

	<b><u>Agenda Item: 6</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>24<sup>th</sup> April 2018</b>
<b>TITLE:</b>	<b>HEALTH &amp; WELLBEING STRATEGY UPDATE</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Adrian Phillips / Carol Herity</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose:</b>	
1.1	To update the Health and Wellbeing Board of progress in developing and establishing potential indicators and targets and accountable groups across the health and social care economy that have the lead on delivering the ambitions in the Health & Wellbeing Strategy.
1.2	To identify issues that may hinder progress delivering the ambitions of the strategy.

<b>2. Implications:</b>		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	Y
	All children in permanent housing	Y
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	Y
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	Y

	Improving stable and independent accommodation for those learning disability	Y
	Improve the wellbeing of those with multiple complex needs	Y
	Improve air quality	Y
	Increased mental wellbeing in the workplace	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

### **3. Recommendations**

The Board is asked to; -

- 3.1 Note the developments related to the Strategy.
- 3.2 Agree to provide specific leadership to individual objectives.
- 3.3 Agree a programme of receiving more detailed updates from each of the priority leads as a rolling programme over 12 months.

## **4. Background**

4.1 The Health and Social Care Act 2012 required Local Authorities in England to have a Health and Wellbeing Board (HWBB). Boards should ensure that local health needs drive local decision-making, bringing together partners to improve health. A refreshed Health and Wellbeing Strategy (HWBS) was adopted in January 2017.

4.2 At the July HWBB it was agreed that the Operations Group should look to identify individuals from each area to lead priority areas of the strategy. The Operations Group were tasked with identifying potential indicators, targets and key delivery groups, including areas where gaps existed, and to report back to the HWBB.

4.3 The mechanisms that can be used to progress meaningful actions to improve outcomes in these areas need to be identified.

### **4.4 Targets**

**Appendix 1** outlines updated strategy in linking objectives with targets, source etc. Difficulties have been encountered in focussing on targets and agreement of sources etc. It is proposed that the Board will provide leadership in developing this further.

### **4.5 Board Member Involvement**

The strategy must be owned by the Board. It is recommended that Members of the Board consider “leading” the objectives. This would involve relevant Board Members receiving updates on key issues and developments related to the objectives. This would enable them to update at meetings as needed.

### **4.6 Next Steps**

- The Health and wellbeing Board Operations Group continue to work with partners to ensure plans are in place to deliver the ambitions within the strategy.
- The Operations Group to report on continued progress against targets once they have been established.

## **5. Compliance Issues**

### **5.1 Strategy Implications**

This paper concerns development of the strategy.

### **5.2 Governance & Delivery**

To be overseen by the Health and Wellbeing Board
<b>5.3 Management Responsibility</b>
The Health and Wellbeing Board

<b>6. Risk Analysis</b>			
A risk assessment cannot be completed until the draft strategy has been agreed			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
#	#	#	#

<b>Appendices</b>
1. Health and Wellbeing Strategy Update

<b>Signatures</b>	
<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
<b>Date:</b>	

# Health & Wellbeing Strategy Update

## Background

In January 2017 the HWBB agree to a set of updated priorities for the HWS. Subsequently the HWBB has asked the Operations Group to identify potential indicators and targets and accountable groups across the health and social care economy that have the lead on delivering these ambitions.

An overview of this work is shown in the table below.

Ambition	Target	Key links/external bodies	Board Lead	Operations Lead
Detect and Prevent Adverse Childhood Experiences	tbc	Birmingham Early Help and Safeguarding Partnership	tbc	Dennis Wilkes BCC
All children in permanent housing	All children in permanent housing	Housing Birmingham	Jonathan Driffill	Kalvinder Kohli BCC
Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	To be agreed with NHSE  BCC target 25% by 31/3/18	Integrated Personalised Commissioning Board	tbc	Anita Holbrook CCG Tapshum Patti / Chris MacAdams BCC
Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	8.9% patients with on CPA in paid employment by 2020/21  Accommodation tbc	Mental Health System Strategy Board  Adult Social Care and Health Directorate Leadership	tbc	Jo Carney CCG  Melanie Brooks BCC

<b>Ambition</b>	<b>Target</b>	<b>Key links/external bodies</b>	<b>Board Lead</b>	<b>Operations Lead</b>
Improving stable and independent accommodation for those learning disability	tbc	Adult Social Care and Health Directorate Leadership	tbc	Melanie Brooks BCC
Improve the wellbeing of those with multiple complex needs	tbc	West Midlands Combined Authority	Stephen Raybould	Natalie Allen/Ruby Dillon BVSC
Improve air quality	Halve air pollution attributable mortality by 2030	BCC Air Quality Steering Group	Adrian Phillips	Wayne Harrison BCC
Increased mental wellbeing in the workplace	tbc	West Midlands Combined Authority	tbc	tbc

Further details on the indicators, baseline performance and required trajectories, along with an overview of current plans to achieve the ambitions that have been identified are given in attached summaries.

## **Current position**

System-wide work on each of the priorities still seems to be at different stages of development. From the information supplied to the Health & Wellbeing Operations Group each if the areas of the strategy can be categorised as below.

## **Identified indicators, targets and plans for delivery**

- All children in permanent housing
- Increasing employment /meaningful activity for those with mental health problems
- Improving air quality
- Integrated Personal Commissioning

There are established work streams for each of these priorities with proposed and/or agreed targets. For the mental health and employment priority BCC integration with the NHS needs to be better understood.

### **Plans being developed but targets not yet determined**

- Improving stable and independent accommodation for those learning disability
- Increasing stable accommodation for those with mental health problems
- Improve the wellbeing of those with multiple complex needs
- Detect and Prevent Adverse Childhood Experiences

Limited nationally published indicators are available for each of these areas. However, it has been recognised that there are gaps in these areas.

### **Indicators, targets and plans not yet determined**

- Mental wellbeing in the workplace

### **Next steps**

#### **Agree the accountable group and targets for:**

- Improving stable and independent accommodation for those learning disability
- Increasing stable accommodation for those with mental health problems
- Improve the wellbeing of those with multiple complex needs

#### **Establish Birmingham indicators, targets and plans for:**

- Mental wellbeing in the workplace
- Detect and Prevent Adverse Childhood Experiences

# Detect and Prevent Adverse Childhood Experiences

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## **Please provide a brief update on your agreed targets /indicators.**

The suite of indicators being used by the Birmingham Early Help and Safeguarding Partnership have been adopted as being the most sensitive to changes in the impact of our local experiences in childhood. Changes due to the prevention of adverse experiences will, however, take time to be measureable.

A more formal assessment of the timeframe for measureable impact will need to be undertaken.

## **Current progress/developments?**

The groups to develop our local responses to the opportunities for secondary and tertiary prevention are being formed to meet in December and report back to the Early Help and Safeguarding Partnership in Quarter 4 of 2017/18.

The Birmingham Child Poverty Action Forum is evaluating its next steps in Q4 of 2017/18

## **How can the board support you?**

Continued support by Board members in their organisations and partnerships.

Seeking opportunities to support the development of a Strategic Partnership approach to developing the common culture and language of adverse experience being developed by the Chairs of the Birmingham Community Safety Partnership, Birmingham Adult Safeguarding Board, and the Birmingham Safeguarding Children Board.

Support for the Birmingham Child Poverty Action Forum in partnership with the Children's and the Equalities Overview and Scrutiny Committees.

## **Who is the Board Lead?**

No one identified

All members have expressed a commitment.

Andrew Coward and Adrian Phillips have been personally involved in the Task & Finish group and ongoing developments

# All children in permanent housing

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## **Please provide a brief update on your agreed targets /indicators.**

- The Homelessness Prevention Strategy 2017 + was presented at Cabinet December 2017 and City Council January 2018.
- The Pathway domain work is progressing, the first cut of excellence across the five domains - Universal, targeted, crisis, recovery and sustainable housing was presented at the Homelessness Partnership Board November 29th 2017. The next task is to establish audit tools to identify how far off excellence existing services are currently, gaps and best practice.
- The intention is to develop a kite mark for excellence which all agencies and learning institutions sign up to in terms of delivering excellent services in preventing homelessness.

## **Current progress/developments?**

There are a number of new legislative changes which will support this target:

All local authorities are currently preparing for the implementation of the Homeless Reduction Act 2017 which places a much stronger duty on prevention people from becoming homeless. The Local Authority Legal duties covers three key areas:

- 1) Duty to provide advisory services – Free information and advice on preventing and relieving homelessness, including information tailored to the needs of particular vulnerable groups.
- 2) An enhanced prevention duty - requiring local authorities to intervene earlier to prevent homelessness (from 28 days to 56 days).
- 3) A new duty towards those who are already homeless requiring local authorities to work with them for 56 days to help secure accommodation to relieve their homelessness. It is clear that there is a firm expectation that local authorities reduce the numbers of households placed within temporary accommodation as a result of this new legislation.

To support this process, the Supporting People and Homeless Prevention Grant commissioned providers may be asked to closer align some of their service area activity to support the preventative duties as set out within the Act.

The local authority has also been provided with some new burdens monies to support them to put in place the changes required to support the implementation of the new legislation. This includes changes to back office systems, staff training, additional staff, IT infrastructure and potentially some external commissioning.

With regards to young people leaving Care – The new Children and Social Work Act 2017 requires local authorities to put in place a local offer that may assist care leavers in preparing for adulthood and independent living. This includes services relating to health and well-being, relationships, education and training, employment, accommodation and participation in society.

Work is currently underway with the Children's Trust (Shadow) to establish the housing and support requirements associated with this new duty.

The draft Code of Guidance on the Homeless Reduction Act also makes specific reference to the role of housing authorities in working with children services and consult care leavers to ensure the advice and information is i) designed in an appropriate format for the age of the client group; ii) available through communication channels which care leavers are most likely to access iii) understood by children's services authority staff.

A Care leavers Accommodation and Support Framework has been in development for a number of months and this will support the specific requirements with regards to young people leaving care. This will include sustainable, affordable and suitable housing options for young people as they prepare of independent living.

Work is also under way between the Children's Trust (Shadow) and the Place Directorate in order to secure 1 Bed Flats for Care Leavers as a means of more settled accommodation with Support.

Development of the Youth Housing Offer for Birmingham is being progressed through the Housing Birmingham Workstreams with partner agencies. This will include shared living options, pre tenancy support, live and work schemes and employment and training.

Birmingham is also represented on the regional mayoral work streams which include support to families and young people.

## **How can the board support you?**

- 1) The development and implementation of a homelessness positive pathway for Birmingham requires a systems leadership/systems change approach to be successful. One area that requires specific attention is the contribution of health partners along the different domains of the pathway. This may be very different to what is currently provided. The Board may wish to consider offering some systems change support. Discussions are currently underway with Public Health to see if this can be resourced. Board may also wish to retain some oversight of this specific work stream.
- 2) The recommendation within the Cabinet Report is that the implementation of the Pathway will report to the Health and Wellbeing Board. Therefore there are boarder issues relating to homelessness and its impact upon the life course on different cohorts of vulnerable groups which are at greater risk of homelessness:
  - Victims of domestic abuse

- care leavers
- Mental Health, learning, physical and sensory disabilities
- People leaving prison or with offending backgrounds

The Board may wish to consider boarding its interest to support the development and commissioning activity to respond to the above using the Positive Pathway approach

3) As part of the Homelessness Reduction Act there will be a Duty upon Public Authorities from October 2018 to refer service users who they may think may be homeless or threatened with homelessness to a housing authority. There is a view amongst stakeholders that this wording could be voluntary strengthened by key stakeholder agencies to a voluntary Duty to collaborate and this would be within the spirit of the Homelessness Positive Pathway. The Board may wish to give some consideration as to how this could be agreed as a starting point by agencies represented on the Health and Wellbeing Board?

## **Who is the Board Lead?**

Jonathan Driffill

## **Increase the control of individuals over their care through Integrated Personal Commissioning – Personal Health Budgets**

**Please provide a brief update on your agreed targets  
/indicators.**

No update received

**Current progress/developments?**

No update received

**How can the board support you?**

No update received

**Who is the Board Lead?**

No one identified

# Increase the control of individuals over their care through Integrated Personal Commissioning - Direct Payments

Please provide a brief update on your agreed targets /indicators.

**Indicator:** Proportion of clients for whom a Social Care Individual Budget is being taken in the form of a Direct Payment.

**Target:** 25% by 31/3/18

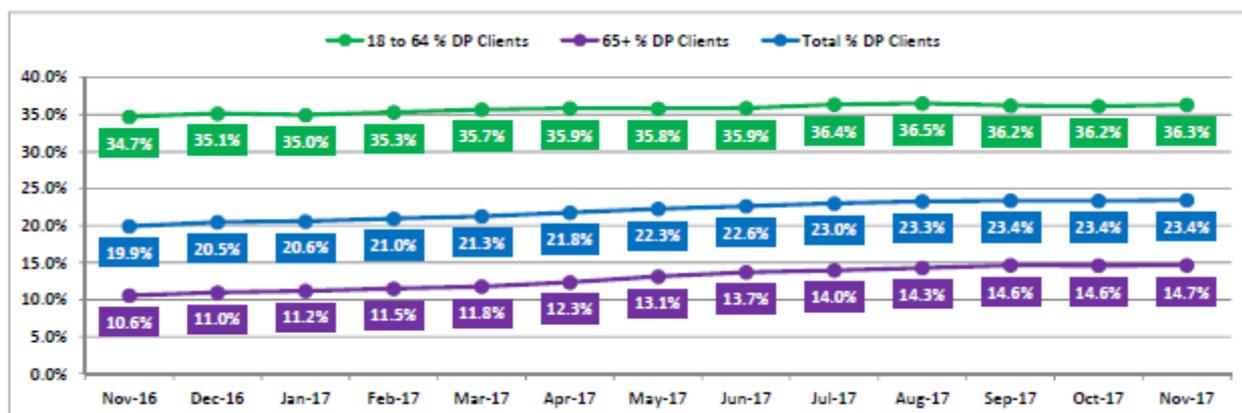
## Current progress/developments?

### Direct Payments

Showing the number of clients (not carers) receiving a service which is eligible for Self Directed Support (e.g. Direct Payments or Individual Budgets) and the number / proportion of clients who receive this, in whole or in part, as a Direct Payment.

Figures shown as a series of snapshots at the end of each month and on the date of the latest available data.

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	06/11/2017
18 to 64	Eligible clients	3182	3178	3210	3235	3247	3265	3284	3291	3298	3321	3340	3363	3358
	Clients with DP	1105	1117	1122	1143	1159	1171	1176	1181	1200	1213	1210	1216	1220
	% DP Clients	34.7%	35.1%	35.0%	35.3%	35.7%	35.9%	35.8%	35.9%	36.4%	36.5%	36.2%	36.2%	36.3%
65+	Eligible clients	5038	4907	4908	4922	4944	4883	4867	4885	4871	4879	4908	4928	4926
	Clients with DP	532	538	549	566	582	603	639	669	680	697	719	720	722
	% DP Clients	10.6%	11.0%	11.2%	11.5%	11.8%	12.3%	13.1%	13.7%	14.0%	14.3%	14.6%	14.6%	14.7%
Total	Eligible clients	8220	8085	8118	8157	8191	8148	8151	8178	8169	8200	8248	8291	8284
	Clients with DP	1637	1655	1671	1709	1741	1774	1815	1850	1880	1910	1929	1936	1942
	% DP Clients	19.9%	20.5%	20.6%	21.0%	21.3%	21.8%	22.3%	22.6%	23.0%	23.3%	23.4%	23.4%	23.4%



### **How can the board support you?**

No support required from the board at this time.

### **Who is the Board Lead?**

No one identified

# Increasing employment/ meaningful activity for those with mental health problems

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## **Please provide a brief update on your agreed targets /indicators.**

Birmingham CCGs have recommissioned Mental Health 'day services' and learning and work services to provide a redesigned integrated recovery and employment service for people receiving secondary care mental health services. Employment support will be provided with fidelity to the Individual Placement Support (IPS) model.

Individual Placement Support is an evidence based model which has been proven to achieve higher numbers of people entering and sustaining employment. IPS workers are integrated into community mental health services and provide open ended support to both employee and employer.

The IPS service will fulfil full fidelity principles outlined by the Centre for Mental Health. The commissioned service must therefore exceed 8 quality outcomes, these are:

- To ensure that no service user is excluded from the service
- Employment support and treatment are integrated
- Job search is rapid and intensive
- Only minimal pre-work training is offered and that the focus should be on obtaining sustained employment.
- Service users are offered a personalised job search.
- IPS work with employers to develop links and support.
- Long term support in work, both before, during and after employment.
- Access to welfare and benefits advice.

### **The Employment and Recovery service will:**

Ensure more mental health service users in contact with secondary care services in employment as a result of the introduction of the fidelity Individual Placement Support model.

Increase the number of people with mental health problems preparing for employment by building their work capacity and skills for looking for work.

- Increase the number of people with mental health problems in sustainable employment.

### **Targets:**

Engagement in IPS Service.	Number of people engaged in IPS service	2018/19 – 504 2019/20 – 672 2020/21 – 672
Paid Job Outcomes	Service Users in paid employment (reported under/over 16 hours per week and sustained for 13 weeks)	2018/19 – 120 2019/20 – 190 2020/21 – 190
Job Retention	Number of people in existing paid employment who retain their employment	2018/19 – 12 2019/20 – 19 2020/21 – 19

### **Current progress/developments?**

A tendering process for Mental Health Recovery and Employment Services has been undertaken and a contract has now been awarded to a consortium of providers – Better Pathways, MIND and Creative Support. Better Pathways will be delivering the IPS functions from April 2018.

Plans for mobilisation remain on track for the new service to commence at the start of April.

### **How can the board support you?**

To advise of any opportunities to encourage the Local Authority and other employers to engage with IPS workers.

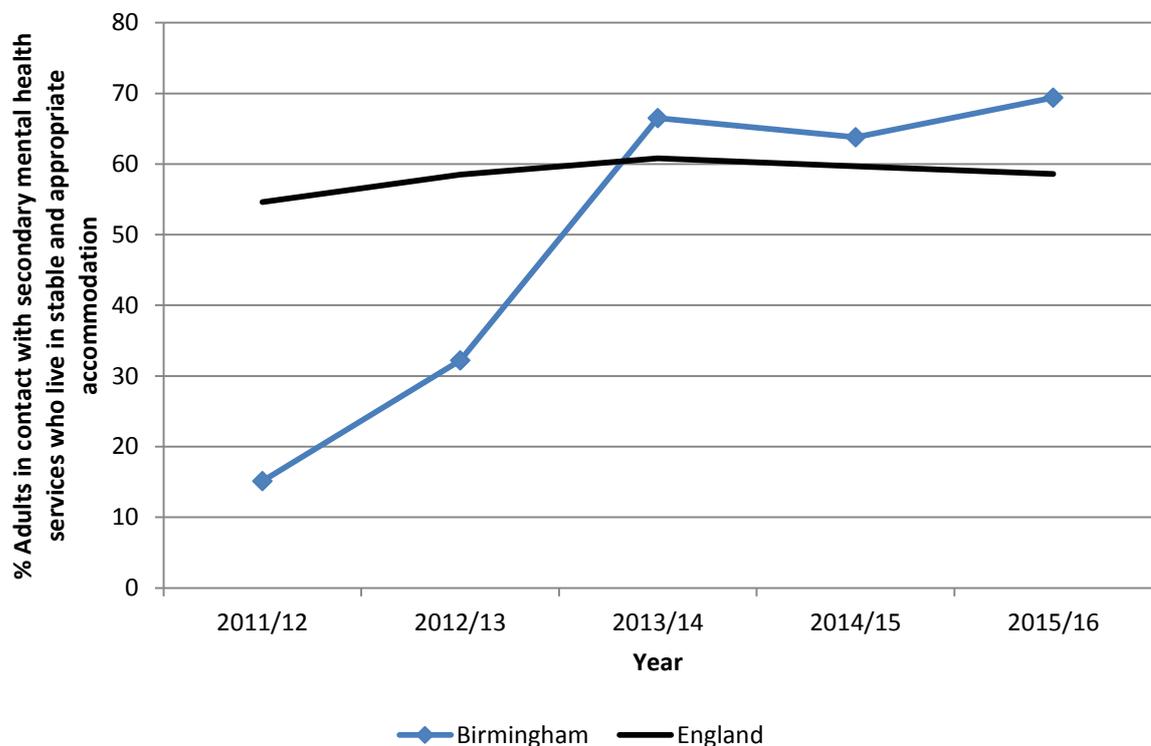
### **Who is the Board Lead?**

No one identified

# Increasing stable accommodation for those with mental health problems

**Indicator:** Adults in contact with secondary mental health services who live in stable and appropriate accommodation (PHOF)

**Target:** tba



## Current plans to achieve ambition

This target is published annually and it is difficult in-year to track and demonstrate progress. It is recommended that the Health and Wellbeing Board consider for 2018-19 a data set that can be measured monthly and that will give assurance that work is delivering progress. It is recommended that Health and Wellbeing Board commission a baseline exercise to understand:

- Number of Adults within Adult Social Care with a Mental Health Problem a Shared Life living arrangement, and number of Adults supported in Support Living
- Number of Adults with a Learning Disability supported within general needs Housing.

- From BSMHT the number of Adults on CPA within stable accommodation.

There are three main pieces of work which will support work in this area:

- **Specialist Impact Team** – This team brings together Social Work, commissioning and family support to target reviews for vulnerable adults with a focus on providing support in the least restrictive setting maximising independence. Alongside the new Commissioning Framework, work will take place with providers to develop their approach to supporting move on plans with the aim of supporting move to independent living.

The team will prioritise work with the most vulnerable adults whilst working to support better utilisation of supported living schemes in the City. The team will be recruited by January 2018 and impact on performance will be seen from March 2018.

The recruitment of carers in Shared Lives will provide a greater range of housing options and opportunities for Adults. A specific action plan will be developed to build Shared Lives scheme capacity for Mental Health.

- **Supported living framework and utilisation** – as part of the Commissioning framework the approach to supported living is being reviewed. Work will take place to address the high level of scheme voids, and providers will be supported to adapt or decommission schemes which are not relevant to the needs of individuals.
- **Homeless and housing strategy** – closer links are being made to support the housing strategy work to address the needs of vulnerable adults. Clear actions are not yet in place but will be agreed by January 2018. This will need to include specific actions for BCC, the CCG and BSMHFT.

Council and Mental Health Trust representatives are meeting to look at developing meaningful measures linked to two key objectives:

- How we support individuals to access settled accommodation (cohort to be identified)?
- Individuals living in settled accommodation how do we support them to maintain the accommodation and avoid unnecessary move-on/eviction/abandonment?

## Accountable Group

Adult Social Care and Health Directorate Leadership Team and Joint Commissioning Team within the CCG.

## Who is the Board Lead?

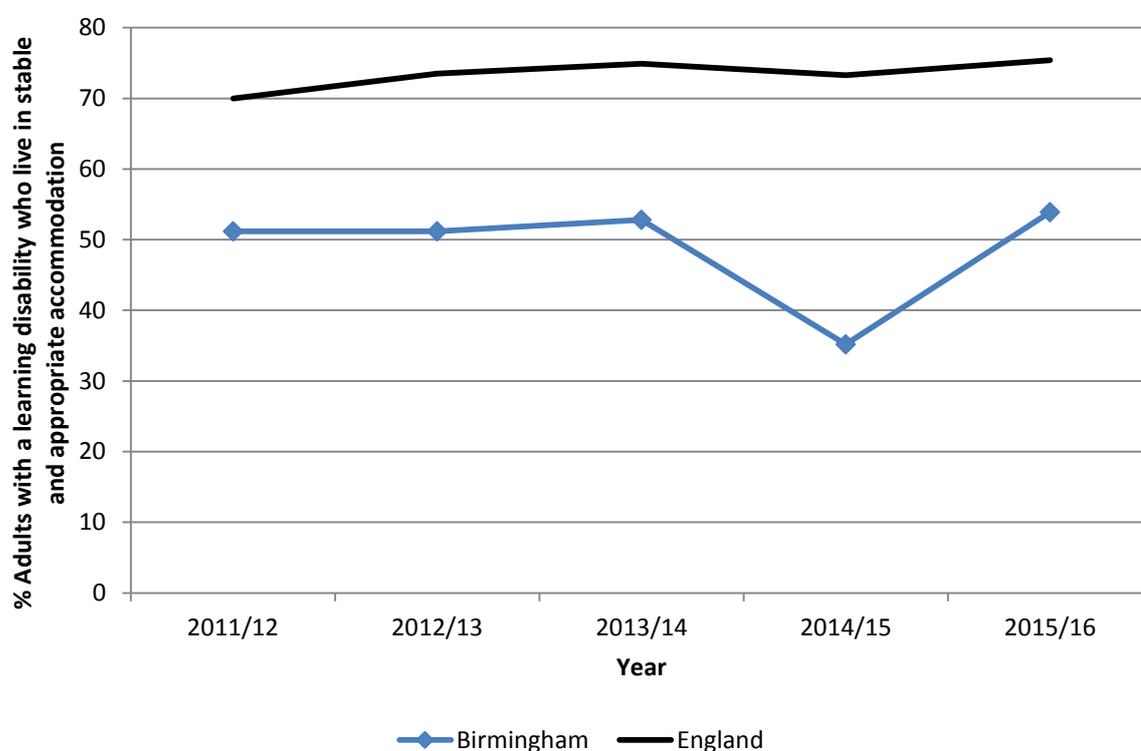
No one identified



# Improving stable and independent accommodation for those learning disability

**Indicator:** Adults with a learning disability who live in stable and appropriate accommodation (PHOF)

**Target:** tbc



## Current plans to achieve ambition

This target is published annually and it is difficult in-year to track and demonstrate progress. It is recommended that the Health and Wellbeing Board consider for 2018-19 a data set that can be measured monthly and that will give assurance that work is delivering progress. It is recommended that Health and Wellbeing Board commission a baseline exercise to understand:

- Number of Adults within Adult Social Care with a Learning Disability placed within Residential Care/Specialist Placement, number of Adults within a Shared Life living arrangement, and number of Adults supported in Support Living

- Number of Adults with a Learning Disability supported within general needs Housing.

There are three main pieces of work which will support work in this area:

- **Specialist Impact Team** – This team brings together Social Work, commissioning and family support to target reviews for vulnerable adults with a focus on providing support in the least restrictive setting maximising independence. Alongside the new Commissioning Framework, work will take place with providers to develop their approach to supporting move on plans with the aim of deescalating care or supporting move to independent living.

The team will prioritise work with the most vulnerable adults whilst working to support better utilisation of supported living schemes in the City. The team will be recruited by January 2018 and impact on performance will be seen from March 2018.

The recruitment of carers in Shared Lives will provide a greater range of housing options and opportunities for Adults.

- **Supported living framework and utilisation** – as part of the Commissioning framework the approach to supported living is being reviewed. Work will take place to address the high level of scheme voids, and providers will be supported to adapt or decommission schemes which are not relevant to the needs of individuals.
- **Homeless and housing strategy** – closer links are being made to support the housing strategy work to address the needs of vulnerable adults. Clear actions are not yet in place but will be agreed by January 2018.

### **Learning Disability and Employment**

Work is also being undertaken to address issues around learning disability and employment, we are addressing this through the Day Opportunities Strategy and we have established links with the apprentice scheme; the economies commissioned services and are planning an employment challenge for 10 of our day centre service users.

## **Accountable Group**

Adult Social Care and Health Directorate Leadership Team.

## **Who is the Board Lead?**

No one identified

# Improve the Wellbeing of those with Multiple Complex Needs

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Please provide a brief update on your agreed targets /indicators.

Project Outcomes	Change Indicators	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	Total
<b>(A) People with multiple and complex needs are able to manage their lives better through access to more person-centred and co-ordinated services.</b>	1) Individuals accessing the programme report and demonstrate improved confidence, self-esteem, mental health, physical health, housing status, and reducing substance misuse and re-offending.	48	176	279	349	349	325	325		1851
	2) Individuals accessing the programme reduce inappropriate use of emergency and crisis services and report easier and more streamlined access to appropriate psychologically informed services.	0	0	88	108	136	134	128	128	722
	3) No Wrong Door Network agencies adopt a Psychologically informed Environment (PIE) approach to service delivery	0	0	15	0	0	0	0	0	15
<b>Project Outcomes</b>	<b>Change Indicators</b>									
<b>(B) Services are more tailored and better connected and will empower users to fully take</b>	1) Agencies demonstrate that their services are better coordinated and fully reflect service user input in their design and delivery.	0	15	0	0	0	0	0	0	15

part in effective service design and delivery.	2) Individuals accessing the programme report greater involvement in service design and evaluation of delivery (unique service users engaged)	9	33	24	24	24	24	12	0	150
	3) Individuals accessing the programme report services are more tailored to their needs and better connected	0	0	158	194	244	244	228	228	1296
<b>Project Outcomes</b>	<b>Change Indicators</b>									
(C) Shared learning and the improved measurement of outcomes for people with multiple and complex needs will demonstrate the impact of service models to key stakeholders.	1) The local system of services for people with complex needs is based on a stronger evidence-base and a greater understanding of good practice in complex needs service models		0	15	0			0	5	20
	2) Services for people with complex needs are planned and commissioned as a holistic 'package' rather than in silos		0		0			0	20	20
	3) Robust evidence of effective practice and potential cost savings is communicated widely to key stakeholders	0	0	30	30	30	30	30	0	150

## How can the board support you?

- Identify individuals with Multiple and Complex Needs as a priority group due to their disproportionately poor outcomes and effect on future generations
- Support the work of Birmingham Changing Futures Together (BVSC)
- Engages partner organisations to simplify their offer and support appropriate work placements especially through the STP process
- Works with housing partners in terms of stable accommodation

In addition, the Board is invited to “Walk the Frontline” with Birmingham Changing Futures Together and experience life first hand for this group and use the experience of learning to:

- Challenge policy, partner organisations etc. and promote systems change within their position of influence.

## Overall ambition

Address gaps in services to effect systems change and to ensure that individuals with Multiple and Complex Needs achieve their aspirations and make their own vision of a ‘fulfilling life’ a reality

## Who is the Board Lead?

Stephen Raybould

# Improve Air Quality

## **Please provide a brief update on your agreed targets /indicators.**

No updates available for the air quality indicators.

## **Current progress/developments?**

The Clean Air Zone (CAZ) feasibility study is progressing. An outline business case for the CAZ has been presented to DEFRA by the DPH. An integrated impact assessment has also been developed.

Plans are progressing to provide NO<sub>2</sub> monitoring equipment and air pollution educational tools to schools throughout Birmingham to improve data collection and raise awareness.

The Health & Wellbeing Board Operations Group discussed the “Health Outcomes of Travel Tool” that has been developed by the NHS Sustainable Development Unit. The tool helps NHS organisations measure the impact their travel and transport has in environmental, financial and health terms to allow the creation of a plan and targeted initiatives to reduce the NHS's impact from travel and transport.

<https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>

## **How can the board support you?**

Members of the Board are encouraged to respond to the air quality policy consultation when launched and promote it within their networks.

NHS bodies should consider the use of the Health Outcomes of Travel Tool to explore reducing their impact on air pollution. Other partners should work to similarly reduce their contribution to air pollution within the city.

## **Who is the Board Lead?**

Adrian Phillips

# Increased mental wellbeing in the workplace

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The WMCA Mental Health Commission has developed a 'West Midlands Workplace Wellbeing Commitment' where public and private sector employers sign up to demonstrate their commitment to the mental health and wellbeing of their staff.

The Commission has also committed to work with the Government to trial an innovative 'Wellbeing Premium' - a tax incentive that rewards employers demonstrating their commitment to staff wellbeing. The trial will reveal if such a financial incentive, accompanied by an employer action plan, reduces staff sickness absence, improves productivity and prevents people leaving work due to ill health.

Improving wellbeing in the workplace is also a work stream for the Birmingham & Solihull STP.

Monitor Deloitte have recently published an Independent Review of Mental Health and Employers to understand how employers can better support all individuals currently in employment (including those with poor mental health or wellbeing) to remain in, and thrive through work.

<https://www2.deloitte.com/uk/en/pages/public-sector/articles/mental-health-employers-review.html>

It is proposed that the Health & Wellbeing Board hold a workshop based around this report to consider the implication of mental wellbeing in the workplace for Birmingham

## Who is the Board Lead?

No one identified