan to systematically deliver social value in procurement benefits to local people and local organisations, initially focusing on larger public and private sector organisations as early implementers.	Potential partners: <ul style="list-style-type: none"> • Local authority; • WMCA (ESC, SINZ Depts); • Living Wage Foundation • TUC / ACAS • Employers • ICS / MH Trust 	Outcomes & outputs (tbc): <ul style="list-style-type: none"> • No. of organisations with real living wage accreditation; • No. of organisations implementing social value in procurement policies; • Value of investment in community organisations arising from new approach; • Others tbc;

MH Commission Implementation Project ideas		
6. A regional adoption of a ‘mental health in all policies’ approach	Description: Co-developing and implementing a ‘mental health in all policies’ approach that requires formal consideration of the mental health implications of key system decisions	
Potential project elements: a) Co-develop and implement a ‘mental health in all policies’ approach and framework for the formal consideration of the mental health implications of all key decisions;	Potential partners: <ul style="list-style-type: none"> • WMCA (ESC, SINZ, Housing & Regeneration Directorates); • ICSs • Local authorities; 	Outcomes & outputs: <ul style="list-style-type: none"> • Approach developed; • No. of adoptees;

MH Commission Implementation Project ideas

7. Addressing MH inequalities for children & young people with SEND by improving EHCP processes

Description: Building on local work, co-develop and implement a streamlined process for education, health and care plans to help improve mental health outcomes for children and young people with SEND (linked to forthcoming regional disabilities strategy work).

Potential project elements:

- a) Co-develop a good practice approach to responding to MH needs within Education, Health and Care Plan processes;
- b) Pilot the 'good practice' approach;

Potential partners:

- Local authority;
- Experts by experience
- ICSs

Outputs & outcomes

- Improved timeliness of MH inputs;
- Improved experience;
- Others tbc

7 Next steps for the Commission's work

7.1 This will include:

- a) Collating further stakeholder feedback on the key findings, recommendations and the indicative implementation projects;
- b) To compile and launch a final, detailed Commission report by the end of April 2023;
- c) To launch the Commission report in May 2023.

8 Financial implications

8.1 There are no direct finance implications from this paper. The potential £1.2m of Commonwealth Games Legacy Funds is not approved, this is subject to WMCA governance process.

9 Legal Implications

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

10 Equalities implications

10.1 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 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.
- c) Implementation projects – the indicative areas identified as a potential focus for implementation projects reflect equality, diversity and inclusion issues.

11 Inclusive Growth implications

11.1 Inclusive growth is a more deliberate and socially purposeful model of growth, measured not only by fast and aggressive it is but also by how well it is created and shared across the whole population and place, and by the social and environmental outcomes it realises for our people. 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. The respective 6 Commission topics enabled an active exploration of key issues to help to ensure that the work of the Commission supports a fairer, greener, healthier West Midlands. Key points have included:

- **Health and Wellbeing:** Recognising the wider determinants of health, in particular the relationship between health and wealth relating to the cost of living crisis. Furthermore, exploring how physical activity can improve mental health and wellbeing.
- **Equality:** Exploring the inequalities in mental health support for different ethnic groups;
- **Education and Learning:** Supporting children and young people, particularly those with special needs and disabilities to thrive

- **Power, Influence and Participation:** taking a cross-sector approach to ensure programmes of work are co-produced through the involvement of those with lived experience, VCSFE organisations, ICSs;

11.2 The Commission's work has also been 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, have also helped to ensure that people who have been most affected by mental ill health during the Covid-19 pandemic are prioritised and heard.

12. Geographical Area of Report's Implications

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

13. Other implications

13.1 None

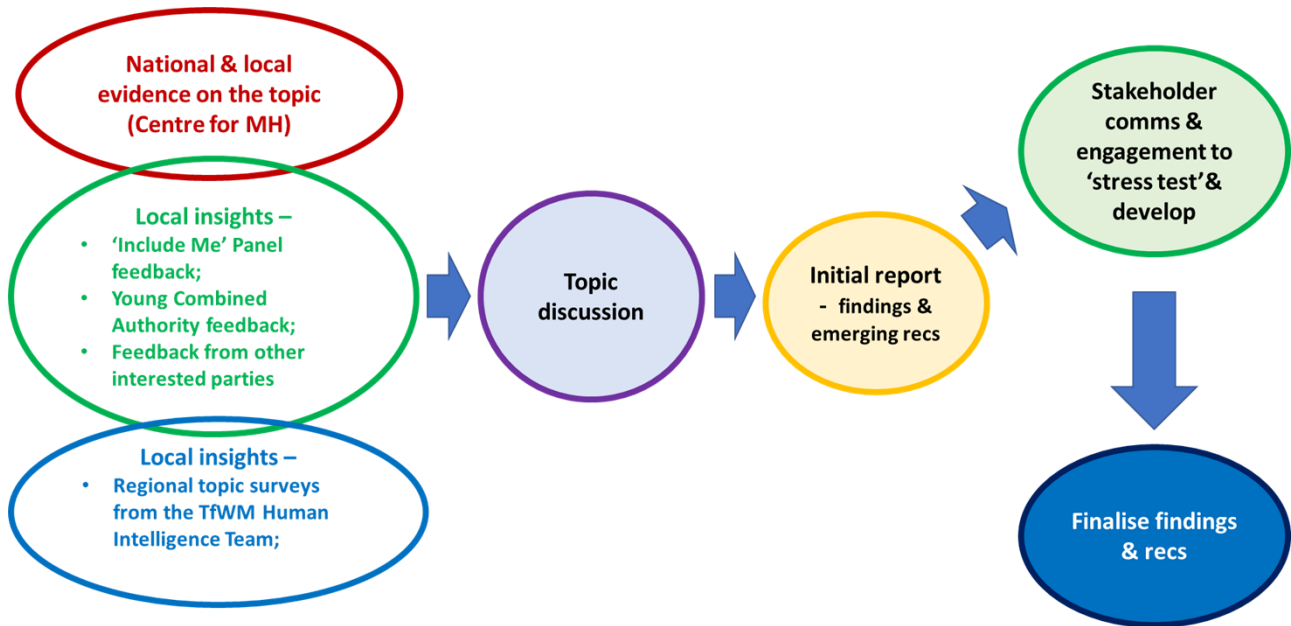
13. Schedule of background papers

13.1 None

APPENDIX 1 – APPROACH OF THE MH COMMISSION TO EXPLORING TOPICS

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:



APPENDIX 2

MENTAL HEALTH COMMISSION - proposed report structure

1. **Foreword - from Chair, Danielle Oum**
2. **Executive Summary**
3. **Introduction & Context**
 - Rationale for West Midlands Mental Health Commission being established;
 - Baseline information on regional MH
 - Community listening exercise 'headlines'
4. **About West Midlands Mental Health Commission**
 - Aims
 - Approach (topics, partnership with CfMH, joint sessions, stakeholder engagement)
 - Membership
 - Underlying principles
5. **Topic explored - key findings and recommendations**
 - a) The impact on children and young people in the education system, particularly those with special educational needs and disabilities (SEND)
 - b) The opportunities presented by physical activities and sport (including the Commonwealth Games) to support mental health and wellbeing.
 - c) The mental health implications of the cost of living crisis (in conjunction with the Health of the Region Core Group)
 - d) Racial inequalities and mental health – for whom and why? (in liaison with the Race Equalities Taskforce)
 - e) The contribution of the voluntary, community and faith sectors to meeting mental health needs, including early help and prevention, particularly for women and girls;
 - f) Emergent crosscutting themes
6. **Implementation Projects**
7. **Appendices**
8. **References**