

## **WMCA Wellbeing Board**

<b>Date</b>	29 January 2019
<b>Report title</b>	Thrive Update
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<b>Report has been considered by</b>	

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

#### **1.1 The WMCA Board is recommended to:**

- Note the update on the implementation of Thrive

## **2.0 Purpose**

- 2.1 The purpose of this report is to update the Board on the progress in implementing the commitments in made through Thrive.

## **3.0 Background**

- 3.1 Thrive was launched in January 2017 following the Mental Health Commission report and contributes to the WMCA ambition to improve the health and productivity of the region. A number of programmes have been established to deliver the commitments made by the WMCA and partners including Thrive into Work, Thrive at Work, mental health training and awareness and programmes to improve access to relevant mental health services for those in the justice system to improve wellbeing and reduce reoffending.

## **4.0 Employment and Employer - Thrive into Work – Individual Placement Support (IPS) Trial.**

- 4.1 The Thrive into Work IPS Health Led Trial became operational in June 2018 and is now approaching Month eight of the delivery period. The Health Led Trial aims to create evidence as to whether offering intensive employment support in a Primary Care Based setting supports people with a LTC or disability into meaningful employment.
- 4.2 Despite challenging referral targets the referral rate at the end of November stood at 75 % on target (1,822) and 86 people have secured meaningful employment.
- 4.3 Although the KPI requirements detailed above are in line with contractual reporting, a significant amount of effort is required in order to achieve these outcomes. For example in Sandwell providers have supported 44 people to attend 104 interviews and 78 people to produce 814 Job applications.
- 4.4 In November 2018 the WMCA were awarded a further £1.825m to extend the Trial period beyond 31<sup>st</sup> March 2019 to 31<sup>st</sup> October 2019. This takes the Government investment into the Thrive into Work Programme to £10.2m.
- 4.5 The Central Programme Team based within the WMCA, providers and participating CCGs have developed a prioritisation plan moving forward into 2019. This will see significant targeting of areas of most need and concentrated efforts to engage associated GP Practices.
- 4.6 Significant ongoing work continues to take place to ensure that referrals flow into the programme. Specific attention is being given to Primary Care referral sources within GP Practice and Community Health Services such as IAPT and Rehabilitation Services. Unfortunately only 9 referrals have been as a result of a direct GP referral.
- 4.7 Early indications are that despite significant attempts to put in place measures to support GP Practices to refer (such as systems, resources, finance and time) a significant culture shift is still required. Acknowledgment of the importance of work in improving health outcomes and the part that General Practice has to play to realise this has proved one of the largest risks and challenges to the success of the trial.
- 4.8 On 7<sup>th</sup> March 2019 there will be a celebration event of the work that has taken place so far. Case studies will be presented by individuals who have benefitted from the Trial and presentation of awards for clinical teams that have supported the Programme. In attendance will be the Minister for Health and Social Care and the Minister for the Department of Work and Pensions.

## **5.0 Thive at Work**

- 5.1 Employment and Employer - Fiscal incentive – This is the trial of a model to test the tipping point at which an employer would initiate wellbeing programmes into the workforce. It seeks to work with 148 small and medium enterprises (SMEs) across the WMCA footprint and works on the premises of a Randomised Control Trial. The programme will focus on key enablers in the company as well as developing wellbeing across mental health, musculoskeletal and lifestyles linking it to the wider WMCA wellbeing and physical activity strategies. The pilot is due to run until December 2019 with reporting to be complete by March 2020 to support wider discussion around roll out and policy change with Government Departments in 2020.
- 5.2 The programme will be formally evaluated by our academic partners- RAND Europe, Warwick Medical School and Warwick Business School.
- 5.3 £1.4m in funding has been successfully bid from the Work and Health Unit Innovation Fund with quarterly payments that started in April 2018. A Grant Agreement has been signed between WHU and WMCA, and a back-to-back agreement with the evaluation partners has been finalised and is in the process of being executed by all parties via deed.
- 5.4.1 WMCA have successfully recruited above the required number of SMEs onto the trial. The recruited business represent a wide range of business sectors across the WMCA footprint which will support generalisability and scalability of findings. There has been some drop-out of businesses from the trial due to barriers facing them as an organisation, however we continue to have sufficient power and a well-designed trial that serves the objectives of doing the research and will report and analyse appropriately and transparently.
- 5.4.2 A significant amount of learning about the behaviour of SMEs from both those that stay in the trial and those that drop-out will be gained from the trial.
- 5.5 The timeline for delivery did shift due to building the effective research programme and team and putting robust legal agreements in place however we have recovered four weeks of this delay by expediting the research process.
- 5.6 All organisations have been started on the programme as of 8<sup>th</sup> October and the formal evaluation started on at the end of October and is ongoing.

## **6.0 Employment and Employer- Wellbeing Charter**

- 6.1 Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority have worked with multiple partners and experts to create a new Thrive at Work programme. This programme builds on the existing evidence base and creates a model for improving wellbeing in work place.
- 6.2 The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme focuses on mental health, muscular skeletal health, improving physical activity and a number other risk factors including poor diet, smoking and poor financial health. The Thrive at Work Programme is available to view here: <https://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf>
- 6.3 The approach creates a formal offer for businesses to improve the health and wellbeing of their employees. There is a free online supporting toolkit available to guide organisations to reputable local and national resources, policies and services to help them put the commitment into practice. Organisations can upload evidence towards accreditation through their personalised online dashboard. All organisations that achieve bronze level or higher on the commitment will receive Thrive at Work accreditation and awards. We anticipate organisations will be ready for accreditation in 12 months' time.
- 6.4 In addition to the 121 businesses that are continuing on the trial and programme another 70 have signed up for just the programme, with a range from 2 employees to over 20,500

employees per organisation. Businesses from across a range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities, schools etc. Nearly 70,000 employees have the potential to be positively impacted through the businesses that are signed up to the programme.

## **7.0 Mental Health and Justice**

- 7.1 The first phase of the Mental Health Treatment Requirement testbed pilot in Birmingham was completed at the end of October and a total of 28 orders were made for offenders with primary level mental health needs. The treatment for these orders will continue until March 2019. In addition to the monitoring of the number of MHTR orders service user feedback is being sought to inform phase 2 of the pilot.
- 7.2 Funding for the second phase of the testbed pilot has been confirmed by NHS England to continue the assessment for MHTR orders for 2019/20. The commissioning of this service will build on the learning from phase 1 of the pilot to ensure that there are appropriate links with the processes for Drug Rehabilitation Requirements and Alcohol Treatment Requirement and clinical governance arrangements for secondary mental health care. Plans continue to extend the MHTR to other areas in the West Midlands.
- 7.3 Thrive also made commitments to prioritise the mental health needs of offenders in prison before and after release. Working with the NHS England West Midlands Health and Justice service it has been recognised that there is an opportunity to provide targeted support for people on short term sentences ( 12 weeks or less). A Prison Liaison Pilot has been established at HMP Birmingham for prisoners that have been identified by the Birmingham Liaison and Diversion service with a vulnerability, including mental health issues. Discussions are taking place to look at extending this pilot to serve offenders from another area in the West Midlands.

## **8.0 Mental Health Awareness**

- 8.1 Work continues to promote Mental Health First Aid Training ( MHFA) to deliver the training for 500,000 people over 10 years. In total 18,251 people in the West Midlands have been trained on MHTR courses, with 12,013 people being trained since January 2017. The MHFA offer includes working with secondary schools across the West Midlands. By mid December 2018 twenty six percent of schools had completed the training.
- 8.3 The 'This is me' campaign will be launched in the West Midlands on the 21<sup>st</sup> January 2019, which aims to reduce mental health stigma and dispel the myths around mental health in the workplace. 'This is Me' helps employers to build understanding and awareness in their organisations by providing a platform for employees to share their mental health stories with others. WMCA aims to get 50 organisations signed up to the 'This is Me' campaign in the first year following the launch.
- 8.4 The Mental Health Commission Star Awards will be held on the 31<sup>st</sup> January 2019 to celebrate the mental health care and support provided across the West Midlands by individuals and organisations.

## **9.0 Wider Wellbeing arenas for WMCA moving forward**

- 9.1 The WMCA Wellbeing board has agreed further work to create strategic alignment of core wellbeing agendas at local and regional level. Childhood Obesity, Adverse Childhood Experiences, Health inequalities and creation of a radical prevention offer have been identified as key issues for development
- 9.2 Childhood Obesity is a national challenge with a strategic policy position requiring a reduction in childhood obesity by 50% by 2030. Work is being undertaken with BSOL STP and the wider region to understand the opportunities in this space. A plan is being taken to the WMCA wellbeing board in March 2019 that will direct activity moving forward at a regional level in line with the Government plan.

- 9.3 Dr Andrew Coward has been leading a review in Birmingham of the evidence and understanding of the Adverse Childhood Experience (ACE) awareness across stakeholders. A conference was held in late October 2018 which brought together a 120 participants who created a shared vision to seek a childhood adversity focus for Birmingham. A steering group has been established to build a proposal that can be shared with the relevant bodies and is seeking to identify good practice and a 'what next' approach.
- 9.4 Two ACE pilots will be commenced to understand what works; one based in education and one based within a GP surgery. The programs will seek to develop a trauma informed approach within two identified Birmingham localities and create new evidence which it is hoped can be scaled up. It is expected that both programs of work will be governed through the steering group and feed into the existing work of the Birmingham Wellbeing Board.
- 9.5 An approach to embed the principles of reducing health inequalities is being developed within the WMCA with expert support from Public Health England. A number of seconded posts have been created to develop a population health hub which will seek to work with Local Authorities strategically across the region. To start the programme will focus on developing intelligence product such as characterising population cohorts with the Inclusive Growth corridors and determine achievable targets for the obesity strategy.

## **10.0 Financial Implications**

- 10.1 The 18/19 budget allocated for mental health is £435,000. This consists of £304,300 for resources, £130,700 for project delivery expenditure, commission and citizen jury expenses.
- 10.2 Further grant funding secured to date includes funding for the IPS programme which has been allocated £8.355m of funding from the Work and Health Unit over 3 years and £80k from the Police and Crime Commissioner for the Criminal Justice - Engager Programme.
- 10.3 £1.382m has also been secured from the Work and Health Unit of the Department for Work and Pensions in respect of the Fiscal Incentive Programme.

## **11.0 Legal Implications**

- 11.1 There are no further legal implications flowing from the contents of this update report.

## **12.0 Equalities Implications**

- 12.1 All the Thrive programmes focus on adults aged 18 years and over and seek to address vulnerability to improve equality of access and outcomes for individuals. Equality Impact Assessments will need to be conducted for the new phases of "Thrive into Work" and "Mental Health and Justice" to ensure all key inclusion and equality considerations are embedded within the programmes. Monitoring of participants by age, ethnicity, disability and gender will need to also be established for the next phase of the programmes.

## **13.0 Geographical Area of Report's Implications**

- 13.1 The geography of the Thrive at Work programme has extended to include the areas covered by the wider non-constituent members of the WMCA. The MHTR test bed focuses on offenders within the Birmingham area and will look to extend this pilot to other areas with the WMCA.

## **14.0 Other Implications**

- 14.1 None

**15. Schedule of Background Papers**  
15.1 None