



Wellbeing Board

Date: Friday 6 October 2017

Time: 1.30 pm **Public meeting** Yes

Venue: Room 116, 16 Summer Lane, Birmingham B19 3SD

Membership

Councillor Bob Sleigh (Chair)	Solihull Metropolitan Borough Council
Councillor Ken Meeson (Vice-Chair)	Solihull Metropolitan Borough Council
Councillor Kamran Caan	Coventry City Council
Councillor Les Caborn	Warwickshire County Council
Councillor Paulette Hamilton	Birmingham City Council
Councillor Barry Longden	Nuneaton and Bedworth Borough Council
Councillor Peter Miller	Dudley Metropolitan Borough Council
Councillor Ian Robertson	Walsall Metropolitan Borough Council
Councillor Ann Shackleton	Sandwell Metropolitan Borough Council
Councillor Paul Sweet	City of Wolverhampton Council
Sarah Norman	WMCA Chief Executive Lead
Alison Tonge	NHSE
Andy Hardy	STP Systems Leader NHS
Julie Moore	STP Systems Leader NHS
Andy Williams	STP Systems Leader NHS
Sue Ibbotson	Public Health England
Chris Tidman	NHS Improvement
Guy Daly	Universities (Coventry)
Sean Russell	Mental Health Implementation Director
Gary Taylor	West Midlands Fire Service
Sarah Marwick	West Midlands Police

Quorum for this meeting shall be seven members.

If you have any queries about this meeting, please contact:

Contact Wendy Slater
Telephone 0121 214 7016
Email wendy.slater@wmca.org.uk

AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
2.	Minutes of the last meeting	Chair	1 - 8
3.	Matters Arising	Chair	None
4.	Global Thrive Network (I-Circle Event)	Sarah Norman	9 - 16
5.	West Midlands Mental Health Commission Update	Sean Russell	17 - 24
6.	Update on Wellbeing Priorities	Jane Moore	25 - 40
7.	Feedback from Health and Wellbeing Board and STPs on the Wellbeing Priorities and Devolution Proposals	Chairs and STP Leads	None
8.	Update on the development of Accountable Care Systems and Accountable Care Organisations	Alison Tonge	41 - 54
9.	One Public Estate - Government Funding and Pipeline Projects	Mark Barrow	To Follow
10.	West Midlands Health & Transport Strategy	Duncan Vernon	55 - 68
11.	'West Midlands on the Move' - From Strategic Framework to Implementation	Simon Hall	69 - 132
12.	Feedback from the West Midlands Clean Air Workshop	Duncan Vernon/ Jane Moore	None
13.	Date of Next Meeting - 19 January 2018 at 1.30pm		None



Meeting: Wellbeing Board

Subject: Minutes

Date: Friday 28 July 2017 at 2.30pm

Present:

Councillor Ken Meeson (Vice-Chair) (Solihull Metropolitan Borough Council)
Councillor Kamran Caan (Coventry City Council)
Councillor Paulette Hamilton (Birmingham City Council)
Councillor Barry Longden (Nuneaton and Bedworth Council)
Councillor Peter Miller (Dudley Metropolitan Borough Council)
Councillor Ian Robertson (Walsall Metropolitan Council Council)
Councillor Ann Shackleton (Sandwell Metropolitan Borough Council)
Councillor Paul Sweet (City of Wolverhampton Council)
Sue Ibbotson (Public Health England)
Sarah Marwick (Office of Police & Crime Commissioner)
Dame Julie Moore (STP Systems Leader NHS)
Sarah Norman (Health Chief Executive Lead for WMCA)
Gary Taylor (West Midlands Fire Service)
Alison Tonge (NHS England)
Andy Williams (STP Systems Leader NHS)

In Attendance:

Anne Coufoplous (Universities for Guy Daly)
Simon Hall (WMCA)
Jane Moore (WMCA)

Apologies for absence were received from Councillors Les Caborn and Bob Sleigh (Chair), Guy Daly, Andy Hardy and Sean Russell.

Councillor Meeson in the Chair

01/17 Calendar of meetings

The board noted the following schedule of meetings for the Wellbeing Board for 2017/18 as agreed by the WMCA Board at its AGM on 23 June 2017:

6 October 2017
19 January 2018 and
20 April 2018

All meetings would commence at 1.30pm and would be held in 16 Summer Lane, Birmingham.

02/17 Minutes

The Minutes of the meeting held on 19 May 2017 were agreed and signed by the Chair, as a correct record subject to the additional apology being added for Councillor Paul Sweet.

03/17 Matters Arising

Minute No. 20/16 – One Public Estate

In relation to Councillor Longden's enquiry regarding whether the One Public Estate programme had stalled due to purdah, Sarah Norman reported that she could not see why the programme would not continue now the General Election had passed. Jane Moore advised that a number of projects would be taken forward in various ways and efforts were being made to ensure these were joined-up.

04/17 Wellbeing Priorities Report

Jane Moore and Sarah Norman presented a report that set out six potential wellbeing priorities for the West Midlands Combined Authority for the Wellbeing Board to agree.

Jane Moore reported that the Wellbeing Board Workshop on the 19 May had identified six areas that add value which had been discussed with key stakeholders and academic colleagues to ascertain synergies with other work areas and how the priorities might add value without duplicating what is being done elsewhere.

Councillor Robinson concurred with the requirement for the priorities to add value and reported of the need to lobby Government regarding funding cuts that were impacting on preventive campaigns which was false economy.

Councillor Paul Sweet supported Councillor Robinson's views and added that the danger of doing more for less was that Government would further reduce funding for the preventive agenda.

Sue Ibbotson reported that she supported the priorities on the basis that they link to the key objectives of the WMCA Board and would make a significant difference.

In relation to the scoping work for children and young people, Councillor Meeson reported of the need to ensure there was a proposition from children who had been excluded from school.

Councillor Hamilton reported that people not in employment, education or training (NEETS) was a big issue that was becoming bigger and considered that the WMCA should be monitoring the situation to see what could be done.

Councillor Meeson agreed with Councillor Hamilton and noted that the business sector could play a role in supporting NEETS through work experience placements and apprenticeships.

In relation to an enquiry from Councillor Longden as to when non-constituent authorities would be involved with this work, Jane Moore reported that this would be dependent on the proposition following the scoping work, however, she advised that the three STPs would be involved which included Warwickshire not just the seven Met authorities.

Jane Moore reported that further to a discussion with the Vice-Chair, Councillor Meeson, it was agreed that a report would be submitted to the next meeting of each local authority Wellbeing Board so that feedback could be given on the six priorities.

Resolved

- (1) That the following actions be agreed with regards to the six priorities:
 - (a) Prevention/lifestyle risks be considered as part of a pathway approach to reducing long term conditions;
 - (b) Further work to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme be supported;
 - (c) The West Midlands Cancer Alliance Programme be the programme driving improvements in cancer outcomes and increased linkages between the WMCA and this programme be sought;
 - (d) More detailed scoping work on Children and Young People with stakeholders to develop a set of options for work on this priority for the Wellbeing Board to consider be supported;
 - (e) Current Work on transport and health; physical activity and air quality be used as the basis for developing the transport priority ;
 - (f) The work of the Homeless Taskforce and Thrive be used to identify opportunities to strengthen the consideration of health in housing initiatives ;
 - (g) The development of the West Midlands Behaviour Change Network to provide expertise and support across the WMCA strategic priorities be supported and
 - (h) That behaviour change to improve wellbeing be developed as part of the other wellbeing priorities be agreed.

- (2) That progress be reviewed on the actions referred to above at the next meeting of this board.

05/17 Health Devolution Proposals Report

Jane Moore and Sarah Norman presented a report that had been undertaken with stakeholders on developing initial health devolution proposals that sought endorsement from the board. It was noted that the proposals would be used to strengthen the work outlined in the previous report on Wellbeing Priorities.

Sarah Norman provided an update on devolution discussions with Government. Sarah Norman reported that there was potentially a second devolution deal for the West Midlands which the Government wanted to conclude quickly and there was therefore pressure on the WMCA to be ready with its proposals.

It was noted that the priorities in this report, mirrored the proposals outlined in the earlier report ('Wellbeing Priorities' Report) and would be taken forward as part of the devolution discussions with Government.

Andy Williams reported that the Black Country/ West Midlands STP was very supportive of the proposals and process.

Dame Julie Moore reported that she agreed with Andy Williams's comments.

In relation to an enquiry from Alison Tonge as to how devolution and access to funding was connected, Jane Moore reported that work would build on the Mental Health Commission and once evidence was obtained, the WMCA would seek to agree a deal for resources to come into the West Midlands.

Sue Ibbotson considered that there was already an evidence basis for the prevention of cardiovascular disease but further work was required with regards to improving children and young people's wellbeing and mental health and emotional resilience as this was a complex wide ranging area and needed some iterative refining.

Resolved

- (1) That the report on Health Devolution proposals be endorsed.

06/17 Outline Population Plan

Jane Moore presented a report that set out the proposed focus of a WMCA population health plan for review.

It was noted that the Wellbeing Board had agreed the development of a WMCA Population Health Plan at its meeting on 19 May 2017 and the development of the plan had been guided by three key aspects; understanding how good health and wellbeing contributes to delivering the WMCA strategic objective; achieving the maximum health improvements for the people of the West Midlands and ensuring the plan supports the work agreed by the Wellbeing Board on its priorities.

Councillor Robertson considered that intervention was important from pregnancy through the first 2 - 3 years of a child's life.

Councillor Meeson noted that mental health was a big issue as people needed the confidence to address this.

Andy Williams reported that it was really good to see the plan was focused on healthy life expectancy rather than just life expectancy. He considered that the STP should promote independence and look to see how they could contribute to the WMCA's objectives, such as looking at more productive working time, for example, the use of Skype/ phone for final sign-off medical appointments.

Resolved

(1) That the proposals for the Population Health Plan be endorsed.

07/17

Mental Health Commission Update

Sarah Norman presented a report on behalf of Sean Russell that provided an update on the current position of the West Midlands Mental Commission Action Plan.

The report outlined progress on key areas that included Primary Care into work intervention, 'Thrive into Work', Fiscal Incentive Work, Midland Engine Funding, Housing First, Criminal Justice, Through the Gate, Primary Mental Health Care, Community Engagement, mental health awareness raising and mental health first aid.

In relation to an enquiry from Councillor Meeson as to how mental health first aid was progressing, Jane Moore reported that a stepped approach was being undertaken, working with colleagues in the NHS and discussions were on-going as to whether it could be linked to social awareness such as dementia.

In relation to the 'Through the Gate' programme that has been established as a pilot in HMP Featherstone Prison, Councillor Hamilton reported that she had previously worked with the Probation Service and considered that Wellbeing Chairs should be briefed on programmes such as these to enable them to champion this work.

Sarah Norman advised that the programme was only a pilot at this stage but agreed that it would be beneficial to disseminate information to Wellbeing Chairs if the pilot was evaluated as a success and was rolled-out to other prisons.

Resolved that the update on the current position of the West Midlands Mental Health Commission Action Plan be noted.

08/17 'West Midlands on the Move', From Strategic Framework to Implementation

Simon Hall presented a report that outlined the work undertaken to determine local authority and stakeholder commitment to the adoption and implementation of the WMCA's, 'West Midlands on the Move' Physical Activity Strategic Framework.

Councillor Caan reported that he was very supportive of the report and highlighted work undertaken in Coventry to bring fitness to parks as well as sport centres and considered that parks presented a great opportunity to bring fitness to everyone.

Councillor Sweet reported that Wolverhampton had a focus on the built and natural environment and noted that canal routes made ideal cycle paths.

Councillor Shackleton noted that the report did not include much information with regards to the involvement with schools and considered it is was important to involve schools early in the process. She added there was a marked variation on the physical activities undertaken by schools and there was a need to ensure schools offered a wide range of physical activities.

Councillor Robertson commented that the 'Mile-a-day' initiative in Scotland had made a difference for schools.

Councillor Hamilton noted that the position with regards to physical activity was mixed across Birmingham and that whilst the Cycle Revolution had been successful, physical activity also needed to be linked to diet and healthy eating and considered there was an opportunity to involve young people with allotments and to teach children how to cook healthy food.

Simon Hall reported that he agreed that the report should be more explicit regarding schools and young people and would also look to include a reference to nutrition and healthy eating.

In relation to an enquiry from Sue Ibbotson regarding how the areas of actions would be measured, Simon Hall advised that a set of metrics would be submitted to this board so that progress could be monitored.

Resolved

- (1) That the appointment of a Wellbeing Physical Activity Champion to undertake the role set out in the report be approved;
- (2) That progress made in the development of the Delivery Plan and gaining commitment from local authorities and stakeholders be noted;

(3) That the establishment of the Physical Activity Insight and Intelligence Sub-Group as part of the WMCA/PHE Health Population Intelligence Network be approved and

(4) That the WMCA continue discussions with local authorities and stakeholders on developing proposals for the PE and Sport Premium for Primary Schools and initial dialogue be undertaken with Government on the feasibility of devolved funding and responsibility to the WMCA area be agreed.

09/17 Any Other Business

None notified.

10/17 Date of Next Meeting

Friday, 6 October 2017 at 1.30pm

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CHAIRMAN

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Wellbeing Board Meeting

Date	6 th October 2017
Report title	Global Thrive Network (I-Circle Event)
Portfolio Lead	Councillor Bob Sleigh - Wellbeing and HS2
Accountable Chief Executive	Sarah Norman, Dudley Metropolitan Borough Council Email sarah.norman@dudley.gov.uk Tel 01381 81 5223
Accountable Employee	Sean Russell, Director of Implementation for West Midlands Mental Health Commission Email s.russell@west-midlands.pnn.police.uk Tel 07818 276259
Report to be/has been considered by	Report will be considered at WMCA Programme Board and WMCA Board

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. That the Wellbeing Board and the West Midlands Combined Authority should continue international collaboration with other City Regions that are engaged in whole system transformation to improve the mental health and well being of their citizens and support efforts to establish a thriving virtual network to share evidence, learning and ideas
2. That the Wellbeing Board and the West Midlands Combined Authority should send representation to the event in Stockholm in 2018
3. That the Wellbeing Board and the West Midlands Combined Authority should seek to host a joint event with London in 2018 or 2019

1.0 Purpose

- 1.1 This report has been produced to share the key learning points from the I-Circle (International City & Urban Regional Collaborative, Supporting Mental Health and Wellbeing to Enable Citizens to Thrive) conference attended by Sarah Norman, Chief Executive Dudley Metropolitan Borough Council on behalf of WMCA and consider how WMCA might continue collaboration with other city regions over Thrive objectives in the future.

2.0 Background

- 2.1 The Thrive West Midlands Action Plan included a commitment to be part of the global network of Thrive Cities that are committed to whole system wellbeing transformation to improve mental health. As part of this collaboration Sarah Norman & Norman Lamb were invited to attend the I-Circle Conference in Philadelphia and New York in September to share the work of the Mental Health Commission and our Thrive West Midlands plan and to hear about work in other city regions including Philadelphia and New York. In the event critical votes in Parliament meant that Norman Lamb was not able to attend. However Sarah Norman did attend to represent WMCA.
- 2.2 Other city regions represented at the conference included Philadelphia, New York and Pittsburg in the USA, London, Christchurch in New Zealand, Sydney, Glasgow, Dublin, Stockholm in Sweden and Ontario & Toronto in Canada. There were also representatives from the Mental Health Foundation, Mental Health First Aid, the World Health Organisation, Black Thrive and CitiesRISE (a mental health collaborative between Seattle, San Francisco, Bogota, Bangalore, Nairobi & Chennai).

3.0 Wider WMCA Implications

The key learning from the event is broken down into key themes that may have linkages to other workstreams of the WMCA as below:

3.1 Employers and Employee wellbeing

In Stockholm their work has a strong focus on initiatives to improve employee wellbeing. They have funded this through social impact bonds with the pay back coming from reductions in absenteeism. However they were very interested in our plans to pilot a wellbeing fiscal incentive. We have agreed to exchange our approaches.

- 3.2 In London the City Mental Health Alliance <http://citymha.org.uk/> has been established with key employers in the City of London. It is funded through a membership model and seeks to raise awareness and address mental health stigma and share best practice and benchmarking information to support employee wellbeing. A linked initiative is the “This is Me” campaign where a number of employees from City institutions talk on You Tube about their own mental health difficulties https://www.youtube.com/watch?v=b7_4S3J_3VA

- 3.3 In Dublin they have had to deal with the mental health consequences of economic collapse. International evidence shows that for every 1% increase in unemployment there is a 0.7% increase in self harm. Conversely this also illustrates the mental wellbeing benefits that addressing unemployment can bring

- 3.4 Although the New York’s Programme Thrive NYC is spending £850m and includes 54 different initiatives none are focussed on employment or employers and they are very interested in the outcome of our work in these areas

3.5 **Criminal Justice & Substance Misuse**

Philadelphia, like many US cities, is suffering from an “epidemic in opioid addiction” and has developed specific programmes to address this. Whilst opioid addiction is more of a US phenomenon than a West Midlands problem there are parallels here with some of our own substance misuse challenges.

3.6 Philadelphia has established a Stepping Up programme in its prisons to pilot recovery evidenced based treatments such as CBT to both reduce offending and improve prisoner behaviour. Here in Britain it is very difficult for prisoners to access therapies like CBT which means we may be missing opportunities to address mental health issues that may be the basis of an individual’s offending behaviour. Philadelphia has also established a “Forensic Task Force” in the city which has been pivotal to building trust to support collaboration

3.7 The US government has a programme to encourage “Drug Free Communities”. <http://www.cadca.org/drug-free-communities-dfc-program> These are very local communities (ward sized) that have established a grass roots ambition and action plan to become drug free and which in return receive \$125,000 / year for 5 years. Philadelphia has proactively supported communities to become part of the programme and see it as a very successful way to engage with local communities on substance misuse. Information on this programme and a contact in Philadelphia have been shared with the PCCs office in response to his recent call for evidence.

3.8 The Mental Health Foundation are piloting a mental health self management programme in Parc Prison. This is very relevant to the pilot we are developing with Featherstone prison and we have agreed to exchange more information about what we are doing and share learning

3.9 Philadelphia runs a huge Mural Arts Programme <https://www.muralarts.org/> which has created more than 4,000 murals in the city over the last 30 years. The programme has been used as a vehicle to engage with communities on mental health and to improve the urban environment but has also been an integral part of work with offenders and recovering addicts. This has included prison programmes and work with victims and it has collected lots of evidence of the impact on reoffending and drug recovery. Requested by and designed with communities, the murals have remained virtually graffiti free. The programme also creates lots of employment for young artists. It costs £9m / year to run but much of that is commissioned as part of drug recovery and restorative justice programmes and raised through sponsorship and donations. It also gets substantial income from and from running mural art tours! Information on this programme and a contact in Philadelphia have been shared with the PCCs office in response to his recent call for evidence.

3.10 Network of Neighbours Responding to Violence in Philadelphia <http://dbhids.org/networkofneighbors> is a neighbor driven network of Philadelphians who are called on to support communities after violent, often traumatic incidents. Philadelphia has one of the highest rates of violence in the US which fortunately is not mirrored in the West Midlands. However this approach could be relevant in some of most disadvantaged communities and is an interesting community response to minimising the impact of Adverse Childhood Experiences

3.11 **Public Health**

Philadelphia has developed a community based mental health screening programme called “Check up from the Neck Up” <http://healthymindsphilly.org/en/screening> which uses online,

community and kiosk approaches to delivering screening services and has found that it has helped people to understand the need for proactive self care in maintaining positive mental health as well as identifying people in need before they are in crisis

- 3.12 The initiative 100 Million Healthier Lives <https://www.100mlives.org/> was originated in Philadelphia. Led by the Institute for Healthcare Improvement it aims to innovate and drive improvement to create measurable improvement in health, wellbeing and equity and has set a deliberately audacious goal of 100 million people living healthier lives by 2020
- 3.13 Pittsburg and Glasgow have established a partnership focussed on tackling suicide, drug addiction and liver disease caused by alcohol as the so called “diseases of despair”. Glasgow has developed an “Evaluation Game Tool” to engage with communities on what is needed to achieve change
- 3.14 New York have established NYC Well which provides a crisis counselling, peer support, information and referral service via telephone, text and online chat. In its first year of operation it dealt with over 225,000 contacts. It has a back end connection to 911 where urgent assistance is required and uses a “warm hand off” approach when making referrals. New York have invested £12m a year in this service. It is based on the principle that intervening early will reduce the need for more costly services later but it is too early to evaluate whether it has had that impact.
- 3.15 **Community Awareness & Engagement**
All of the city regions represented at iCircle have developed Mental Health First Aid programmes to increase mental health awareness and develop the skills and confidence of people in dealing with people in mental distress. New York City (population 8.5m) has committed to train 250,000 people in Mental Health First Aid, compared with our even more ambitious commitment to train 500,000 over the next 10 years. This was an area where they were keen to learn from us as working with Mental Health First Aid England we are developing a flexible model which provides different levels of training for people in different circumstances.
- 3.16 Sydney holds an annual “Big Anxiety Festival” <https://www.thebiganxiety.org/> to bring together artists, scientists, communities and professionals to raise awareness, tackle stigma and spark action to improve mental health
- 3.17 Thrive London has ran a poster campaign on the London Underground in July which they believe has been very successful in raising awareness and tackling stigma
- 3.18 New York is utilising the Friendship Bench model which originated in Zimbabwe where brightly coloured benches (bright orange in New York) are used with trained peers as a resource for drop in community support. This is a new initiative in New York and has not been fully evaluated yet and it would also be a challenge to adopt in the British weather! However there are some similarities with the model of Problem Solving Booths that London Thrive is testing which may be a model better suited to our climate!
- 3.19 New York have also run a “Weekend of Faith” to engage faith leaders. This included getting faith leaders to commit to pledging that they will get 25% of their congregation trained in Mental Health First Aid
- 3.20 Christchurch have established an extensive programme to foster wellness within communities <https://allright.org.nz/>

3.21 **Equalities**

Both Toronto and Philadelphia have invested in adapting the model for delivering psychological therapies to make them more fit for purpose for different populations. This has included developing more diversity amongst providers and incorporating “cultural competency” into the evaluation of providers requiring them to show how they are orientated to the needs of different communities. Both cities have found that this has significantly improved outcomes for minority communities. Links to this work will be shared with our Thrive Network of Equalities Champions to consider the need for similar adaption of psychological therapies in the West Midlands

3.22 Black Thrive has been established in Lambeth in London to achieve equality in mental health outcomes <https://www.blackthrive.org.uk/> and is grappling with the disproportionate numbers of individuals from BME communities detained under the mental health act. The Mental Health Commission identified that this is also an issue in the West Midlands and there is potential to do some joint work to achieve some high profile, tangible progress in this important area. Given the demographics of the West Midlands Black Thrive are also keen to work with us on other areas of possible collaboration.

3.23 **Children & Young People**

Work in Philadelphia has identified that many people who have substance misuse problems as adults suffered trauma early in their lives. As a result they have established PACTS (The Philadelphia Alliance for Child Trauma services). This could be very relevant to our work on addressing Adverse Childhood Experiences

3.24 **Disaster Recovery**

Much of Christchurch’s work has been focussed on dealing with the consequences of the major earthquakes Christchurch suffered 7 years ago which mean that a large part of the city is still uninhabitable. Mental health has proved to be one of the major recovery challenges with enormous increases in demand for both child and adult mental health services. As a result they have become real experts in developing mental health services as part of disaster recovery plans. London Thrive was very keen to learn from this work in the context of Grenfell and there may also be learning for the West Midlands Recovery Plan Review which the Chief Fire Officer is leading

3.25 **Approaches to Transformation**

As well as learning about particular initiatives and approaches which may be applicable in the West Midlands it was also helpful to reflect on the approaches different places are using to drive change more generally. The one thing we all had in common was a refusal to accept that the status quo for people with mental health difficulties is good enough and a driving ambition to make a real difference and this is something that we need to make sure Thrive West Midlands hold onto.

3.26 At the heart of Thrive NYC Programme is the concept of “exploding the work” which is about transforming where the work is done (channel shift), who the work is done by (skilling up other professionals, faith leaders, trade unions, youth workers etc) and addressing the need by tackling the wider determinants of health. Whilst the term “exploding” feels a little violent it does reflect the scale of the transformation that Thrive NYC are trying to achieve

3.27 All of the cities identified innovation as a fundamental component of system change and improvement. Both Philadelphia and New York have established “Innovation Labs” as a systematic way to encourage, facilitate and evaluate innovation and then scale up “to make

the new normal". Philadelphia uses "rally cries" to drive change in a system with a focus on a different aspect of change every 6 months.

3.28 Thrive NYC has also establishing "learning collaborative", networks of organisations and individuals working on the same problem to share data and coaches and accelerate change. To date two have been established, one looking at parental stress and improving outcomes for 0-3 year olds and one to tackle maternal depression with the aim of screening all pre and post natal women in New York, connecting to care and improving outcomes. Four more will be established in other areas in due course

3.29 All of these approaches could be useful to our public service reform agenda as well as to the detailed work we are doing in Thrive

3.30 **Co – production and utilising lived experience**

All city regions have strived to involve people with lived experience of mental health in the governance and development of their programmes. Here in the West Midlands we have done this through the involvement of Steve Gilbert (a Serious Mental Illness Lived Experience Consultant) as a member of the Mental Health Commission and the involvement of the Citizen's Jury, now known as the West Midlands Cooperative. Learning from elsewhere was that if we are to fully utilise people with lived experience in our work this will from time to time create tensions and challenges and we should welcome these as an opportunity to test our own thinking and approaches

4.0 **Future Progress**

4.1 All the Cities represented agreed to establish a framework for future collaboration. This will be based on a set of principles including and will be based on establishing virtual ways of sharing evidence and ideas as well as future international events. Virtual sharing has already commenced and our Implementation Director Sean Russell is signed up to the network. The next event is in Stockholm at the end of May 2018 where it is recommended that WMCA should be represented both to maintain the profile of our work and deepen our international collaboration

4.2 There is also potential for us to work with Thrive London to host a joint event ourselves here in the UK

4.3 In addition to the cities that participated, New York and Philadelphia are also involved in CitiesThrive which is an initiative to develop 200 Thrive Cities across the US and this will also be linked in as we take things forward

5.0 **Financial implications**

5.1 The cost of attending the events in Philadelphia and New York in September was approximately £2.5k and was funded through the 2017/18 Mental Health budget. Funding for any upcoming events in either 2018 or 2019 would need to be included within future budget bids.

6.0 **Legal implications**

6.1 No legal implications at this stage. As this project progresses legal will ensure the correct agreements are entered into.

7.0 Equalities implications

7.1 Opportunity to explore collaborative work with Black Thrive in Lambeth and the Mental Health Commission on equality in mental health outcomes for BME communities. Thrive Network of Equality Champions to consider adaption of psychological therapies for different communities in the West Midlands.

8.0 Other implications

8.1 No other implications at this stage

9.0 Schedule of background papers

9.1 No background papers

10.0 Appendices

No appendices

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WMCA Board Meeting

Date	6 October 2017
Report title	West Midlands Mental Health Commission Update
Portfolio Lead	Councillor Bob Sleight - Wellbeing
Accountable Chief Executive	Sarah Norman, Chief Executive of Dudley MBC Email sarah.norman@dudley.gov.uk
Accountable Employee	Sean Russell Email sean.russell@wmca.org.uk Tel:07818276259
Report to be/has been considered by	WMCA Programme Board 29 September 2017

Recommendation(s) for decision:

The Wellbeing Board is recommended to:

1. Note progress and update on the current position of the West Midlands Mental Health Commission Action Plan and the work undertaken since the launch of the programme on 31st January 2017.

1.0 Background

- 1.1. The implementation of the Action Plan has focused on a number of key strands of work which have enabled the delivery model to develop into formal activity. This report will describe the first 6 months of activity and the plan to move the programme forward.

2.0 Wider WMCA Implications

- 1.1 It is proposed that a number of the programmes will be developed with partners across the West Midlands Combined Authority footprint. The WMCA will actively seek to engage non constituent members to support the Treasury approach for effective evaluation of national scalability.
- 1.2 The WMCA were allocated a further £7m in the budget of May 2017 to be available for two years from 2018/19 and 2019/20. This funding was ring fenced to support mental health wellbeing in the workplace across the Midlands Engine footprint and was to be used to translate the learning from the Mental Health Commission. Work is now ongoing with the Midlands Engine team and central Government Departments to ensure that the delivery model and approach is agreed in principle to enable to wider roll out of the Mental Health Commissions learning.

2.0 Progress

- 2.1 **Employment and Employer - Thrive into Work – Individual Placement Support (IPS) Trial** – The Thrive into Work programme, which aims to test whether IPS works in primary and community settings, continues to move on at a pace towards its formal implementation launch on 20 October 2017. The total funding obtained from the Work and Health Unit Innovation fund for the pilot has been finalised as £8.335m over three year programme. Over this period, the programme aims to deliver services to approximately 3,346 people who are out of work with a health condition across the four sites. It aims to engage a further 3,313 to be part of a control group. The providers will refer these individuals to existing employment services in their local areas.
- 2.2 Significant progress has been made in the following areas over the last six months: The trial has been submitted to the Health Research Authority (HRA) for ethical approval which received approval on 19th September.
- 2.3 An extensive procurement process to appoint employment providers has taken place during August with the scoring, evaluation and moderation of high quality tender submissions. The final bidders will be notified on Monday 25th September following formal sign off from the WMCA Board on 8th September 2017.
- 2.4 In readiness for the launch and the implementation phase of the programme two interim managers (programme manager and delivery manager) have been engaged to advance clinical engagement and manage the provider contracts which will be in place. Recruitment is about to commence for a small permanent team of staff to manage the programme.
- 2.5 The programme has concluded a formal legal agreement between WMCA and Wolverhampton CCG to host and provide back office support to the programme. This was finalised on 22nd September 2017.
- 2.6 **Employment and Employer - Fiscal incentive** – This is the development of a model to test the tipping point at which an employer would initiate wellbeing programmes into the

workforce. It seeks to work with 100 small and medium enterprises 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 obesity linking it to the wider WMCA wellbeing and physical activity strategies. The pilot will take place over two years.

- 2.7 Key partners at local and national level have assisted in the design of the incentive programme which will be submitted to the Work and Health Unit Innovation Fund in mid-September. The original funding proposal was for approximately £2m however, reshaping of the programme has occurred which will be seeking approximately £1.4m.
- 2.8 It is anticipated that recruitment of the business for the pilot will occur in late November / early December and seek to commence in January 2018. These will need to be from across the wider WMCA footprint to support the approach of scalability and also ensure we test across a host of different business sectors.
- 2.9 The programme will be formally evaluated by an academic partner and will seek to support wider discussion with Government Departments in 2019/2020. Procurement for the delivery agent for the evaluation of the programme will commence in early October.
- 2.10 **Employment and Employer- Wellbeing Charter** – Developing support for this programme with existing provision occurring within the local landscape has commenced. Local Authority employer engagement leads and Directors of Public Health have supported the continued promotion of the approach. A number of public and private sector bodies have commenced the approach with a Coventry City Council taking a leading role in the recruitment of business and organisations. All Chambers of Commerce and LEPs have also supported the promotion of this approach. A further strong commitment has been shown by West Midlands Fire Service and Jaguar Land Rover to this agenda by both completing the Wellbeing Charter accreditation.
- 2.11 On Friday 15th September Liverpool City Council issued a termination notice for Local Authorities to cease using the Work Place Wellbeing Charter. Work is ongoing with other bodies to challenge this approach, whilst developing a contingency position.
- 2.12 It is anticipated that the Midland Engine work stream funding will support the wider roll out of a wellbeing programme. It is expected that this will create some additional resource to enable delivery and scalability.
- 2.13 **Employment and Employer - Social Value Procurement** approach for wellbeing – As part of the Action Plan a concept to create a ripple effect of improved employer/ employee wellbeing was proposed. The WMCA have taken this forward to develop the principles and process for delivery. It is hoped that once this process has been developed it can be shared more widely across the WMCA and Midlands Engine Footprint to support the cultural shift in increased employee wellbeing as a means to improving productivity.
- 2.14 **Housing First work stream**
- 2.15 The WMCA mental health commission action plan identified housing as a key area in the promotion of improved mental health. The development of Housing First, an emerging model of housing and support provision, was one of its recommendations.
- 2.16 In June 2017 a small project group was established, comprised of representatives of the WMCA PSR team, local housing association providers, the local branch of the National

Housing Federation and the community and voluntary sector. The group has met twice, once in June and again in August.

- 2.17 The focus of its work thus far has been to gather evidence on existing models of Housing First and a review of the evidence and literature is being prepared and will be completed by mid-September. The group also developed a set of key questions for local commissioners and providers in councils and housing associations across the region. These questions formed a 'call for information' and were designed to establish the likely level and type of need. Initial response rates were poor, in part due to the summer holiday period. Follow-up contact has been made and the information should be complete by mid-September.
- 2.18 From this data and the evidence, the group will shortly develop a proposed model of Housing First, and in an effort to test the concept, seek willing partners to pilot it. In developing the model, the group is mindful of current work taking place in various councils, notably in the Black Country and in Birmingham. Discussions have taken place between the project lead and the Implementation Director with those areas and where opportunities exist to partner or join up our work, this will be taken forward. The group is also linked in to the work of the Mayor's Homelessness Taskforce to ensure there is connectedness with their work, and to avoid duplication.
- 2.19 The group is also liaising with the national body with expertise in this field, Housing First England and with the Centre for Mental Health. Work is also in train to establish the viability of funding sources, with particular focus upon the potential for the use of Social Impact Bonds and the appetite for that type of approach as well as exploring other potential sources of funding from outside the public sector.
- 2.20 **Criminal Justice - Engager Programme** - The WMCA Mental Health Commission Action Plan identified criminal justice as a key area in the promotion of improved mental health. The development of Engager Intervention model, a psychological intervention to support prisoner leaving prison, was one of its recommendations. The programme is moving along steadily.
- 2.21 HMP Featherstone has been identified as the host prison with the cohort of detainees to be engaged with the programme will be located from within the Wolverhampton City Council area.
- 2.22 Funding has been agreed from the Police and Crime Commissioner (£80k), with an agreement for funding to be released at the start of the programme (giving the WMCA 12 months to run the programme)
- 2.23 All core stakeholders have now been engaged and are contributing to the designing of outcome measures for the programme to ensure that the programme complements local priorities.
- 2.24 Moving forward, the legal and procurement teams at the West Midlands Combined Authority are supporting the design the service specification and identify the procurement options. The team are currently adapting the academic test pilot Engager model protocols and practitioner manuals for use in the West Midlands pilot.
- 2.25 It is anticipated that the programme will commence in January and to start see the first interventions in early 2018.
- 2.26 **Criminal Justice - Mental Health Treatment Requirements** – The West Midlands has now been identified as one of five national Test Bed sites. Work is ongoing in Birmingham with

key stakeholders to develop the model of delivery which will give courts a sentencing option of a Mental Health Treatment Requirement.

2.27 The programme in Birmingham has been developed with NHS Offender Health, Birmingham Cross City CCG and the Health Exchange to enable delivery of primary care interventions for low level offending behaviour. Birmingham will be a wave one site seeking to go live in October with Wave two sites (Black Country and Coventry) seeking to be developed in the next financial year.

2.28 Funding for this project has come from NHS England and the Police and Crime Commissioner. It is hoped that further discussions with partners will unlock additional funding for the wave two sites.

2.29 **Improving Care - Primary Care Mental Health**

2.30 The aim is to provide a blueprint for the development of the compassionate and effective management of people with mental and emotional health difficulties in primary care. The lead GPs are working with a range of clinical, commissioning and academic partners including STPs, Universities, Academic Health Sciences Network, Public Health and NHS England.

2.31 There are many interesting examples of approaches around the country which aim to deal with various parts of this rich and complex area of care, and an emerging collaboration between public and personal health as well as the social and medical models of health care and support. Colleagues across the country are actively developing ways of working to address a range of issues, using creative methods and inter-disciplinary working to achieve improvements in some of the following:

- prevention of mental illness particularly in people who have suffered significant adversity in childhood;
- managing crisis in ways which allow a range of coordinated alternatives and to reduce the harm caused by mistreatment of people in acute distress;
- more efficient and holistic navigation for primary mental distress;
- better management of people with long term conditions compounded by mental health problems;
- the management of people with complex difficulties who often fall between services;
- the unnecessary attendance at A&E of many people with mental distress;
- people with medically unexplained persistent symptoms;
- the life-expectancy discrepancy between people with severe and enduring mental illness and the rest of the population.

2.32 The operational group are actively involved in sifting through literature regarding primary care mental health, looking at local, national and international examples of good care, and aim to provide a series of suggestions within the next month, with the intention that exemplar sites will be found around the region to take these ideas forward, in conjunction with STP and the Five Year Forward View (FYFV), in order to demonstrate tangible ways in which parity of esteem and value can be achieved for people with mental health problems.

2.33 This will involve something of a sea change in approaches for some people, changes in how people manage, communicate and share risk and the involvement of service users, people with lived experience in the development and evolution of systems of care. This represents a significant social challenge for us- underpinning all health with good mental health is a brilliant strapline but we need to make it an increasing reality rather than a pipedream.

2.34 As part of the above specific thought is being given to the following: Peer support, Social prescribing, the development of an emotional Trauma network around the region-fostering

trauma-awareness and good practice, Complexity work with public health- work on an understanding of how some of the people whose care (or lack of care) often costs our society vast sums of money but who are often not recognised or offered help which actually meets their needs.

- 2.35 Links with clinical STP developments for general practice as well as the WMCA work streams of criminal justice, housing, employment and schemes/aspirations like zero suicide are fundamental to trying to ensure that we don't end up with a system full of gaps.
- 2.36 The backdrop of uncertainty in the future of general practice (projected vastly reducing numbers of GPs over the coming years), the push-me-pull-you of STPs trying to bring their budgets in line, the role of accountable care organisations and Federations, and the alignment of health and social care are all factors which will inevitably influence this work, and stiffen the challenge of making universally acceptable proposals.
- 2.37 To develop further the team are planning separate workshops with the West Midlands Mental Health Commissioning network, NHS England and Health Services Management centre in October to look at the clinical, commissioning and academic ramifications of our proposals
- 2.38 **Improving Care - Merit Vanguard (Mental Health Provider approach)** – Collaboration is ongoing with the five Mental Health providers in the WMCA metropolitan areas and wider connectivity through the NHS England Mental Health Alliance across the four regional STPs. Out of area placements, restraint in Mental Health units and work on early access for psychosis is in development. It is anticipated that by winter 2017 out of area placements will only be undertaken in exceptional circumstances when specialist care is not available locally. This particular work stream will be a focus of activity over the next quarter.
- 2.39 Further work on the equality agenda is being developed with specialist support from Dr Karen Newbigging (University of Birmingham) and Jacqui Dyer who sat on the national Mental Health Task Force. The focus is seeking to understand equality of access and equality of outcomes and will seek to support the wider development of service redesign across the region.
- 2.40 **Community Engagement - Zero Suicide ambition** – In May 2017, the “Walking out of Darkness” event took place in Birmingham with approximately 550 people taking part in an 8 mile walk along the canal network of Birmingham. Led by “CLASP” Suicide prevention charity and supported by many regional stakeholders including WMCA, Public Health England, Kaleidoscope plus and Birmingham Mind. The event was launched for year one and is seeking to grow year on year.
- 2.41 The Second year event is planned for Sunday 6th May 2018. A planning event is due to take place in late October or early November. The event will seek to start and finish in Birmingham City Centre with an ambition to recruit at least 1500 participants. To support this it is requested that this event is promoted wherever possible.
- 2.42 **Community Engagement -Supporting the drive to prevent suicide.** A paper is being presented to the Directors of Public Health in the region in September 2017 which seeks to develop the wider narrative around zero suicide. The position should be that suicide is not inevitable, it is preventable. Within the WMCA, our approach should be to make suicide prevention everybody's business as well as developing a personal asset based approach which gives people hope. This approach will build on the existing work in the region and support by creating a regional strategic approach with oversight to embed this cultural shift.

- 2.43 **Community Engagement - Mental health literacy programme** – work is ongoing to develop a mental health literacy programme which would be delivered across four levels. The approach would seek to deliver a digital universal programme to 300,000 people with focus on students and employees and communities. This model would be similar to the dementia friends approach. The second tier would be to support line managers and champions and seek to develop wider awareness and navigation to support with the next two tiers targeting key individuals and groups across the region. Work is ongoing with Mental Health First Aid England to support the programme with a programme development manager. This approach would also fit into the wider Midlands Engine agenda and support the overarching ambition to train 500,000 people in mental health awareness in ten years.
- 2.44 **Community Engagement - Citizen Jury THRIVE MH Cafes** – The original citizen jury group have developed into a cooperative and are now starting to develop a crisis café model (THRIVE CAFÉ) in two localities in the region. Birmingham Wellbeing Board have agreed to test a district model of this approach and the Black Country Mental Health Partnership are supporting this in the Black County
- 2.45 The approach will seek to learn from national best practice and will work alongside provider Recovery College models. For sustainability support will be garnered from the Third Sector and peer support networks. The WMCA MH Commission are designing the pilot programmes to devise a sustainable model.
- 2.46 It is anticipated that within 12 months the initial model will be tested and a scalable model will be ready to share across the wider WMCA. To support the resource element, the programme will seek to recruit volunteers from the mental health literacy programme to develop a volunteer network building on the community asset based approach.
- 2.47 **Community Engagement - Global City Network** – As part of the THRIVE West Midlands approach there is an opportunity to develop the global cities network. A conference took place in Philadelphia and New York in September to align the THRIVE Cities and create a learning event for wider development. Sarah Norman (Chief Exec. DMBC) represented the Commission and will develop an approach to ensure learning from the event can be translated into activity in the Commission.

3.0 Financial implications

- 3.1 There are no new financial implications.

Confirmation of Government funding for the IPS programme of £8.3m has been received. The first payment of £0.479m has now been made to WMCA and will fund implementation costs. The remainder will be paid to WCCG in quarterly instalments to fund delivery in each area and the cost of management, administration, monitoring and reporting and include ring-fence of funds for any emerging financial liabilities and exit payments.

Spend against the WMCA Mental Health Commission for 2017/18 is behind budget for the first half of the year but is expected to be on track by the end of the financial year.

5.0 Legal implications

- 5.1 The current THRIVE into Work programme is in the final stage of design. The WMCA have received confirmation of the required funding and have received Ministerial approval for the Programme. The WMCA are currently waiting on the final Memorandum of Understanding

from the Department of Work and Health to complete the due diligence on behalf of the WMCA. The legal agreement between WMCA and Wolverhampton CCG to host and provide back office support to the programme has been finalised.

5.2 The Programme has been initiated by the West Midlands Mental Health Commission under the authority of the West Midlands Combined Authority.

6.0 Other implications

6.1 Nil

7.0 Schedule of background papers

7.1 Nil

8.0 Appendices

8.1 Nil



WEST MIDLANDS COMBINED AUTHORITY

Wellbeing Board Meeting

Date	6 October 2017
Report title	Update on Wellbeing Priorities
Portfolio Lead	Councillor Bob Sleight - Wellbeing and HS2
Accountable Chief Executive	Sarah Norman Email sarah.norman@dudley.gov.uk Tel (01384) 815201
Accountable Employee	Dr Jane Moore -Director of Public Health Email Jane.Moore@wmca.org.uk Tel 0121 214 7039
Report to be/has been considered by	This paper has been reviewed by the Health Devolution Group and will be considered by WMCA Programme Board

Recommendation(s) for action or decision:

The Combined Authority Board is recommended to:

1. The Wellbeing Board are asked to review progress since the last Wellbeing Board on developing the Cardiovascular and Diabetes and Children and Young People priorities.

Purpose

- 1.1 This report presents the work that has been undertaken since the last Wellbeing Board on actions that the Board agreed on the Wellbeing Priorities.

2.0 Background

- 2.1 At the last meeting of the Wellbeing Board it was agreed that from the six potential priority areas initially identified by the Board that further work would be undertaken on two areas:

1. Cardiovascular Disease and Diabetes
2. Children and Young People

- 2.2 The Board also asked that a summary of Board actions on the Wellbeing Priorities be sent to all Health and Wellbeing Boards and a summary of this paper is attached in appendix 1.

- 2.3 The Wellbeing Priorities agreed by the Board are forming the basis for devolution proposals as agreed at the last Board. This work is running in parallel with identifying the specific actions under each of the priorities.

3.0 Wider WMCA Implications

- 3.1 The development and implementation of these priorities will involve non-constituent areas (e.g. within STP geographical areas).

4.0 Progress on Wellbeing Priorities

- 4.0.1 The Board agreed that that we should develop proposals for a Cardiovascular Disease and Diabetes Prevention Programme and undertake further scoping work on the Children and Young People Priority to identify where the WMCA could most add value from a Wellbeing perspective.

4.1 Progress on the Cardiovascular and Diabetes Programme

- 4.1.1 The initial focus has been on two areas:
- **Improving levels of physical activity in adults and children.** The progress on developing the WMCA physical activity strategy; - *West Midlands on the Move* will be reported later in the programme. In addition we had started devolution discussions with the Department of Education on a WMCA physical activity programme for school aged children.
 - **A WMCA/STP prevention programme.** The Board agreed at the last meeting that we should start a discussion across the West Midlands STPs about co-developing and designing a programme of work where action on the wider WMCA/pan STP geography would provide added value. The Board identified the potential contribution of joint work on the early identification of health risks combined with cross system approaches to improving levels of physical activity, mental wellbeing and addressing the wider determinants of health as areas where joint action could reduce demand on services and improve the productivity of our working age population. A paper has been sent to STPs to support a discussion with STP Boards/subgroups (appendix 2). We are

currently discussing with STPs how this programme would add value to STP prevention programmes and identifying STP membership for a task and finish group to develop an initial set of proposals for a joint WMCA/STP prevention programme. We are also engaging a range of other stakeholders on this agenda.

4.2 Children and Young People

- 4.2.1 At the last Board meeting it was agreed that we would undertake further scoping work to set out the current position in the West Midlands (available data and evidence), current initiatives and evidence of best practice (survey work) and stakeholder involvement (an iterative exercise to create consensus on the areas where a WMCA CYP would add most value). We have now set up a project oversight team with membership from ADCS, DEs, ADPH, Youth Justice, NHS, Skills and Productivity and Police. We have brought together intelligence resources from across LAs, PHE, NHE and the Universities to bring together the data and evidence and work is underway to identify current initiatives in the West Midlands as well wider best practice. Finally a wider stakeholder event has been organised for the 18 October. The intention is to complete this initial scoping work by the end of October.

5.0 Financial implications

- 5.1 The financial implications will depend on the development of the programmes for the two priority areas and the outcome of devolution discussions.

6.0 Legal implications

- 6.1 Any legal implications will depend on the programmes developed.

7.0 Equalities implications

- 7.1 Any equalities implications will depend on the programmes developed

8.0 Other implications

- 8.1 None.

9.0 Appendices

Appendix 1 - Update for Health and Wellbeing Boards on the WMCA Wellbeing Board Meeting

Appendix 2 - Developing a West Midlands partnership between STPs and the WMCA

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Appendix 1



Update for Health and Wellbeing Boards on the WMCA Wellbeing Board Meeting

Considerations for Health and Wellbeing Boards:

1. The chairs of the seven WMCA Local Authority Health and Wellbeing Boards as members of the WMCA Wellbeing Board asked that a report on the actions of the Wellbeing Board in agreeing the priorities for work at the WMCA level and the devolution discussions that will be used to support this work should come to each local authority Health and Wellbeing Board.
2. The Health and Wellbeing Boards are asked to consider how they would like to engage with the WMCA programme of work and how they ensure that these programmes add maximum value to the work that is happening within local authority areas.

1.0 Background

- 1.1 The Wellbeing Board on the 28 July 2017 considered proposals for wellbeing priorities for the West Midlands Combined Authority. This report summarises the priorities agreed at the meeting and the next steps in developing these priorities further. In addition it covers how we intend to use devolution discussions with central government to deliver added support for this agenda across the WMCA.
- 1.2 The Wellbeing Board in agreeing these priorities has reviewed the case for the priority and how developing this priority into a WMCA level programme would add value to local priorities/actions, provide opportunities to build on or scale up local initiatives, and potentially support the WMCA devolution agenda. In addition the potential for driving system change involving organisations across the public, private and voluntary sector was considered.
- 1.3 The Wellbeing Board considered six potential wellbeing priorities for the West Midlands Combined Authority. These were:
 - Long term conditions – cardiovascular disease, diabetes and cancer
 - Prevention at a WMCA level – with options for a broad prevention programme linked to a long term condition or work focussed on a specific lifestyle issue such as obesity, smoking, alcohol, physical activity
 - Children and Young People – mental wellbeing, resilience and good child development that supports effective transition into adulthood (i.e. getting into work)
 - Transport – Active and other health impacts of
 - Housing and the built environment

- The potential for delivering population and individual behaviour change across the WMCA

1.4 The Board were presented with brief summaries of the opportunities for added value by taking forward these priorities at the WMCA level. This included the evidence on the level of need, the potential for improved outcomes and the impact on inequalities. The links to other programmes such as STPs that cover wider geographical areas than a single local authority were reviewed as were the views of key stakeholders who would be involved in any substantive programme. Finally the potential to include these priorities in devolution discussions meant that the priorities were considered against their potential to contribute to the WMCA objectives of reducing demand on services, improving productivity and reducing vulnerability.

2.0 Priorities agreed by the Wellbeing Board

2.1 Long Term Conditions and Prevention

2.1.1 The evidence presented to the board identified that any effective programme to prevent long term conditions (LTCs) or reduce the severity and complexity of care for individuals with these conditions needed to take a whole pathway approach that includes prevention as a key component. Therefore the board agreed that prevention would be seen as a key part of any WMCA Wellbeing programme on LTCs. The board then considered two LTCs.

2.2 Cardiovascular Disease (CVD) and Diabetes

2.2.1 As the majority of health problems that arise from diabetes are forms of cardiovascular disease (CVD) CVD and diabetes were considered together. Summarising all the evidence and stakeholder views the conclusion of the Wellbeing Board was to support further work to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme.

2.2.2 The Board agreed that the areas to be developed should link to the suggested areas for devolution discussions. These areas are:

- a) **Improving levels of physical activity in adults and children.** This will build on the WMCA physical activity strategy; - *West Midlands on the Move* - that sets out how improving physical activity will support achieving the key strategic priorities for the WMCA. As part of the devolution discussions we will be seeking devolution of the WMCA share of unallocated part of the sugar tax to support targeted interventions for primary school children that improve physical and mental health and reduce inequalities. In addition we would seek to have the ability for the WMCA to ensure that major infrastructure projects such as HS2 support active travel and for the WMCA to use capital and revenue transport funds to support active transport options e.g. cycling
- b) **A WMCA/STP prevention programme.** The Wellbeing Board agreed that the WMCA Wellbeing board priority around cardiovascular disease be developed into a shared programme between the three STPs and the WMCA and that we should seek to get devolved use of national transformation funds to develop the programme and to evaluate the pilots developed within the.

- c) ***Strengthening local authorities' ability to take health and wellbeing into account in planning and licensing decisions.*** This is not about drawing local authorities planning and licensing powers up to the WMCA instead the aim is to get the central government policy framework around planning and licensing devolved to the WMCA. This would allow us to develop a West Midlands specific framework that supports local authorities in taking into account the impact on health and wellbeing in planning and licensing decisions. This WMCA policy framework would support local authorities on issues such as air quality, the location and quality of fast food businesses (especially in relation to schools and deprived communities), creating safe outside spaces for physical activity and developing the night time economy.

2.3 Cancer

- 2.3.1 The Board recognised that Cancer is an important issue across the WMCA. However, it was also felt that we already have a vehicle for taking action at a WMCA level through the West Midlands Cancer Alliance, especially now the Alliance will have a greater focus on prevention. However, the Board agreed we should be seeking greater join up between the WMCA and this programme.

2.4 Children and Young People

- 2.4.1 The Board agreed that the biggest opportunities to improve the wellbeing of the people of the WMCA come from improving outcomes for children and young people (CYP). They also agreed that if we are to improve outcomes for CYP any WMCA programme their families and communities we have the opportunity to reduce some of the intergenerational cycle of inequalities that so affect individuals and communities' opportunities.
- 2.4.2 The Board also agreed that a CYP programme would have maximum added value at a WMCA level if it is complementary and joined up with the strategic agenda of the WM Association of Directors of Children's Services, the WMCA Education Network, Youth Criminal Justice and the Skills and Productivity Commission. They therefore endorsed the proposal that had come from discussions between WMADCS, WMADPH, PHE, and NHSE that these groups co-sponsor some further scoping work over the summer that will focus on: the current position in the West Midlands (available data and evidence), current initiatives and evidence of best practice (survey work) and stakeholder involvement (an iterative exercise to create consensus on the areas where a WMCA CYP would add most value).
- 2.4.3 The board also agreed that we should continue to develop CYP wellbeing devolution proposals to take to central government as this is an area where the WMCA has the opportunity lead nationally on the potential for devolution to improve the life chances of our CYP. The board supported the focus of the initial devolution proposals on CYP mental and emotional wellbeing as this allows us to build on the work on adult mental health (Thrive West Midlands) and current government policy commitments to improve CYP's mental health.

2.5 Transport

- 2.5.1 The importance of health and reducing health inequalities in making transport decisions has already been recognised in the Strategic Transport Plan. The Wellbeing Board recognised the potential for transport to be both health promoting (active travel and accessibility to transport) and detrimental to health (air quality and noise pollution). They recognised that

the work on a transport and health strategy, physical health and air quality that has already been agreed by the board were and that no further action is required.

2.6 Housing and the built environment.

2.6.1 Poor quality and insecure housing have been shown to have an impact on health and wellbeing. Work on the design of cities and the built environment have also shown there are a range of opportunities to create built environments that are health promoting and improve the wellbeing of individuals and communities. However, the WMCA Wellbeing Board also recognised that there was already work underway at the WMCA level.

2.6.2 The Mayor has recently set up a Homelessness Taskforce and this provides a good opportunity for the health and wellbeing issues associated with homelessness to be considered. Housing is also a major element of the Thrive report and current work on Housing First schemes for vulnerable people is being undertaken through this programme. Work on the WMCA Land Commission is still underway but potentially this could be an important vehicle for delivering health promoting housing and environments. The board therefore agreed that we should not develop any new work on housing but should use the work of the Homelessness Taskforce and Thrive to identify opportunities to strengthen the consideration of health in housing initiatives.

2.7 Individual and population behaviour change

2.7.1 Enabling people to change their behaviours is an important part of reducing lifestyle risks, managing health conditions and changing use of services. This means that it has a potentially important role in delivering change in all the priority areas identified above.

2.7.2 Behaviour change has already been identified as an important element by the Mental Health Commission, Skills and Productivity Commission, Transport Strategy West Midlands on the Move and Public Sector Reform work. There is also work within the STPs to develop effective behaviour change approaches to support prevention, service use and public engagement with health services.

2.7.3 The Board therefore agreed that this should not be a priority on its own but should be a key element of the priorities on cardiovascular disease and diabetes, CYP, Thrive, and physical activity that the Board has agreed. The board also endorsed a proposal that we support the recently formed WM Behaviour Change network to provide expertise and support across the WMCA strategic priorities.

3.0 Summary of the Board conclusions

3.1 The WMCA Board agreed the following actions:

- a. Prevention/ lifestyle risks should be considered as part of a pathway approach to reducing long term conditions
- b. Further work should be undertaken to develop proposals for a WMCA Cardiovascular Disease and Diabetes Programme and that this should be linked to the areas identified in initial devolution proposals.
- c. The West Midlands Cancer Alliance Programme should be the programme driving improvements in Cancer outcomes. However, there should be greater join up between the WMCA and this programme.

- d. More detailed scoping work on Children and Young People (CYP) with stakeholders should be undertaken to develop a set of options for work on this priority for the Wellbeing Board to consider.
- e. Current work on transport and health; physical activity and air quality should be used as the basis for developing the transport priority
- f. The work of the Homelessness Taskforce and Thrive is used to identify opportunities to strengthen the consideration of health in housing initiatives
- g. Work on behaviour change to improve wellbeing should be developed as a part of the other wellbeing priorities.
- h. The West Midlands Behaviour Change Network should be supported to provide expertise and support across all the WMCA strategic priorities

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Appendix 2

Developing a West Midlands partnership between STPs and the WMCA

Background

The West Midlands Combined Authority (WMCA) is made up of 7 constituent members (local authorities of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton) and 15 non-constituent members (11 local authorities and four Local Enterprise Partnerships). It has been set up to enable powers and resources to be moved from Whitehall to the West Midlands (devolution) and to improve outcomes in the Region as set out in its Strategic Economic Plan. In order to achieve this the WMCA is committed to working collaboratively on projects that deliver a more prosperous West Midlands that provides opportunities for all its communities.

Role of the WMCA Wellbeing Board

The WMCA has set up a Wellbeing Board to provide governance of the CA's work to improve wellbeing and health outcomes. The Board is made up of the chairs of the 7 constituent Local Authority Health and Wellbeing Boards, the three STPs that cover the WMCA constituent member area and representation from chairs from non-constituent Health and Wellbeing Boards, PHE and NHSE.

The first major project under this Board is Thrive – the outputs of the West Midlands Mental Health Commission. The Board has now agreed two further broad areas – Cardiovascular Disease and Diabetes; and Children and Young People - where it would like to work with partners to develop West Midlands Wellbeing programmes supported by devolution deals.

The WMCA Wellbeing Board is clear that any Wellbeing programme needs to add value to local priorities/actions, provide opportunities to build on or scale up local initiatives, and exploit the devolution opportunities that being a combined authority offers. In addition the potential for driving system change involving organisations across the public, private and voluntary sector is a key consideration.

A vision for health devolution

Devolution provides an opportunity to secure additional resources for the region as well as greater autonomy, freedoms and flexibilities and thus the potential to realise innovative approaches to improving wellbeing and health outcomes. The Board is therefore keen to explore how the development of any Wellbeing programmes can be supported by devolution proposals. It has been agreed that these proposals will be based on three key premises.

- Delivering better health and wellbeing for the people of the West Midlands by focusing on outcomes not services:

- Keeping people healthy (prevention) will deliver the greatest improvements in outcomes
- Improving wellbeing outcomes requires concerted action across the whole system (private, public, voluntary, communities and individuals).

In addition in order to ensure that these devolution proposals achieve practical benefits to all the partners involved in their implementation it has been agreed that any health devolution deal delivers benefits against one or more of three key impacts:

- Reducing the demand for public services and thereby reducing public service expenditure
- Improving productivity
- Breaking the cycle of inequalities which both limit the potential of today's working age adults, and, through an intergenerational effect limit "tomorrow's" potential of the children and young people who have a "poor start"

The approach that the WMCA is taking means that we are not looking to use devolution to take on the running of NHS services at a combined authority level or to take on responsibilities for the structural/system redesign of NHS services that has been a feature of the Greater Manchester devolution deals.

Following the election of Mayor of the West Midlands and the general election the government has indicated a willingness to develop further devolution deals that would build on the first devolution deal agreed in November 2015. This provides an opportunity to consider how we can develop a strong West Midlands proposition for devolved powers, responsibilities and resources to support a West Midlands health and wellbeing agenda. We are aiming to develop an initial set of health devolution proposals by the end of October 2017.

These initial proposals will be based on the three broad priority areas agreed by the WMCA Wellbeing Board of mental health, cardiovascular disease and diabetes and children and young people. In developing these proposals we are aware that stakeholders from both constituent and non-constituent areas will contribute to the development and implementation of programmes. Where we are asking for devolved powers and responsibilities any deal will only cover the area of the seven constituent members that come under the West Midlands mayor. Where we are looking for transformational resources there is the opportunity to develop wider collaborations (e.g. the Thrive programme includes funding through the Midlands engine that covers both West and East Midlands).

We also intend to build on the approach that we have successfully used with central government in the development and implementation of the Mental Health Commission through the Thrive programme. This is to seek a commitment from government to work with the West Midlands right from the start of programme development and to commit development, transformation and evaluation funding to

support pilot innovations. To date this means we have obtained over £15m government funding to support Thrive pilots. On the basis of these pilots we are then negotiating long term financial platforms (e.g. gain share models) to deliver these innovations at scale.

Developing a shared STP/WMCA programme

As we are starting with a developmental approach to devolution this means that we have the opportunity to co-create and co-develop the specific programmes and their devolution asks with partners. The Thrive approach again illustrates the power of this approach in enabling cross system approaches to improving mental health outcomes and the next set of devolution proposals will build on this. We now want to take the same approach to two further areas of work.

1) Preventing people in the West Midlands developing Cardiovascular Disease (CVD) and Diabetes

Levels of cardiovascular disease (CVD) and diabetes in the WMCA are above the national average and a significant proportion of this is preventable by reducing lifestyle risk factors and intervening early to stop risks developing into serious health problems. Delivering a sizable reduction in CVD and diabetes would have a significant impact on reducing demand and cost in public services (both NHS and LA), improving productivity in adults (reducing sickness absence and loss of people to the workforce) and ability to learn in children and young people. Therefore we are proposing a threefold focus on how we use devolution to reduce CVD and diabetes by:

- Stopping children and young people developing the lifestyle risks that lead to CVD.
- Developing integrated prevention programmes across health and local government.
- Developing health promoting environments.

In particular we would like to work with STPs to develop a **WMCA/STP prevention programme** around cardiovascular disease and diabetes as a shared programme between the three STPs and the WMCA where we seek to get devolved use of national transformation funds to develop the programme and to evaluate the pilots developed.

In order to develop this programme we would like to set up a task and finish group that has representation from each of the STPs. The aim of this group would be to identify a small number of potential areas. These programmes would be identified on the basis that they:

1. Build on the prevention proposals in STP plans
2. Better delivered across a wider area than a single STP/local authority footprint

3. Complement or enhance work on CVD and diabetes at the STP/local authority level
4. Enable us to test out innovative or whole system approaches that can be linked to a devolution deal.

The initial objective is not to develop a comprehensive WMCA/STP prevention programme that becomes the sole vehicle for cardiovascular disease and diabetes prevention. Instead the aim is to develop a small number of projects that will test out the value of a joint WMCA/STP approach and which allows the West Midlands to use devolution opportunities to engage central government in generating the resources required to deliver change.

Next steps - At the WMCA Wellbeing Board it was agreed that members of the board secretariat would come and discuss the WMCA proposals with the STP Boards/other forum as requested. The discussion would include agreeing with the STPs how they will be represented on the task and finish group and how this work should link to their prevention programmes.

In addition we are looking to develop a longer term ability to deliver a WMCA/STP prevention programme that could include a wider geographical footprint that would cover the non-constituent members. We are therefore looking to develop an Alliance approach that would allow wider clinical and other network involvement in developing a sustainable ongoing programme of work.

2) **Children and young people**

The biggest long term opportunities to improve the wellbeing of the people of the WMCA come from improving outcomes for children and young people (CYP). In addition if we consider their families and communities we will also increase the opportunity to reduce some of the intergenerational cycle of inequalities that so affect individuals and communities' opportunities.

However, there are a lot of different areas and stakeholder perspectives that contribute to delivering improved outcomes for CYP. Therefore the intention is to undertake some scoping work between now and the end of October that will focus on: the current position in the West Midlands (available data and evidence), current initiatives and evidence of best practice in the West Midlands (survey work) and stakeholder involvement (an iterative exercise to create consensus on the areas where a WMCA CYP would add most value).

In the interim we are developing some initial devolution proposals on CYP mental and emotional wellbeing as this allows us to build on the work on adult mental health (Thrive West Midlands) and current government policy commitments to improve CYP's mental health.

Next steps - Diane Reeves the accountable officer for Birmingham South CCG has agreed to represent the NHS on the project group overseeing this scoping work. However, we would also value a discussion with STPs on what further input they would like to provide into this work and how it could add value to STPs.

One Public Estate

In addition to the three priority areas the WMCA is involved in the work led by the NHS on – *Realising the benefit of one public estate*. We have agreed that dependent on the ongoing work and discussions on the use of NHS estate, and with the agreement of the NHS, this may be an area for a future devolution discussion that would enable the proceeds of disposed NHS assets be retained in the West Midlands.

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WEST MIDLANDS
COMBINED AUTHORITY

Wellbeing Board Meeting

Date	6 th October 2017
Report Title	Update on the development of Accountable Care Systems and Accountable Care Organisations
Cabinet Member Portfolio Lead	Councillor Bob Sleigh – Health & Wellbeing
Accountable Executive	Chief Sarah Norman Email sarah.norman@dudley.gov.uk Tel (01384) 815201
Report of	Alison Tonge NHS England (West Midlands) Email a.tonge@nhs.net Tel 001382 51771
Report To Be \ Has Been Considered By	Briefing

Recommendation(s) for Action or Decision:

The Wellbeing Board is recommended to:

- Note the development of Accountable Care and the national program on this
- The opportunity for local systems to apply for this national program – in October 2017
- Discussion on the opportunity for this new development to contribute to the wider goals for health and wealth- through a focus on demand, productivity and inequalities.

Toward Accountable Care

The presentation enclosed with this covering note sets out the case for change toward accountable care.

Where there is a strong set of partnerships locally, along with mature decision making and a defined shared improvement infrastructure and evidence of a clear plan, these areas are invited to consider moving forward toward accepting greater place based accountability and system leadership.

In the West Midlands each STP is invited to have the discussion on their ambition and identify if they are ready now- to move to this in this year, or are confident they will be ready early in 2018-19, or are not ready yet. A national program has been established for early adopters of ACS and this is open for applications in October 2017. It is anticipated that there will be applications from the West Midlands.

In time some ACSs may lead to the establishment of an **Accountable Care Organisation(s)**.

Accountable Care Organisation: This is where the 'strategic commissioner' has a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas (particularly some of the MCP and PACS vanguards) in England are on the road to establishing an ACO, but this takes considerable time as would involve organisational change.

The complexity of the assurance process needed, and the requirements for systematic evaluation (ISAP) and management of risk means they will not be the focus of activity in most areas over the next few years.

Implications for Commissioning in the NHS

The further evolution and development of STPs will have significant implications for the commissioning architecture of the NHS. Whilst the detail has yet to emerge, it is likely to see commissioning (in CCGs and NHS England) increasingly adopting a greater strategic role within and across STPs. This will require CCGs to develop structures across the STP footprint to enable a 'single view' on key decisions; this can be through a joint committee structure or in some instances a merger of CCG's. In Coventry and Warwickshire the 3 CCG's are establishing a joint committee, and a shared management team between two of the CCG's. In BSOL, the three CCG's are now moving through the merger application and will have a single team (subject to national approval). The Black Country has a shared management team for 2 of the 4 CCG's and are in the process of establishing a joint committee.

As these 'strategic commissioners' develop, this may mean that STP commissioners taking on some of the functions from NHSE on planning and assurance and some STPs delegating some of their functions to service providers to manage pathways.

NHSE Support

NHS England is re-orientating support for this new system, through consolidating functions, process redesign and prioritisation we are able to release staff time and resources to our STP teams. This will result in a shift of around 40% of staff time. NHSE will also set out the support that can be offered to the wider WMCA agenda, in partnership with Public Health England in order that members of the Wellbeing board are informed and supportive, this paper will be presented at the next Wellbeing board following further joint work with the wider executive leadership of the wellbeing program.

Alison Tonge - NHS England (West Midlands)

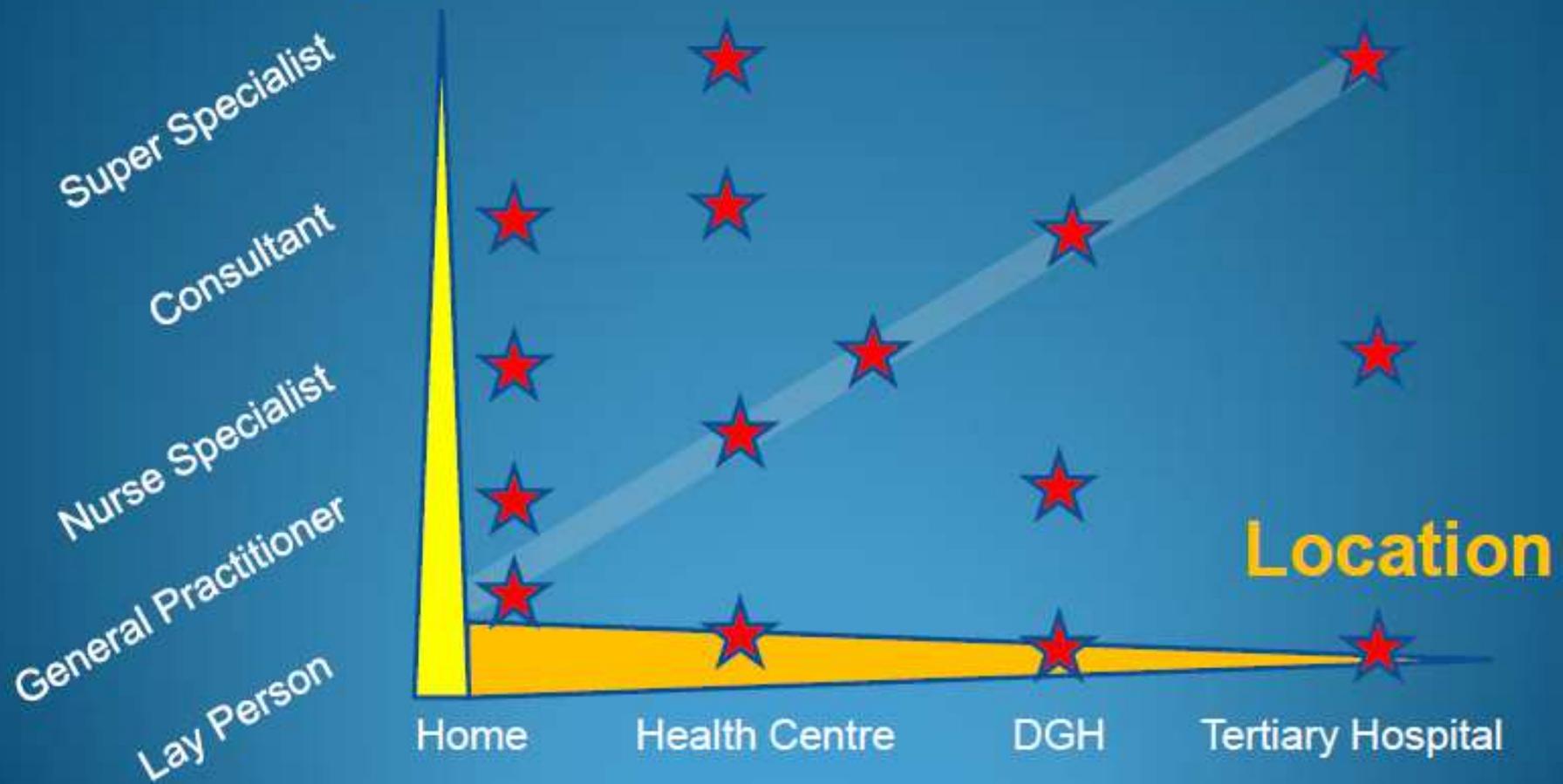
STP, ACS or ACO?



OUR TRANSFORMATION PLANS AIM TO INTEGRATE CARE

Breaking of the Line

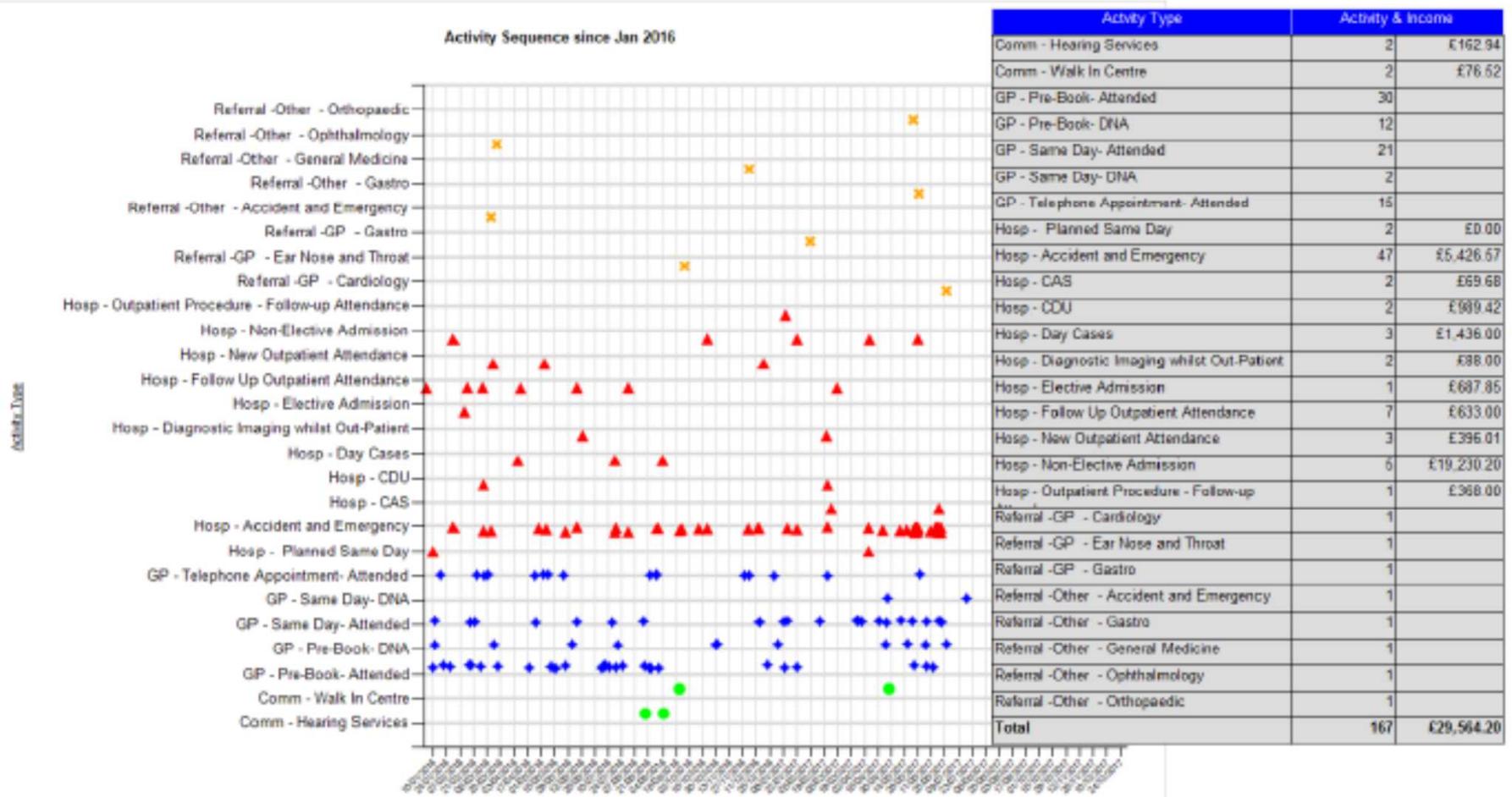
Expertise



Patient Journey

- We want clinicians to understand patient pathways better to make informed decisions. Displaying data to them from across different health boundaries will support them. The 'Patient Journey' graph below illustrates an example of sequenced activity for one patient across primary, community and secondary care. Can this patient be treated differently to stop emergency contacts?

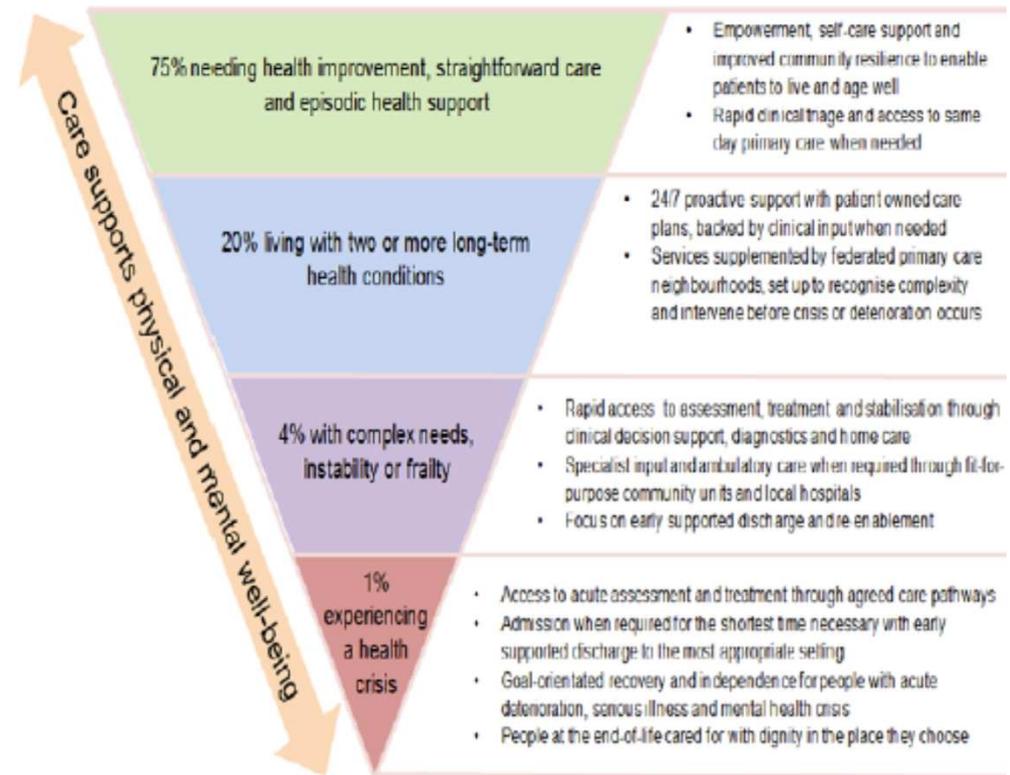
Activity Sequence since Jan 2016



Step-up & step-down care using the Kaiser Triangle

Within a neighbourhood with a population of 40,000:

- 30,000 people would be generally healthy or living with a single long-term health condition.
- 7,500 people would be living with two or more long-term conditions.
- 1,600 people would be managing at home with frailty or complex healthcare needs.
- 400 people would be nearing the end of life or experiencing an acute deterioration or health crisis.



Case study – Rapid Intervention Team

The Scenario...

96 year old lady, referred by her GP. GP treated this lady with oral antibiotic with no improvement and had been bedbound for over a week. Her daughter was out of the country on holiday and the lady refused to go into hospital...

What we did...

Specialist Nurse Practitioners from the Rapid Intervention Team completed a full health assessment and diagnosed an unresolved chest infection. The dose of antibiotics was increased. The Community Intermediate Care Team nurse working within Admission Avoidance team was contacted and visits were made on a daily basis to encourage mobility, independence, ensure medication was given and also ensure adequate dietary intake.

The Outcome...

Person able to be treated and remain safely within their own home and a hospital admission was avoided. The lady maintained her mobility, independence and dignity.

Person said...

"We received all of the help we had hoped for when the new service was mentioned. We cannot stress how valuable the help and support was that was given by the rapid response team. We were able to receive treatment at home and remain out of hospital."



Why is there a move toward accountable care?

- Our accountability structures do not prioritise the triple aim we have set out in the Five Year Forward View
- **Population health** outcomes (inequalities)
- **Quality of care**- (meeting national standards and evidence based practice)
- **Better value** – (right care right place, and reduced demand/productivity)
- We need to build a new system management framework to encourage the right behaviours
- We need to build on our partnerships
- Acting and behaving as one system
- Innovating and improving integration of care
 - Between **acute providers** e.g hospital specialists working together to manage demand and meet workforce challenges- (maternity, mental health stroke, cancer...)
 - **Primary care hubs** working with wider community and acute services
- Developing governance for planning, delivery, decision making, budget control

To become ACSs, STPs must take accountability for delivery in exchange for additional freedoms

STPs must be able to:

- 1 Agree an **accountable performance contract** with NHS England and NHS Improvement;
- 2 Commit to shared performance goals and a **financial system 'control total'**;
- 3 Create an effective collective decision making and **governance structure**;
- 4 Demonstrate they are **integrated**;
Deploy rigorous and validated
- 5 **population health management capabilities**;
- 6 Establish clear mechanisms for **patient choice**.

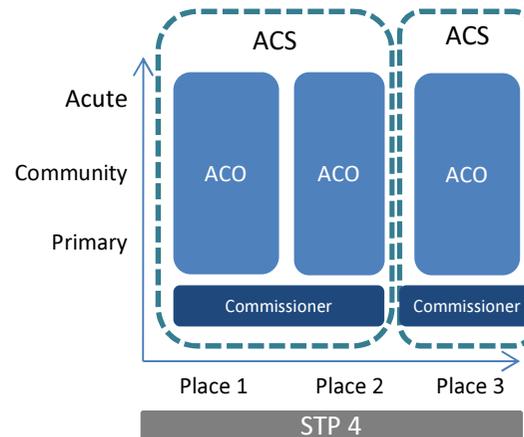
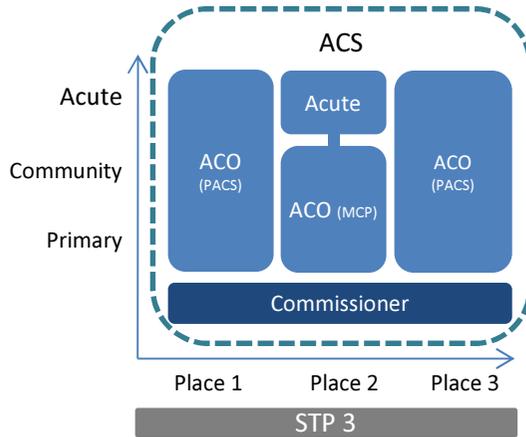
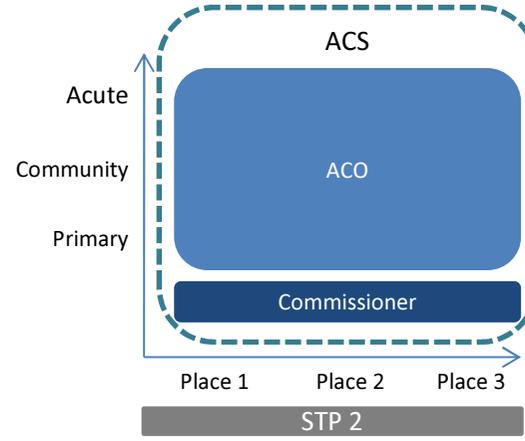
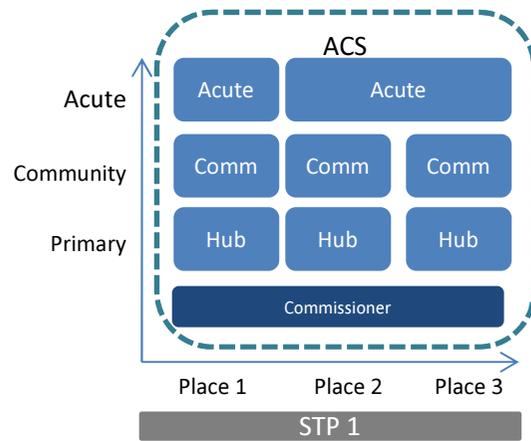
In return, the NHS national bodies will offer:

- a **Delegated decision rights** in respect of commissioning of primary care and specialised services;
- b A **devolved transformation funding package**;
- c A **single 'one stop shop' regulatory relationship** with NHS England and NHS Improvement;
- d The **ability to redeploy attributable staff and related funding** from NHS England and NHS Improvement to support the work of the ACS.

There may be structural consolidation within an STP or ACS in the form of “accountable care organisations”

- An ACO is a provider organisation that is contractually responsible for providing an integrated set of services to a defined population, supported by a single, integrated budget.
- The ACO can either provide services itself or sub-contract with others for those services.
- Multispecialty Community Providers (MCPs) and Primary and Acute Care System (PACS) are examples of ACOs. Many of those furthest towards contracting for an ACO are vanguards.
- ACOs involve:
 - 1) A single contract with longer contract length
 - 2) A procurement process and contract assurance (ISAP)
 - 3) A single, integrated budget (potentially with risk/ gain share with other providers)
 - 4) A degree of outcomes based approach with the right controls in place
 - 5) A potential change in how commissioning activities are carried out , as some of these are taken on by the ACO – though not a change to formal responsibilities.
- In a number of respects, the principles around governance, commissioning, payments, streamlined oversight etc are similar for ACOs and ACSs.

Some illustrative configurations of Accountable Care Systems



Or a wider Multi- STP System is also possible

Any questions?

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Wellbeing Board Meeting

Date	6 th October 2017
Report title	West Midlands health and transport strategy
Cabinet Member Portfolio Lead	Councillor Roger Lawrence – Transport
Accountable Chief Executive	Keith Ireland, Managing Director, City of Wolverhampton Council & Monitoring Officer for West Midlands Combined Authority Email: keith.ireland@wolverhampton.gov.uk Tel: 01902 554500
Report of	Duncan Vernon, TfWM, Strategic Health Advisor Email: Duncan.Vernon@tfwm.org.uk Tel: 0121 214 7230
Report to be/has been considered by	Wellbeing board

Recommendation(s) for action or decision:

The Combined Authority Wellbeing Board is recommended to:

1. Note the work done to analyse health data that relates to transport and identify cross-cutting issues
2. Note the results of the transport and health consultation workshop
3. Endorse the proposed structure of the health and transport strategy
4. Agree the four strategic themes to structure actions that link transport and health

1.0 Purpose

1.1 To update the Wellbeing Board on the progress that TfWM are making in developing a health and transport strategy.

1.2 The board are asked to review the outline of the strategy.

2.0 Background

2.1 The Senior Transport Officer's Group (STOG) previously agreed the proposal to develop a transport and health strategy. This will set out actions to meet the health objectives in Movement for Growth.

2.2 The strategy also links with the aims of the wellbeing board and the population health plan. The wellbeing board has agreed to receive updates about the development of the strategy.

2.3 The proposed approach to develop the strategy was:

- i. An analysis of health data relevant to transport to establish the main health and health inequalities issues, and literature review helping to establish what the potential role of transport can be.
- ii. Consultation with constituent members about current work and opportunities.
- iii. Workshops to help agree an overarching health and transport policy response and identify a set of actions that build health considerations into transport planning and achieve the health objectives in Movement for Growth.
- iv. A set of KPIs relevant to the healthy transport objectives to monitor progress.

2.4 This work has been completed and an outline strategy has been produced for consultation.

3.0 Financial implications

3.1 There are no financial implications to WMCA envisaged in relation to developing this strategy. The work is being carried out by Duncan Vernon, a senior public health registrar on secondment to TfWM.

4.0 Discussion

4.1 Health issues that transport can influence are physical inactivity, air pollution, injuries, climate change, noise, community severance and social capital, and developing the sense of place to improve wellbeing. Transport has a positive role in promoting health that extends beyond these by providing equitable access to employment, education, parks, or health and social services.

4.2 An analysis of health issues related to transport shows how they are clustered around specific groups and places.

4.3 In more deprived areas, which typically have lower healthy life expectancies:

- i. Serious and fatal child pedestrian injuries are higher in more deprived areas.
- ii. Both overall physical activity and travel to work by physically active forms of transport are lower
- iii. Air quality tends to be worse despite lower transport emissions per household.
- iv. Mental health problems are more common in areas of areas of deprivation

- 4.4 Several transport issues impact on children:
- i. Children are more vulnerable to poor air quality because their organs are still developing and they breathe in a greater volume of air relative to their size
 - ii. The number of children walking and cycling to school has declined over time
 - iii. Similar to most predominantly urban areas, there is a higher rate of serious or fatal child pedestrian injuries in many local authorities in the West Midlands compared to the England average
 - iv. As children sleep for longer and have not developed the same coping mechanisms as adults, they are more at risk of harm from night time noise.
 - v. Daytime noise can impact on children's performance in schools.
- 4.5 Elderly adults can be impacted by several transport injuries:
- i. The elderly are less likely to be physically active, even though evidence suggests that physical activity has positive health benefits at all ages
 - ii. Elderly individuals are more susceptible to the effects of poor air quality.
 - iii. Many of the factors that increase loneliness are more common in elderly individuals, and this can have an impact on health.
 - iv. Some characteristics of streets are less likely to be tailored to the needs of older individuals, crossing times at pedestrian crossings is one example.
 - v. Elderly individuals are more at risk from heat waves, which is a likely impact of climate change in the West Midlands.
- 4.6 There are a range of other protected characteristics that transport can influence:
- i. Women are less likely to cycle than men and have a greater preference for dedicated cycle infrastructure.
 - ii. Many ethnic groups are less likely to commute by walking or cycling.
 - iii. Individuals with disability and long term health conditions are less likely to be physically active.
- 4.7 A health and transport workshop was conducted on the 20th September, involving local authority public health and transport professionals as well as national bodies such as Public Health England, the Department for Transport and Sport England.
- 4.8 In discussions, the workshop participants identified and explored opportunities to:
- i. Develop a process to consider the breadth of health impacts when planning transport schemes, so that the social value is fully considered and appraised.
 - ii. Draw upon health evidence and data during the development of transport business cases, especially in relation to how transport and health issues can impact on some groups more.
 - iii. Develop a vision for healthy and active street design in the West Midlands that could have a cross cutting impact on a range of health issues.
 - iv. Include community voices and groups to understand local assets and needs that transport schemes can help to address, and to inform behaviour change approaches

5.0 Legal implications

5.1 There are no legal implications arising from this paper and its recommendations.

6.0 Equalities implications

The analysis has helped to identify health equity issues in groups with protected characteristics.

7.0 Other implications

7.1 The next step will be to develop actions to help TfWM and other transport professionals in the West Midlands to address the points identified in the workshop.

8.0 Appendices

Appendix 1 - Draft Transport and Health Strategy

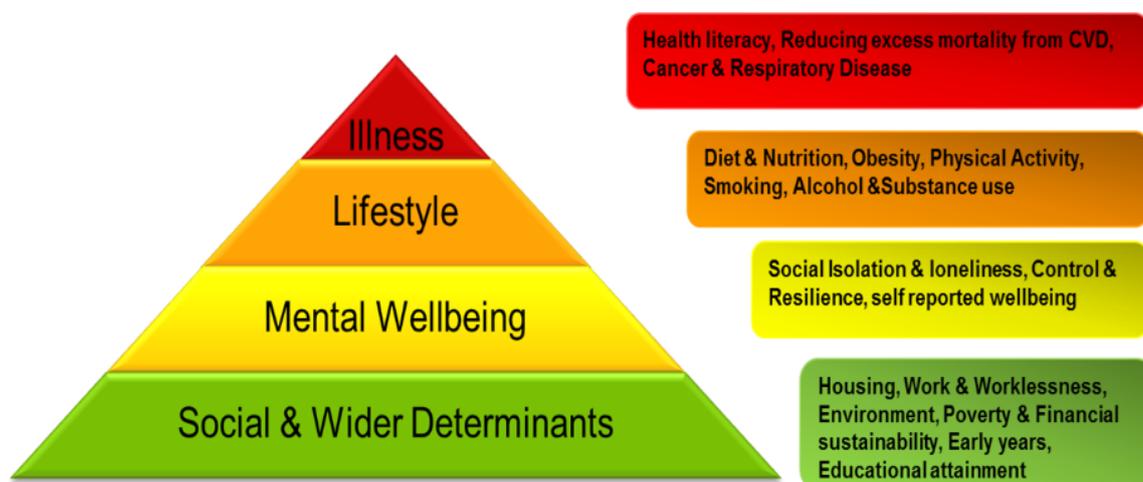
Appendix 1

Transport for West Midlands Draft Transport and Health Strategy

1. Introduction

2. Transport and health in the West Midlands

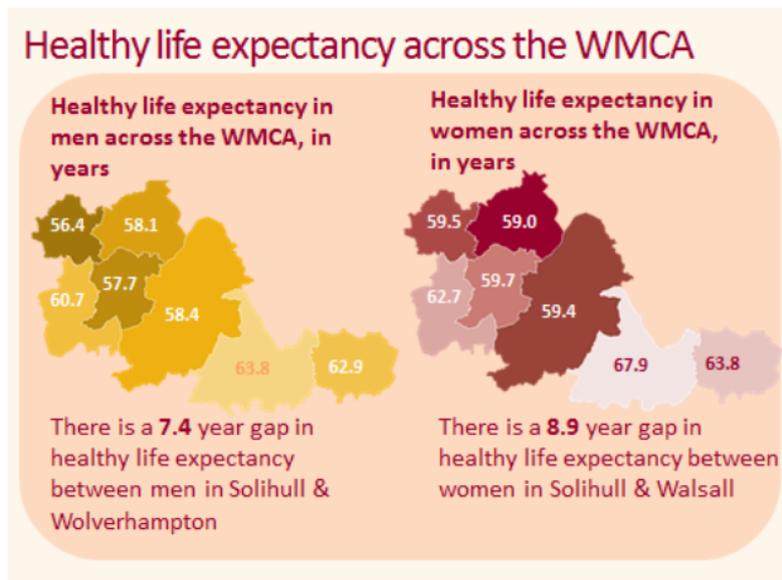
- Transport has a crucial role in promoting good health and protecting people from harm.



- Transport has a wide ranging impact and can encourage positive mental wellbeing, healthy lifestyles and reducing the risk of illness.
- Action can be taken to reduce the negative impacts of transport such as air quality, noise and injuries.
- There are already some objectives in Movement for Growth.
 - ENV1 To significantly improve the quality of the local environment in the West Midlands Metropolitan Area.
 - ENV2 To help tackle climate change by ensuring large decreases in greenhouse gas emissions from the West Midlands Metropolitan Area.
 - PUBH1 To significantly increase the amount of active travel in the West Midlands Metropolitan Area
 - PUBH2 To significantly reduce the number and severity of road traffic casualties in the West Midlands Metropolitan Area
 - PUBH3 To assist with the reduction of health inequalities in the West Midlands Metropolitan Area
 - SOC1 To improve the well-being of socially excluded people.
- There is the opportunity to look at the whole of transport and health to understand the connection between the different issues. This helps to develop the process of how health is addressed and thought of within transport.

3. Action to improve health will have wide benefits

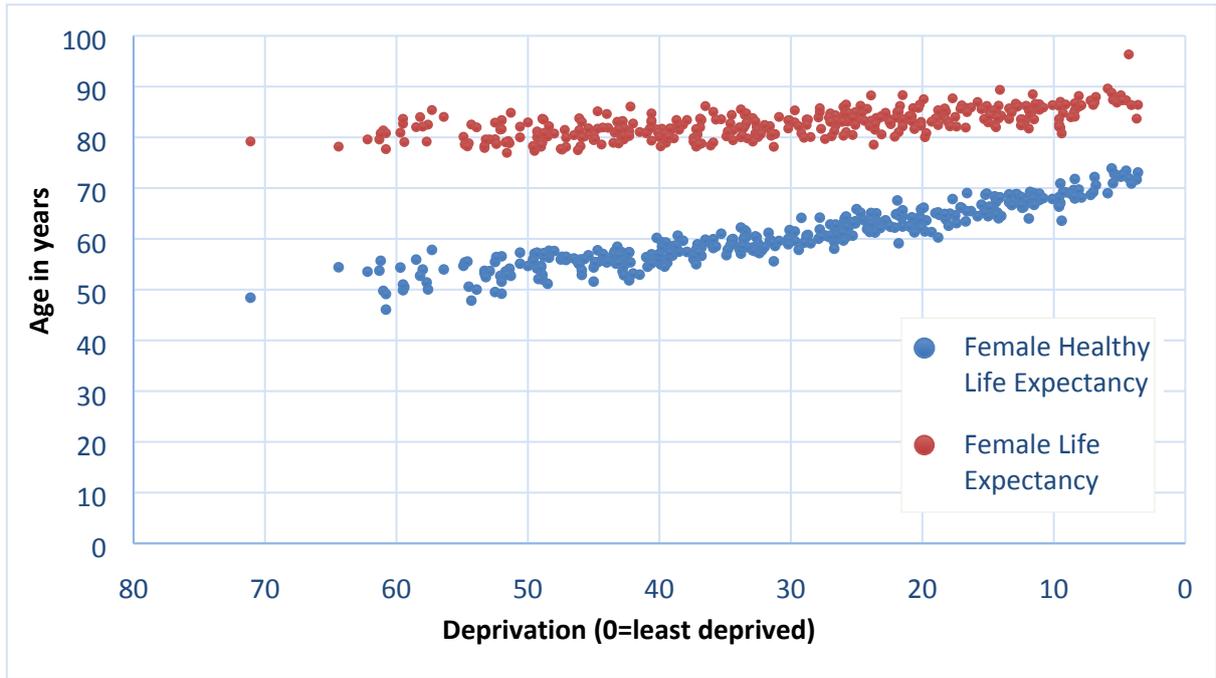
- The West Midlands population health plan sets out the reasons for improving health and as well as improving quality of life also helps to grow the economy and reduce demand on public services.
- There are areas of both good and poor health within the West Midlands, and this is often described using healthy life expectancy.
- Some local authorities have a higher healthy life expectancy than others. In Wolverhampton, the healthy life expectancy at birth for men is 56.4 years, compared against 63.8 years in Solihull. Women generally have higher healthy life expectancies than men but there are still differences. Amongst women the lowest healthy life expectancy is 59 years in Walsall and the highest is 67.9 years in Solihull.



- Better healthy life expectancies correlate with higher employment and fewer people with long term sickness and disability.

Differences in health within the West Midlands

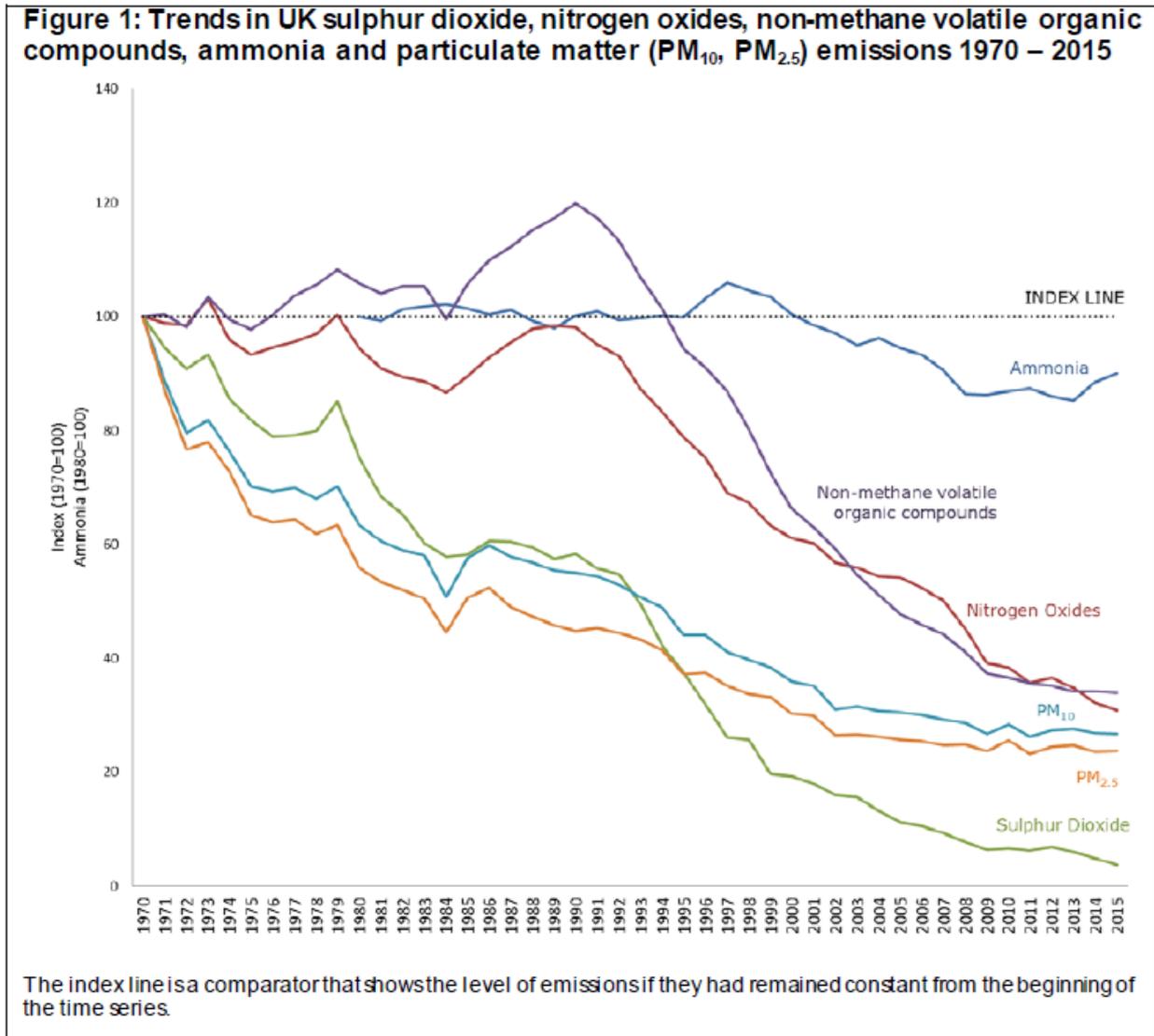
- Looking at smaller areas, there is around a 20 year difference in healthy life expectancy between the most and least deprived areas in the West Midlands.



4. Connections between transport and health

Cleaner air

- In the UK between 1970 and 2015 the total emissions of harmful pollutants across all sectors been downwards.



- Particulate matter and nitrogen dioxide are identified as particularly important because of the current harm and the potential to reduce the contribution of transport emissions.

Nitrogen Dioxide (NO₂)

- Nitrogen Dioxide is produced by combustion, such as in car engines. In high concentrations, it can cause people’s airways to become enflamed.
- Despite the reductions in Nitrogen Dioxide emissions, in many areas the concentration of this pollutant hasn’t reduced to the same extent. This is especially true of many urban areas

- There is a legal target to reduce roadside concentrations of NO₂ to 40ug/m³ by 2020. DEFRA air quality models have predicted that some roads in Birmingham and Coventry will be above this threshold, and Birmingham has been instructed to introduce a Clean Air Zone in response.
- DEFRA estimated that the transport was responsible for around 90% of all NO₂ pollution, with 70% being from vehicles travelling on that road.

Fine Particulate Matter (PM_{2.5})

- Particulate matter are small particles suspended in the air and are usually categorised by their size. Vehicles emit particulate matter from their exhausts, but also the wearing down of tyres, brakes and roads also contributes to the amount of fine particulate matter.
- There is very strong evidence now that reducing particulate matter, especially PM_{2.5}, can have a significant impact on health.
- Over the whole of England, it is predicted that eliminating all manmade PM_{2.5} would add 6 months to the national life expectancy.
- Children are more vulnerable as their organs are still developing and they breathe in more air relative to their size.
- The more elderly are also more susceptible to the effects of poor air quality.

Increased physical activity

- Through West Midlands on The Move, the WMCA has a vision to increase physical activity.
- One of the most convenient ways for people to get more physically active is to build it into their daily travel routine.
- In total there are an estimated 580,000 people who achieve less than 30 minutes of physical activity a week in the West Midlands. If the West Midlands could improve physical activity levels to the England average then 92,000 fewer people would be inactive.
- Data from across England shows that over half of people older than 75 years are likely to be physically inactive and that people in lower paid work are also less likely to be physically active.
- People who cycle for transport purposes are 4 times more likely to meet physical activity guidelines.
- Across the whole of the UK, if physical inactivity was eliminated then it would add an additional year to the average life expectancy.
- The more intensive the physical activity, or the longer people are physically active for, the greater the protective effect.
- There are significant benefits from starting to be physically active, even if it has not been a life-time habit.

Good wellbeing and social connectedness

- Thrive West Midlands sets out the ambition to improve mental wellbeing.
- Noise, physical activity, traffic injury and perceived safety all influence mental health and wellbeing
- The design of the transport system and street environment can directly influence it too.
- PHE have estimated that there are over 200,000 adults aged between 16-74 who have either a mixed anxiety and depressive disorder.
- There is a direct relationship between the built environment and mental health.
- There is a need to develop the evidence base on road design and mental health, as there is notably less than for physical health.
- The walkability of the local neighbourhood and number of vehicles that travel through the street where people live influence wellbeing.

Transport and social isolation

- Social contact and social networks are an important asset for improving wellbeing and resilience in children and adults, as well as reducing the risks of depression and having a wider impact on community cohesion.
- The walkability of a street directly impacts on social contact.
- As well as the local area, characteristics of the street that people live on or near can have a direct impact on social networks.
- High traffic flow can also create a barrier within communities causing severance, reduced walkability and poorer access to destinations by foot.

Safer streets

- Reducing road danger decreases the risk of injury
- Improving perceived safety encourages people to walk or cycle.
- There are well understood ways to reduce road injuries, such as increasing seat belt use, lowering vehicle speeds and preventing drink and drug driving.
- The design of the roads is well recognised as a way of encouraging activity and reducing the number of injuries. In recent years many local authorities have introduced 20mph speed limits over wide areas.
- This approach is in line with international best practice such as vision zero in Sweden or Sustainable Safety in the Netherlands.
- Children aged 10-14 in the most deprived 20% of households are four times more likely to be killed or seriously injured as a pedestrian compared to the least deprived 20%.
- Nationally most childhood injuries occur on 30mph roads, and before and after school hours.
- Within the WMCA area, injury rates have been decreasing over time and performance is generally better than the England average.
- There are higher rates of childhood traffic injury than the England average, and this is consistent across the 6 authorities that are more urbanised.
- Improvements in health care have reduce the numbers of fatal injuries.
- Collisions can also result in psychological distress or other mental health issues for up to three years following the crash.

Noise

- Transport is a source of noise in the urban environment. Loud noises produced at a distance can have a negative impact.
- The largest direct impacts of noise on health and wellbeing is predominantly through sleep disturbance and annoyance. Noise also has an impact on cardiovascular events.
- Even at low-levels, sound can be perceived as negative and can act as a cause of stress.
- At night, sounds of around 55db and above are considered by WHO as hazardous to human health.
- Around 200,000 people in the Birmingham and Black Country urban conurbation are exposed to road traffic noise above this level at night.
- Self-reported sleep disturbance and waking can occur at much lower thresholds of around 40dB
- Groups who spend longer sleeping or have a fragmented sleep structure are considered more at risk of night time noise.
- Noise can impact on school performance and higher levels of noise exposure impacts on memory and performance in tests.

Sustainability

- Sustainability cuts across a wide range of health and transport issues including inequalities in health and air quality.

Climate change

- In 2014, 22,708 kilotons of CO₂ were emitted across constituent and non-constituent members. There has been a 14.5% reduction since 2010.
- Increasing average temperatures can exacerbate the health impacts of health waves.
- Air pollution can be worse during warmer weather, in part due to the formation of ground level ozone.
- In the West Midlands, there is likely to be a 1.2 to 3.2 degrees increase in winter temperatures and 1.1 to 4.3 increase in summer temperatures.
- Action to reduce carbon emissions can have a significant positive impact on other health conditions.
- As people adapt to higher temperatures and lower summer rain fall, active travel may increase.

5. Developing a cross cutting approach

- Health issues are clustered around specific groups and geographies.
- Need to develop a process to consider the breadth of health impacts when planning transport schemes, so that the social value is fully considered and appraised.

- Health evidence is an important resource to draw upon and check during the development of transport business cases.
- Opportunities for a healthy and active street design to address a range of issues.
- The community voice can help to understand local assets and needs that transport schemes can help to address, and to inform behaviour change approaches.

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WEST MIDLANDS
COMBINED AUTHORITY

Wellbeing Board Meeting

Date	6 October 2017
Report title	“West Midlands on the Move” From Strategic Framework to Implementation
Cabinet Member Portfolio Lead	Councillor Bob Sleigh – Deputy Mayor & Wellbeing Board Chair
Accountable Chief Executive	Sarah Norman Email sarah.norman@dudley.gov.uk Tel 01384 815201
Accountable Employee	Simon Hall Email simon.hall@wmca.org.uk Tel 0121 214 7093
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Approve the appointment of the Chair of Coventry’s Health and Wellbeing Board as Political Physical Activity Champion.
2. Note the progress made in understanding and agreeing Constituent Authorities Offer and Asks of the WMCA.
3. Note the progress in agreeing the 2017-19 Delivery Plan, resourcing and progress on immediate priorities.
4. Agree the launch proposals on 16 November from 1500 in Coventry including invitations to Council Leaders, WMCA Board Member and Senior officers as well as inviting Sport England Senior Management.

1.0 Purpose

1.1 Previously the Wellbeing Board has considered the priorities and themes for the “West Midlands on the Move Strategic Framework”. This report and its accompanied 2 Year Delivery Plan sets out progress including the WMCA’s approval process, the appointment of a Political Physical Activity Champion; the Strategic Framework launch and the work with Constituent Authorities and stakeholders to move strategy in to delivery.

2.0 Background

2.1 The West Midlands on the Move Strategic Framework has been developed following consultation with over 35 organisations and provides a place based system change approach to getting more people active. It identifies how more people getting active provides added value to transport, housing and land, productivity, employment and skills and wellbeing priorities as well as to local strategic planning and delivery.

2.2 In developing this work, the WMCA are grateful for the considerable commitment by Local Authorities in shaping this work and determining its first 2 year Delivery priorities.

3.0 Wider WMCA Implications

3.1 The Strategic Framework covers the 3 LEP geographies of the WMCA. It focuses on those WMCA Strategic Economic Plan themes where there is a strong inter-dependence with physical activity. These are: transport; productivity, employment and skills; creative and digital; housing and land and wellbeing, plus an additional theme on community resilience.

3.2 The West Midlands on the Move Strategic Framework performance measures are a subset of the Strategic Economic Plan’s Performance Management Framework, ensuring we can evidence the direct contribution of improving physical activity to economic growth in the West Midlands.

4.0 Progress.

4.1 The Strategic Framework was taken to the WMCA Programme Board on 29 September and the WMCA Board for adoption on 13 October.

4.2 The Strategic Framework has been updated to reflect WMCA progress and points raised by the WMCA Board and digitally designed to ensure that it is consistent with other WMCA documents. The final draft document is included as Appendix 1.

Political Physical Activity Champion

5.0 At our last meeting, the WMCA gained approval from its Wellbeing Board for the establishment of a Political Physical Activity Champion, to provide leadership, advocacy and challenge for the Framework’s and Delivery Plan’s implementation. They will also provide the interface with the WMCA Board. The Chair of the Coventry Health and Wellbeing Board has expressed his interest in this role and the Wellbeing Board has been asked to approve this appointment.

Constituent Authority Offer and Asks and Stakeholder Commitment

- 6.0 Consultation continues with Constituent Authorities and stakeholders to agree their offer to And asks of the WMCA. Appendix 2 Delivery Plan provides the current status. We recognise that many Local Authorities delivering change including for example for the City of Wolverhampton Council, new Directors of Public Health. Although there is willingness to support the WMCA, approvals have yet to be gained. This will be achieved prior to the next Wellbeing Board.
- 6.1 The offer and asks become critical given the progress made by Constituent Authorities to Transform service provision including the bidding for resources such as Sport England's Place based pilots.

2017-19 Delivery Plan (Appendix 2)

- 7.1 The Delivery Plan has also been developed following consultation and highlights the initial progress made in identifying potential resources to support delivery.
- 7.2 The immediate priorities reflect previous discussions with the Wellbeing Board and includes:
- 7.2.1 Walking and Cycling Infrastructure and Delivery – The WMCA is working with the Treasury on the potential devolution of resources to increase the expenditure per head on walking and cycling from 5p to £10per head. This includes providing Business case evidence, a cycle share scheme and steering the development of the Cycle Charter as the vehicle to influence behaviour change.
 - 7.2.2 Submission to the Design Council/LGA Public Health Challenge to explore how we can gain support and deliver “Healthy Active Streets” along our key route network.
 - 7.2.3 Joint work in developing a physical activity offer and plan as part of the Workplace Charter and commitment.
 - 7.2.4 Exploring the potential of a collaborative approach to Open Data to enable people to find out and book activities.
 - 7.2.5 Working with stakeholders and in consultation with the Dept. for Education concerning the use of the Primary School Sport Premium and Sugar Tax Levy to improve life chances for young people, focusing on mental resilience.
 - 7.2.6 Discussing with Sport England, their potential support to the WMCA over and above their commitments to Local Authorities and other stakeholders.
 - 7.2.7 With the support from Wellbeing Board lead Chief Executive, initial discussions are planned with Birmingham CC concerning the WMCA's contribution to the potential legacy for the Birmingham Commonwealth Games bid

8.0 Launch

- 8.1. Subject to WMCA Board approval, the WMCA intends to launch the Strategic Framework on 16 November 2017 from 1500 in Coventry. The WMCA Mayor has agreed to launch the Strategic Framework at a media launch and a stakeholder event.
- 8.2 This will include setting out the scale of the challenge and opportunity by bringing added value, showcasing the connectivity and case studies across and evidencing the contribution increasing levels of physical activity can bring to the public sector reform agenda. As part of the media launch, the WMCA is exploring the Mayor working with community groups to encourage people to get active and using for example, renewable energy using exercise bikes (for example as phone chargers).
- 8.3. The Wellbeing Board is asked to approve the launch and Constituent Authorities Leaders and Senior Officers and to stakeholders including Senior Management from Sport England.

9.0 Financial implications

- 9.1 The WMCA is funding the Physical Activity Strategic Lead 12 month secondment contract until 30 June 2018.
- 9.2 There is no dedicated funding allocated to delivery and the Wellbeing Board's; Local Authorities' and stakeholders' commitment to the Strategic Framework and Delivery Plan will enable the WMCA to establish an initial "fighting fund".
- 9.3 This approach will also enable the WMCA to seek Wellbeing Board approval for investment proposals including detailing the potential strategic partnership with Sport England, the Strategic Agency and Lottery distributor.

10.0 Legal implications

- 10.1 There are no immediate legal implication flowing from this report.

11.0 Equalities implications

- 11.1. The Strategic Framework focuses on reducing levels of inactivity and the inequalities that exist by women; disabled people; black, minority and ethnic communities; lower socio-economic groups and by age, especially adults 45 years plus.
- 11.2 Alongside work undertaken to gain Local Authority and Stakeholder commitment to the Strategic Framework and Delivery Plan, the WMCA is analysing the Equality implications. This will be monitored at a quarterly basis.
- 11.3 There is evidence nationally of significant inequalities in various aspects of health which have (in the past) been relatively unaffected by interventions. Adult levels of physical activity show significant variations – there are inequalities in relation to age, religion, gender and disability. Moreover, black and minority ethnic communities are more likely to be physically inactive (big variance amongst different groups). Those living in the most deprived areas are also more likely to be physically inactive.
- 11.4 The strategic framework recognises the existence of inequalities in levels of physical activity across protected characteristics, lower socio-economic groups and specific localities and commits to working with communities to address such inequalities.
- 11.5 Future individual streams of work will need to conduct an equality impact assessment to identify determinants of physical inactivity amongst different protected characteristics and to identify measures to address such inequalities, hence reducing the equality gap in relation to physical activity in the West Midlands

12.0 Other implications

- 12.1 There are no further implications.

13.0 Schedule of background papers

- 13.1 The key background papers include:
- Wellbeing Board Report May/July 2017.

- WMCA Programme Board 29 September 2017
- WMCA Strategic Economic Plan.
- Thrive West Midlands Action Plan.
- Government – Sporting Futures. A New Strategy for an Active Nation 2015
- Sport England – Towards an Active Nation 2016.
-

14.0 Appendices

- Appendix 1 – West Midlands on the Move Strategic Framework 2017-30
- Appendix 2 – 2017-19 Delivery Plan

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WEST MIDLANDS ON THE MOVE

PHYSICAL ACTIVITY
STRATEGIC FRAMEWORK

2017-30



WEST MIDLANDS
COMBINED AUTHORITY

FOREWORD



“ We continue to have the highest levels of adult physical inactivity in England and need to inspire more and younger people to get and keep active.

The Mayor’s role offers a once in a generation opportunity to truly realise our potential by addressing the issues that matter locally: jobs, housing, transport and skills. I am encouraging every sector to play a significant part.

This is why I am backing the vision and ambitions set out in “West Midlands On The Move.”

In my Renewal Plan, I set out my commitment to supporting all our great teams, whilst looking to see where we can bring in more high profile sporting events to promote the region. I also recognise that the West Midlands Combined Authority’s energy needs to focus on addressing the chronic levels of physical inactivity and inequalities. This is where we can make the biggest gains – creating a happier, healthier, better connected and more prosperous West Midlands.

There is a lot to do - we continue to have the highest levels of adult physical inactivity in England and need to inspire more and younger people to get and keep active. We also need to harness the tremendous potential sport and physical activity have by bringing people together,

developing many of those transferable skills that many of businesses require;

Improving physical and mental wellbeing;

Engaging those furthest from the job market;

Making the West Midlands an attractive place for companies to base themselves;

And contributing to getting our transport system moving again.

The Strategic Framework sets out how this will be achieved.

We have a stark choice: whether to continue to count the health and economic costs of rising levels of physical inactivity or harness the potential to work together to get more people active.

We will make the right choice to grow our economy by getting more people to be active.

Andy Street
Mayor of the West Midlands

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EXECUTIVE SUMMARY

AN ACTIVE COMMUNITY IS THE DYNAMO OF A HAPPIER, HEALTHY, BETTER CONNECTED AND MORE PROSPEROUS WEST MIDLANDS.

The West Midlands Combined Authority's Strategic Economic Plan¹ (SEP) sets out the objectives and actions to improve the quality of life for everyone who lives and works in the region. Economic growth across the West Midlands delivers a better, more successful and more vibrant UK economy, playing a key role in maintaining and improving the UK's global competitiveness.

Our economically prosperous cities and regions are also our most active². Evidence suggests that physical inactivity leads to poorer health, less productivity, more isolated communities and reductions in educational attainment. Around a third of adults³ in the West Midlands Combined Authority (WMCA) area are currently inactive, doing less than 30 minutes per week of activity, costing the region about £147m a year⁴. Actions to increase levels of physical activity contribute to our Public Sector Reform priorities.

Developed by local authorities, Public Health England, Sport England and the County Sports Partnerships in consultation with the WMCA theme leads and networks, constituent and non-constituent members, West Midlands On The Move provides a strategic framework for planning and delivery, where physical activity can provide significant added value to the WMCA priority themes such as:

Transport – building the opportunities for physical activity with active travel and the sustainable transport agenda.

Productivity and Skills – strengthening the role physical activity plays in plugging the region's skills gaps and shortages, as well as generating a new workforce.

Digital – strengthening the important impact digital and creative economies will play in a prosperous West Midlands economy.

It also highlights an ambition to work collectively at a WMCA level to get more people moving including:

Delivering targeted Thrive West Midlands priorities by harnessing the value of physical activity in improving **wellbeing**.

Evidencing impact to the Productivity and Skills Commission.

Building and strengthening community cohesion and resilience.

Developing a long term WMCA community physical activity impact on Birmingham's 2022 Commonwealth Games' bid.

We will demonstrate this added value and develop the capacity and resources required to achieve the greatest impact on a prosperous West Midlands by getting more people active. We call for leadership and co-ownership to achieve our strategic framework's ambitions.

A third of adults



in WMCA are inactive, doing less than

30min 
per week of activity

£ 147m

The Government recommends

150min 
per week of moderate intense physical activity for a health-related benefit

¹WMCA (2016) Strategic Economic Plan. Birmingham. WMCA

²Sustrans/Nike (2015). Design to Move, Active Cities. A Guide for City Leaders. London: Nike

³Sport England (2017) Active Lives Survey (excluding gardening). <https://www.sportengland.org/research>

⁴Black Country Consortium Limited (2017). Economic Metrics Estimates April 2017

WHY DO WE NEED A WMCA PHYSICAL ACTIVITY STRATEGIC FRAMEWORK?

THE WEST MIDLANDS STRATEGIC ECONOMIC PLAN

The West Midlands Strategic Economic Plan (SEP) sets out the vision for the West Midlands Combined Authority. It sees the West Midlands as a place that meets people's needs and aspirations throughout their lives and where everyone's life chances, health and wellbeing are improved.

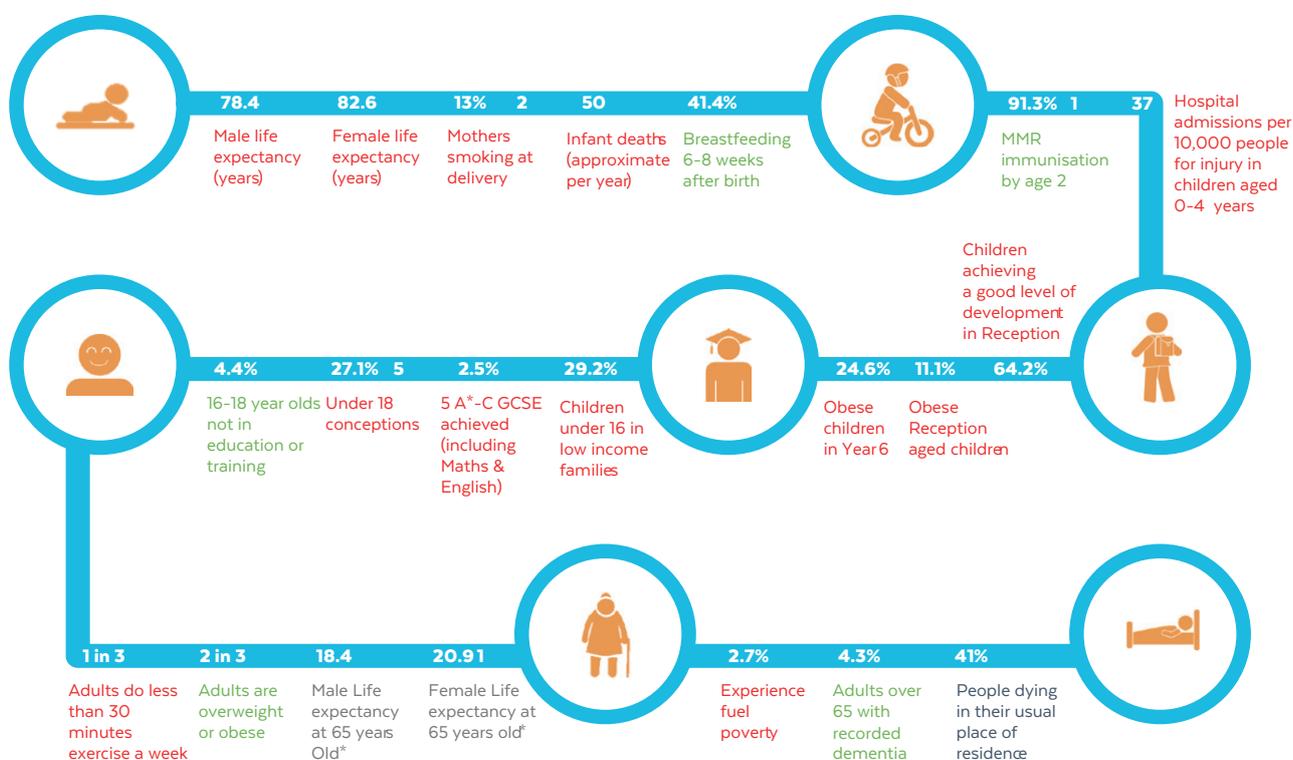
The SEP's ambition is based on the recognition that, through devolution, the West Midlands' assets can be enhanced to benefit not only local residents and businesses, but the entire nation. Economic growth across the West Midlands delivers a better, more successful and more vibrant UK economy, playing a key role in maintaining and improving the UK's global competitiveness.

Our ambition is to reduce the gap in life expectancy between the richest and poorest, increase productivity, reduce demand on public services and

enable economic growth and innovation. Above all, the SEP will have made the West Midlands a place where its people can lead healthier and happier lives. In 2030, its economic growth will have delivered better life chances, raised aspirations and improved the quality of life for all its residents. It will have created an economy and a community that's dynamic, resilient and flexible, with the ability to meet new challenges and adapt to changing environments and different futures.

We aim to increase the opportunities that will create an active society in a way that has not been achieved before. More people moving and physically active is as much about contributing to the population's wellbeing as it is to contributing to the economic and social development of the WMCA's 3 Local Enterprise Partnership geography. Physical activity also makes a significant contribution to our Public Sector Reform agenda and our ambitions to transform people's lives. There is strong evidence that a more active and healthier population will reduce the demand for services over time.

LIFE COURSE SUMMARY



*Data for West Midlands region

Compared with England: ■ Better ■ Worse ■ Lower ■ Not Compared

⁵ Sport England (2017). Active Lives Survey. <https://www.sportengland.org/research> (ex. Gardening but including dance, walking cycling etc. Sport England are piloting a children and young people measure in 2017/18)

⁶ Black Country Consortium Limited (2017). Economic Metrics Estimate 13 April 2017

⁷ Booth, F. W., Roberts, C. K. and Laye, M. J. 2012. Lack of Exercise Is a Major Cause of Chronic Diseases. *Comprehensive Physiology*, 2:1143-1211

⁸ NHS Scotland. (2003). Physical Activity Task Force. Available: <http://www.healthyworkinglives.com/advice/workplace-health-promotion/physical-activity>. Last accessed August 2017

⁹ SANDFORD, R.A., DUNCOMBE, R. and ARMOUR, K.A., 2008. The role of physical activity/sport in tackling youth disa_ction and anti-social behaviour. *Educational Review*, 60 (4), pp. 419 - 435.

¹⁰ World Health Organisation (2017). Governance: Development of a draft global action plan to promote physical activity. Geneva: World Health Organisation. 8-9.

This Strategic Framework has been developed following extensive consultation with constituent and non-constituent local authorities and stakeholders and has been designed to:

Assist in local planning and delivery of physical activity and corporate priorities

Identify those areas for which there is an added value of adopting a cross-local authority and WMCA approach to getting more people active

Inform and influence WMCA priorities where getting more people move and active makes a significant contribution to achieving SEP and Thrive West Midlands goals.

The WMCA recognises that the West Midlands in the birthplace for many world leading athletes, sports people and clubs, but how we foster and develop talent is not where our initial attention lies. It also recognises the importance of getting more people regularly active, but focuses on the actions needed to reduce levels of inactivity and inequality. The size of the challenge is significant given we have the highest levels of adult inactivity in England. In addressing the levels of physical inactivity, this strategic framework also recognises the need to address the inequalities that exist in levels of physical activity across gender, disability, black and minority ethnic communities, lower socio-economic groups and specific localities. Our priorities and actions recognise the need to work with communities and target addressing these imbalances.

Our initial target is to get to England average and our ambition is to be the most active region. This will significantly contribute to improving the life chances of the population and therefore, this is where the greatest gains will be made for the WMCA.

It acknowledges that there is no single solution to getting people more active and requires a combination of actions to influence behaviour change. It adopts a system change approach to encourage behaviour changes and argues that there is a strong inter-dependence of policy, planning, infrastructures and skills as well as wellbeing in getting people to be active. Physical activity has been built out of our society with less active jobs and a reliance on the car. This is why we have positioned how increasing levels of physical activity contributes to specific Strategic Economic Plan themes for

Transport and HS2 growth, Housing and Land, Productivity and Skills and Creative and Digital and with identified Thrive West Midlands Action Plan priorities. It also consider physical wellbeing as well as community cohesion as a cross cutting theme. There are a considerable number of actions which will be championed by the WMCA with its constituent and non-constituent authorities and stakeholders as well as WMCA leads for Productivity and Skills for example and the Transport for West Midlands team.

Unless stated, we have not set outputs or target markets and geographies, this will be determined as part of the initial 2017-2019 Delivery Plan.

This is an exciting opportunity to form new collaborations and explore new ways of working to achieve our vision of a healthier, happier, better connected and prosperous West Midlands. The Government recommends

WHAT IS PUBLIC SERVICE REFORM (PSR) AND WHAT DOES IT MEAN FOR COMMUNITIES?

Our challenge is to create jobs, enhance skills, develop prosperity and drive economic growth.

The WMCA's strategy, the Strategic Economic Plan (SEP), has a significant focus on Public Sector Reform and its vision of transformation of the lives of people in the West Midlands.

An important aspiration of the PSR programme is to eliminate the gap between the cost of local public services and the tax generated by the local economy which will be achieved through the PSR ambitions. This gap currently stands at over £4 billion per year.

Transformation is not just about reducing the net deficit between the level of public expenditure and the income raised through taxes and revenues, but about improving the quality of life of everyone in the area.

The WMCA plans to reform services so that they improve the quality of life of people, improving life chances, health and wellbeing, preventing demand, reducing dependency, growing the capability and untapped assets in communities and supporting the ageing population.

BUILDING ON STRENGTHS AND TACKLING CHALLENGES

The Case

Across the WMCA three Local Enterprise Partnership (LEP) areas, a third of adults aged 16 and over are currently inactive⁵; around 90,000 adults below the England average. Inactivity is holding back economic growth and better life chances, raised aspirations and the quality of life that the WMCA aspires to. If we were to get to the England average, it could lead to an anticipated £147m boost to the West Midlands' economy⁶. We aim for year on year increases to meet and surpass the England average 25.6% of adults doing less than 30mins per week.

Inactivity leads to:

Poorer health with an increased risk of diabetes, cancer, heart disease and dementia⁷.

Less productivity at work associated with 27% reduced output in the least active compared to the most active workforce⁸.

More isolated society with fewer people walking, cycling and playing outdoors and fewer participating at sports events.

Reduced educational attainment and resilience as an active child has greater concentration and better behaviour, than one who is not active⁹.



A third of adults aged 16 and over are currently inactive

90,000

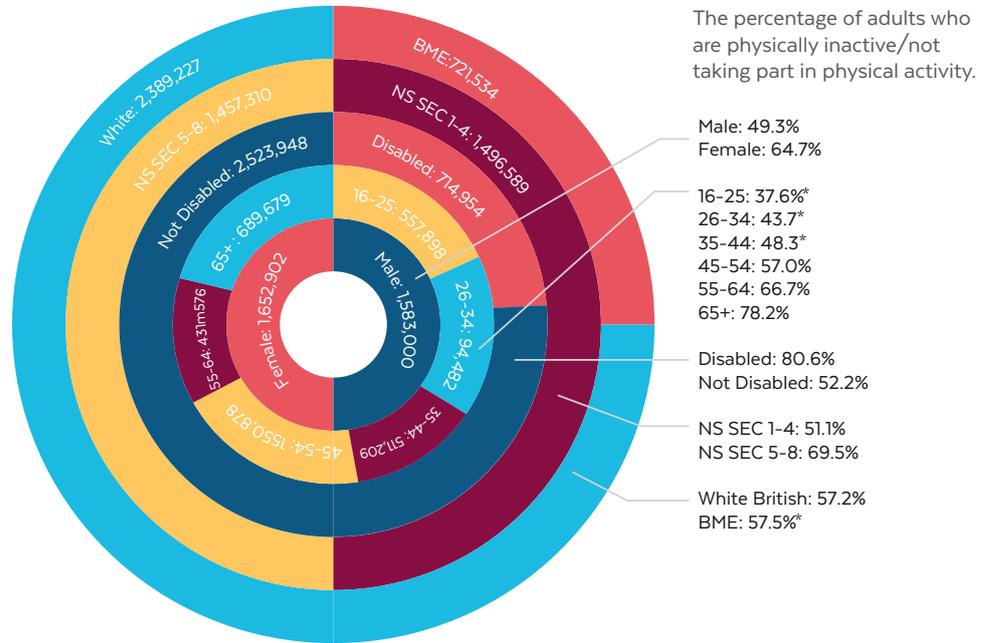
adults below the England average

£ £ 147m

anticipated boost to the West Midlands economy

THE PERCENTAGE OF ADULTS NOT PARTICIPATING IN SPORT AND PHYSICAL ACTIVITY BY DEMOGRAPHIC IN THE WEST MIDLANDS

Not only do we continue to have high levels of inactivity, we also need to work towards reducing the inequalities that exist across the people of the West Midlands across gender, socio-economic group, disability, age and Black and Minority Ethnic Community. We need a concerted effort to ensure that everyone has the opportunity to get physical active, strengthening our inclusive communities and providing people with improved life chances.



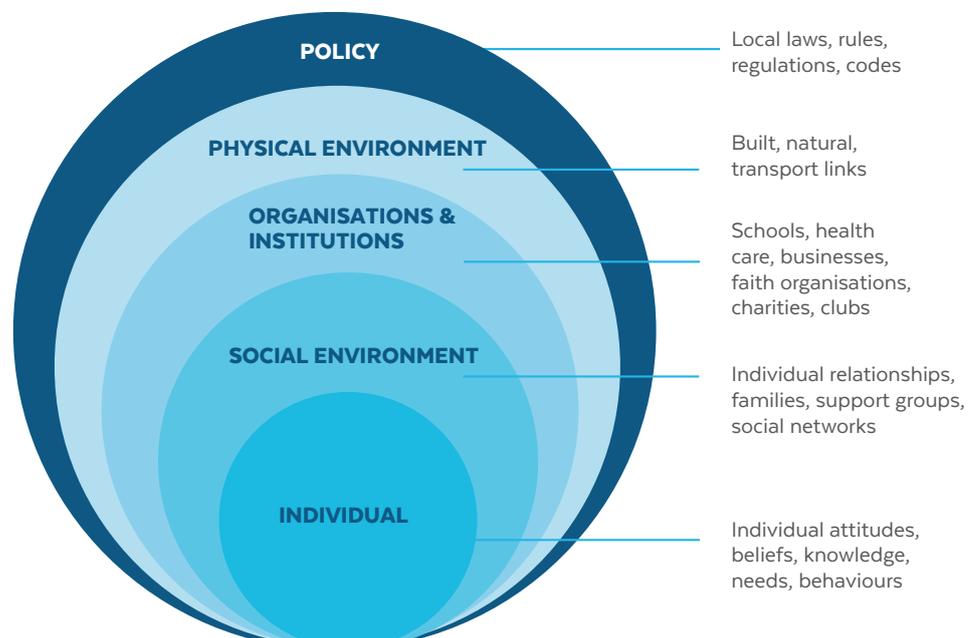
Graph 1: the number of people in the WMCA 3 LEP geography by gender, age, disability, ethnicity and socio-economic grouping. Black Country Consortium 2017.

Sport England, Active People Survey 10, December 2016
*denotes Incomplete Data

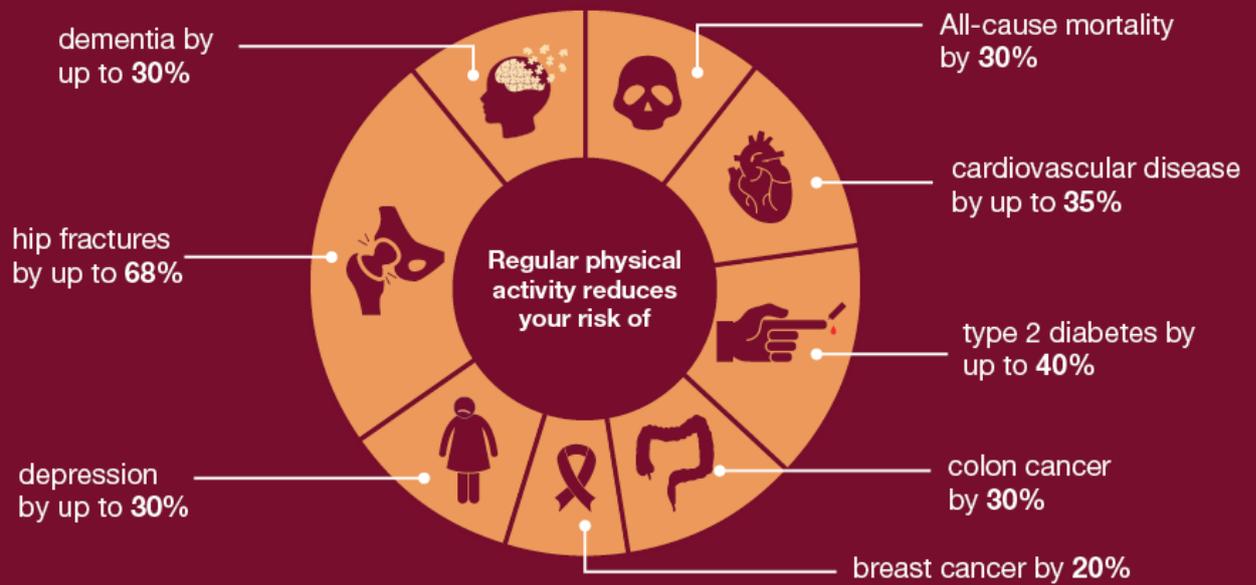
THE DELIVERY

The scale of behaviour change needed to encourage more people to adopt an active lifestyle requires a place and people based system change.

We need to understand the barriers and opportunities to motivating more people to be active - from the aspect of policy, physical environment, organisations and institutions, the social environment and understanding individuals' behaviours, capabilities and needs.



WHAT ARE THE HEALTH BENEFITS OF PHYSICAL ACTIVITY?



Additional benefits of more cycling and walking:

Less car travel, pollution & congestion

Safer and more welcoming streets

Increased social interaction

Supports local business



Our ambition is to work across the WMCA, strengthening joint working, building the evidence base, informing and influencing the direct impact that getting more people active has in delivering the WMCA's SEP and Public Sector Reform agenda.



WEST MIDLANDS ON THE MOVE VISION

Active Communities - the dynamo to building “a healthier, happier, better connected and more prosperous West Midlands”

MISSION

Delivered through a commitment to “a human right to move”

Main Measures:

O1 Increase in GVA in the physical activity sector.

P17: Reduction in levels of physical inactivity and increase the number of people who are physically active, reducing inequalities.

STRATEGIC AMBITIONS

We aim to ignite a social movement throughout the West Midlands that makes physical activity and active citizenship the norm. We want “active citizens” and we are committed to:

Making it feel easier and more desirable to get around the West Midlands.

Making it feel easier and more enjoyable to be outdoors in our green and blue spaces, as well as other urban environments.

Improving how it feels to live in our streets and our communities.

Improving people’s life chances, wellbeing, employability and access to work.



HOW WILL WE DELIVER OUR AMBITIONS AND MAKE OUR MARK?



This strategic framework has used strategic ambitions to prioritise six key themes which we will champion focusing on the connectivity between physical activity, wellbeing and economic prosperity. This includes how increases in the number of people being physically active will contribute to achieving four of WMCA's 'Strategic Economic Plan' priority themes.

Through consultation we have also identified a common cross cutting theme, community cohesion, for which increasing the number of people who are physically active will directly impact.

STRATEGIC AMBITIONS AND THEMES

We will make it easier and more desirable to get around the West Midlands by focusing on:

Theme 1 – Transport and HS2 Growth

We will make it feel easier and more enjoyable to be outdoors in our green and blue spaces, as well as other urban environments.

Theme 2 – Exploiting the Economic Geography

We will improve how it feels to live in our streets and our communities.

Theme 3 – Community Cohesion

Theme 4 – Creative and Digital

We will improve people's life chances, wellbeing, employability and access to work.

Theme 5 – Skills for Growth and Employment for All

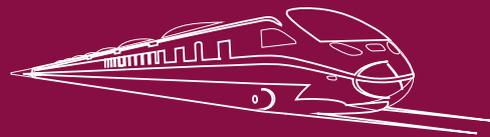
Theme 6 – Wellbeing

For each theme, there are a number of identified actions which have been identified through consultation. These will be championed by the WMCA and subject to approval from constituent and non-constituent members. Without this approval, there are no specific timescales set. This Strategic Framework has three functions:

1. To support local planning and delivery
2. To focus on those WMCA themes where physical activity can have the greatest impact.
3. For the WMCA to lead specific physical activity priorities.

The two-year Delivery Plan and Resourcing Framework is available on request.

THEME 1:
**Transport and HS2
Growth**



MAKING IT EASIER AND MORE DESIRABLE TO GET AROUND THE WEST MIDLANDS

CONTEXT AND WEST MIDLANDS ISSUES

Currently, 41% of all journeys in the UK are less than two miles, of which 36% are by car, and 68% are less than five miles, of which 53% are by car¹². There is therefore great scope for a substantially increased role for walking and cycling. It is crucial that both are made more attractive options for journeys of less than one or two miles.

Movement for Growth (MfG): 2026 Delivery Plan for Transport Consultation Draft (2017)¹³ sets out the vision and commitment to building a high quality, sustainable, infrastructure system: a network built on the principles of high quality, accessibility, safety and coherence. It recognises that the way that people travel is an important part of physical and mental health with wellbeing as well as improving air quality and network resilience. We recognise that there are a number of barriers which need to be addressed such as concerns over safety on roads and the potential of injury, the lack of accessible cycling infrastructure like cycle stands, lockers and showers; not just at Metro, train and bus stations, but in the high street, business sites and new housing developments. Several Local and LEP-wide strategies have been developed to complement the priorities in the MfG including increasing active travel. The integration of physical activity within key implementation plans such as the West Midlands Cycling Charter¹⁴ is critical.

More people being active will not only impact on MfG priorities such as clean air and congestion, but influence improved health and quality of life measures for people. Physical activity can act as a 'push factor' to add value to transport schemes by encouraging behaviour change to get more people moving - not only for active travel but also for leisure. It supports the Movement for Growth proposals to deliver a strategic cycle network enhancing local conditions for active travel.

Our strategic framework also supports a shift away from the private car towards methods of transport (modes) that involve physical activity and active travel. It seeks to integrate initiatives, to promote active travel to those who are most sedentary and often the most deprived, and workplaces that have the highest levels of car usage for home-to-work journeys. This strategic framework adds value in that

it seeks to address some of the barriers that currently exist to encourage active travel and sustainable transport usage.

Although investment continues into cycle routes, very few off-road cycle routes across the region are lit-up after dark, which may contribute towards the perceived dangers of cycling at night, as well as the seasonal variations in cycling when taking into account both active travel and leisure trips. There is also a growing recognition of the importance of smart data being used to drive informed decisions about future investment in active travel infrastructure / cycle routes, which we need to harness.

DESIRED OUTCOME

More people walking and cycling, with the resulting benefits of:

Less car travel, leading to lower levels of air pollution, carbon dioxide emissions and congestion

Reduced road danger and noise

More people taking to the streets, making public spaces seem more welcoming and providing more opportunities for social interaction

Opportunities for everyone, including people with impairment, to participate in and enjoy the outdoor environment¹⁵.

41% of all journeys in the UK are less than **2** miles
of which **36%** are by 

68% are less than **5** miles
of which **53%** are by 

Encouraging just one more person to cycle to work rather than go by car could generate between **£539** and **£641** in savings.

¹² Sport England. (2017). County Sports Partnerships. Available: <https://www.sportengland.org/active-travel/county-sports-partnerships/>. Last accessed 21 August 2017.

¹³ Transport for West Midlands. (2017). Movement for Growth. Available: <https://www.tfwm.org.uk/media/2430/2026-delivery-plan-for-transport.pdf>. Last accessed 21 August 2017

¹⁴ Transport for West Midlands. (2017). West Midlands Cycle Charter. Available: <https://www.tfwm.org.uk/media/1067/cycle-charter.pdf>. Last accessed 21 August 2017.

¹⁵ National Institute for Clinical Excellence. (2008). Physical Activity and the Environment. Available: <https://www.nice.org.uk/Guidance/PH8>. Last accessed 21 August 2017

ACTIONS:

Through the delivery of these actions, the WMCA will support “Movement for Growth” by:

- 1.1. Aiming to create an extensive, safe and coherent network of well-designed off and on-road active travel links connecting key destinations irrespective of administration boundaries. We will work with transport planners to remove as many barriers as possible to active travel.
- 1.2. Encourage a West Midlands-wide cycle share scheme encouraging greatest use of our physical infrastructure by bike.
- 1.3. Developing a West Midlands Combined Authority approach to promoting the benefits that this enhanced network provides to encourage people to be physically active. We will work with a wide range of public and private sector partners to break down the barriers to walking, cycling and running. This could include a “Free Bike Scheme on Prescription” combined with cycle training for those who are cycling for the first time, or coming back to cycling.
- 1.4. Developing a joint approach towards road safety, which will aim to improve the physical activity gains that can be made through traffic speed and casualty reduction in residential areas.



GOOD PRACTICE EXAMPLE

BIG BIRMINGHAM BIKES

ORGANISATION: Birmingham CC

PURPOSE

Part of the Birmingham cycle revolution, a 20 year initiative to encourage more people to cycle in and around the city; the programme offers a range of free, exciting cycling opportunities including adult cycle training, led rides and cycle maintenance courses.

OBJECTIVES

- To make Birmingham healthier, greener, safer and less congested.
- To provide around 1,500 bikes to individuals and groups a year to encourage more people to cycle for the next 4 years.
- To offer free adult cycle training, free led rides and free cycle maintenance courses.

ACHIEVEMENTS

- 3,400 bikes have been given out to individuals so far and 600 distributed to the community.

WEBSITE

www.birmingham.gov.uk/BBB

CONTACT

bigbirminghambikes@birmingham.gov.uk.
0121 464 1020

3,400

bikes given out



WALSALL A STARS

ORGANISATION: Walsall MBC

PURPOSE

In promoting safe and healthy travel to school the A*STARS programme seeks to support schools to embed the principles of sustainable travel, road safety education and physical activity into the culture and mindset of everyone through encouraging healthy lifestyles

OBJECTIVES

- To increase the number of pupils using all forms of safer, sustainable travel on the journey to and from schools and provide evidence of modal shift
- To increase knowledge and understanding of healthy lifestyles, road safety and sustainable travel by providing education, training and encouragement
- To provide a safer, cleaner environment in the vicinity of schools to benefit everyone and enable schools to take ownership of the programme and promote its key messages to parents and the wider community.

ACHIEVEMENTS

- Health and Sustainable travel: 2.1% increase in sustainable travel, 0.8% increase in walking and cycling and 43% of schools taken up new "5 minute walk zone" initiatives.
- Environment: 1% reduction in car use as the main mode of travel. 60% of A Stars schools in 20mph limits.

WEBSITE

astarswalsall.co.uk

CONTACT

A Stars Team at Walsall MBC. 01922 654680



65%
of schools
participating

900
children have been trained
to Bikeability Level 2

THEME 2:
Housing and Land



MAKING OUTDOORS MORE INVITING IN OUR GREEN AND BLUE SPACES, AS WELL AS OTHER URBAN ENVIRONMENTS

CONTEXT AND WEST MIDLANDS ISSUES

Making it easier to be physically active across our towns and cities is important to encourage more people to move and be active as well as making the West Midlands an attractive place for companies to base themselves. We know that the way we build our cities and towns, design the urban environment, plan highway networks and provide access to the natural environment can be a great encouragement, or a great barrier, to physical activity and active living. The SEP has set out plans for a £500m housing investment by 2030 and we need to make it easier and safer to be physically active in our everyday life.

Improving residential areas and connections to local high streets and other areas is vital. Schemes such as the expansion of 20 mph zones could play a pivotal role in making journeys on foot.

Development and regeneration of spaces as active places is therefore fundamental to unlocking physical activity opportunities in our streets, housing developments, town and city centres and to support active travel in and around the West Midlands.

DESIRED OUTCOME

This strategic framework influences traditional planning issues around the local infrastructure, not just leisure centres and playing fields, but a greater focus on the way that towns, cities, buildings, parks and streets are designed to encourage human powered movement. Our strong partnership approach with local authorities, community organisations, West Midlands Police and Fire Service has built confidence in safe, secure, connected and accessible environments and infrastructure.

ACTIONS:

The WMCA will:

- 2.1. Aim to influence regeneration of urban space and the future approaches to planning which encourage active lifestyles, healthy ageing and healthy environments. We will encourage inclusion of Active Design¹⁷ principles to be included in future development proposals specifically Lifetime homes standards and neighbourhoods¹⁸.
- 2.2. Endeavour to influence the redesign of our urban spaces to be civic active spaces as much as we possibly can and use our common civic spaces to encourage physical activity as part of a deliberate provocation to healthy behaviour change.
- 2.3. Work to ensure that as many of the barriers to full use of community assets (including school facilities) are removed or mitigated as much as possible. Community assets should be focused on ensuring that there are places and opportunities to be active in the heart of communities that are the both the most disadvantaged and inactive.
- 2.4. Investigate influencing new developments to enhance opportunities for people to be active.
- 2.5. Proactively seek to increase opportunities for outdoor exercise, both formal and informal (gyms, play equipment, health walks, games) by utilising our outdoor spaces as much as possible. In doing so, ensuring a systematic and joined up approach to the use of the open green spaces, connecting open and wild spaces and canal networks with a clear outcome focused around increasing activity levels, improving physical and mental wellbeing.

¹⁶ National Transport Survey 2016

¹⁷ Sport England. (2017). Active Design. Available: <https://www.sportengland.org/facilities-planning/active-design/>. Last accessed 21 August 2017.

¹⁸ Lifetime Homes. (2017). The Lifetime Home Standard. Available: <http://www.lifetimehomes.org.uk/pages/revise-design-criteria.html>. Last accessed 21 August 2017.

ACTIVE PARKS, BIRMINGHAM

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s,

OBJECTIVES

- Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s,
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ACHIEVEMENTS

- Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s,

WEBSITE

More information can be found at: beactivebirmingham.co.uk/active-parks

CONTACT

BLACK COUNTRY GARDEN CITY

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OBJECTIVES

- Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s,
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PORTWAY LIFESTYLE CENTRE, SANDWELL

ORGANISATION: Managed by Sandwell Leisure Trust on behalf of Sandwell Council

PURPOSE

A co-located leisure facility, wellbeing centre; GP family Practice and a centre of excellence for people with disabilities

OBJECTIVE

- Provide a building that is easily accessible for people with disabilities which meets their needs.
- Bring health, leisure and social care to one site, from early years to older adults, with a 'whole life approach' to health and social care service delivery for residents of the borough and the wider West Midlands.
- Encourage greater participation in physical activity and leisure services within Sandwell with a specific approach that promotes inclusion, choice and control.
- Create greater involvement of Sandwell residents in their leisure and physical activity facility.

ACHIEVEMENTS

- The centre has achieved Key Performance Indicators (KPIs) in terms of active visits to the facility.
- The centre has a lively, committed and engaged 'Service Users' group which helps to steer developments and improvements for all users of the facility.
- The centre has achieved the Inclusive Fitness Initiative (IFI) Excellent standard and is viewed Nationally and Internationally as delivering best practice in disability sport / leisure.

WEBSITE

www.slt-leisure.co.uk/our-centres/portway-lifestyle-centre/

CONTACT

info@slt-leisure.co.uk

THEME 3:

Community Resilience



IMPROVING HOW IT FEELS TO LIVE IN OUR STREETS AND COMMUNITIES

CONTEXT AND WEST MIDLANDS ISSUES

Physical activity plays a vital role in bringing communities together, having a social and cultural impact, developing social capital and reducing crime and anti-social behaviour. Regular involvement in physical activity can benefit individuals and communities and contribute to a range of positive outcomes including:

More local people participating as volunteers in community life.

Local people having a greater voice and influence over decision-making.

Increased voluntary and community capacity to own community assets and to manage and deliver services.

More cohesive, tolerant and inclusive communities that value diversity.

More sustainable communities with local pride and a sense of place.

A reduction in youth offending and antisocial behaviour.

An increased culture of respect and tolerance among young people.

A reduction in crime and in alcohol and drug misuse.

A reduction in the fear of crime.

Although Community Cohesion is not a SEP theme, the WMCA recognises that the West Midlands diversity and community spirit are some of our most important assets.

INFORMATION ON DEPRIVED WARDS

DESIRED OUTCOME

For this strategy to be a success, capacity to take action on levels of inactivity must be created with people in

all communities. In taking forward a social movement approach, we can make being physically active the social norm. This way of working needs to accelerate transformation and instigate wide scale changes.

ACTIONS:

The WMCA will:

- 3.1. Aim to work with locally determined voluntary organisations, community groups and leaders who are best able to work alongside communities supporting them to develop their own ideas, capacity, and solutions to get local people active and implement local plans, in both urban areas and use of open spaces by developing natural capital¹⁹.
- 3.2. Investigate utilising the physical and digital infrastructure to promote physical activity interventions such as geo fencing²⁰, digital marker and data sharing and other innovative and sustainable ways to provide a “nudge” into activity and active citizenship working with some of our most deprived and sedentary populations.
- 3.3. Consider supporting communities to own their local spaces and assets for local social good and ‘remove the noes’ that could be preventing them from trying out new activities or making progress towards becoming less inactive.
- 3.4. Aim to work with local authorities and communities to invite residents to work collaboratively with local community groups to encourage active community events, such as Play Streets and the use of adjoining parks (Active Parks), common civic spaces, open spaces and town centres.
- 3.5. Explore the potential of establishing a centre for academic excellence for insight into addressing physical activity inequalities.

BIRMINGHAM 2022 COMMONWEALTH GAMES BID POTENTIAL

Birmingham’s 2022 Commonwealth Games bid provides a significant opportunity to accelerate both economic growth and increasing levels of physical activity.

Large sporting and cultural events can create immediate and sustained employment, a wider economic impact, a profile in international markets, and they can inspire people to get involved in activity that benefits their health through volunteering, creating connections and being active. Making large scale events more accessible by public transport and walking and cycling networks will also help encourage activity, reduce congestion and improve air quality.

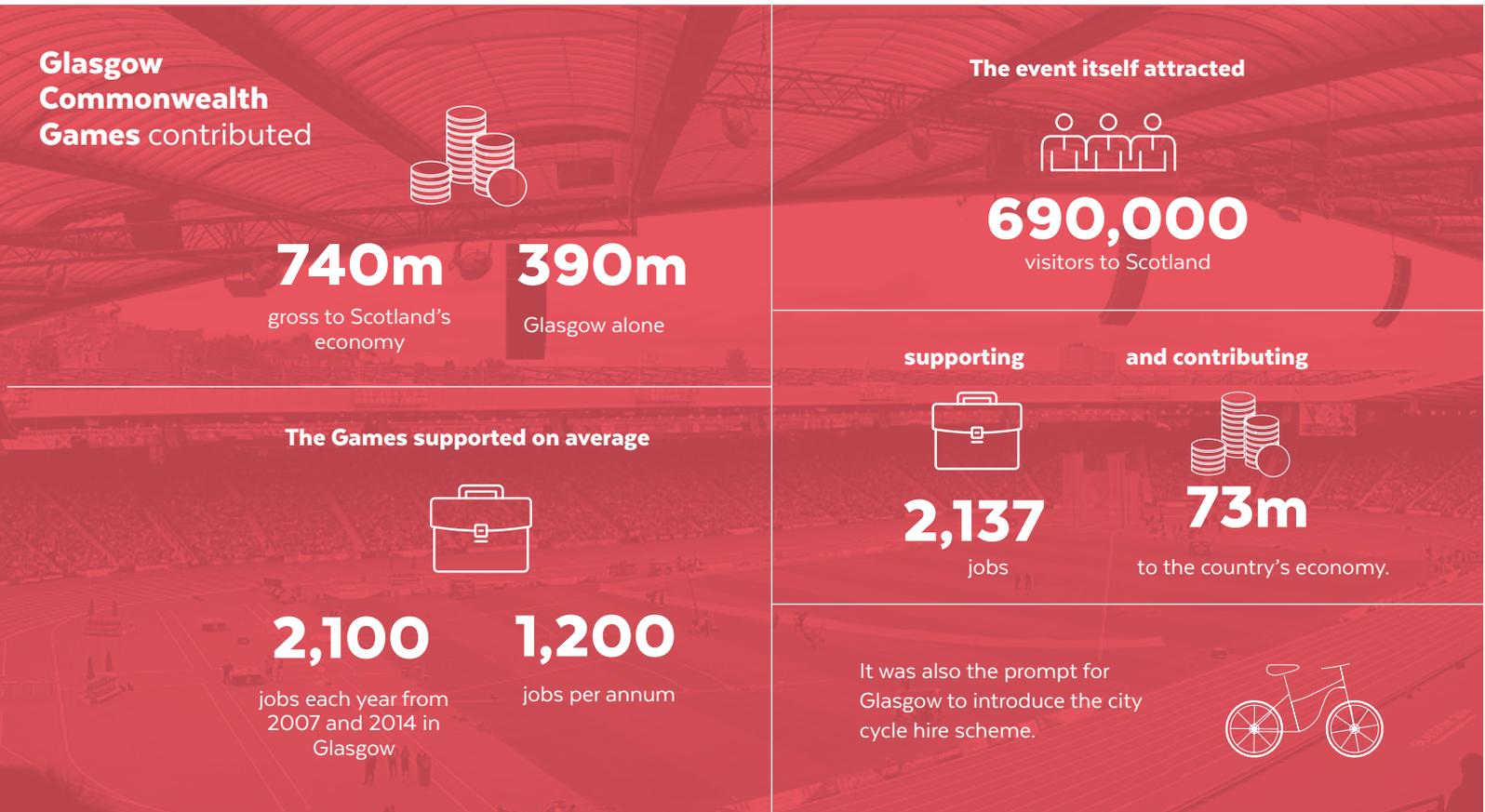
The official post-Glasgow Commonwealth Games study²¹ found that over the eight years from winning the bid to hosting the event, the Games contributed more than £740 million gross to Scotland’s economy including £390 million for Glasgow alone. The Games

supported on average 2,100 jobs each year from 2007 and 2014, including 1,200 per annum in Glasgow. The event itself attracted around 690,000 visitors to Scotland, supporting 2,137 jobs and contributing £73m to the country’s economy. It was also the prompt for Glasgow to introduce the city cycle hire scheme.

ACTIONS:

The WMCA will:

- 3.5. Consider support for bids for international sporting and cultural events to be held across the region to stimulate the economy and create jobs based on legacy and the principles of this framework. The current priority will be the support of Birmingham’s 2022 Commonwealth Games (CG) bid.
- 3.6. Aim to work with Birmingham City Council to use this strategic framework to steer the work needed to stimulate behaviour change to get people active leading up to and beyond the 2022 CG.



GOOD PRACTICE EXAMPLE



GOOD TO GO COVENTRY

ORGANISATION: Grapevine and Coventry CC

PURPOSE

Good to Go is the umbrella brand for a set of activities co-ordinated by Grapevine, which are explicitly designed to encourage non-traditional (and 'hard to reach') people in Coventry to become more physically active.

OBJECTIVES

- To use social mobilisation techniques to enable the needs of the communities to be identified, and then in turn translated into resources, which encourages those with disabilities to become the creators of the activities/campaigns.

ACHIEVEMENTS

- 1467 people are more sustainably active. 652 (44%) of these were people with disabilities. Taking 440 hours a quarter as the minimum known amount it is likely that Good to Go has delivered a minimum 1,760 volunteer hours across Year 2 as a whole. The direct value of this volunteering is more than 1.25 times the value of the Good to Go Year 2 budget – suggesting that Good to Go has repaid its investment simply in terms of the direct value alone of the volunteering it has unlocked.

WEBSITE

<http://www.grapevinecovandwarks.org/>

CONTACT

Mei Smith - msmith@grapevinecovandwarks.org
Twitter - @GrapevineYP
0121 464 1020

THEME 4:

Creative and Digital



IMPROVING HOW IT FEELS TO LIVE IN OUR STREETS AND COMMUNITIES

CONTEXT AND WEST MIDLANDS ISSUES

In its Strategic Economic Plan, the WMCA sets out the ambition to have the best broadband connectivity possible. Physical activity needs to maximise the potential this connectivity will bring. Open data, connectivity and data-led insight is being harnessed through the development and implementation of Smart Cities and is gaining growing importance within the WMCA. Identifying and developing easier and more accessible ways to get active is essential to improving health and wellbeing. We aim to improve and open all information about physical activity opportunities. The growing market of health and fitness apps such as Fitbit²² and Strava²³ provide great motivational tools to get people active. Digital technology is also transforming sports equipment through reusable energy and mass participation events to track progress and how the workforce motivates and supports those taking part.

DESIRED OUTCOME

Creative and digital technologies have been instrumental to encouraging more people to adopt an active lifestyle, using smart technologies, open data and understanding people's movement patterns to inform future provision.

ACTIONS:

The WMCA will:

- 4.1. Work in partnership with the Consortium for the Demonstration of Intelligence Systems (CDIS²⁴), building on its mobility and health focus to explore how data can be used to help understand consumer behaviour, provide insight and be used to evaluate and measure helping to deliver successful behaviour change.
- 4.2. Consider working with communities to develop and deliver digital schemes including mass participation events to encourage people to adopt a more active lifestyle.
- 4.3. Review and promote the impact of practice across the WMCA in utilising digital technology to

get people active such as Better Points²⁵, GPs in Big Birmingham Bikes; Outdoor Gyms and mass participation schemes such as Beat the Street²⁶.

- 4.4. Aim to lead the way in using technology including open data sources to get more people to take part in physical activity. This will develop our insight into when and where people are taking part in activities and accessing physical activity information, helping to shape behaviour change initiatives and used to drive informed decisions about future investment such as active travel infrastructure / cycle routes.
- 4.5. Investigate the feasibility of encouraging third party activity apps and linking with Swift card and Mobility as a Service, to encourage more people to be active.
- 4.6. Aim to work with networks such as the West Midlands Academic Health Sciences Network, to explore how we can encourage people to be active, through a self-managed approach using smart and intelligent systems.
- 4.7. Aim to trial the use of low power wide area network to allow people to hook up sensors to capture activity data, initially looking at walking in Birmingham city centre and then extending, subject to funding.
- 4.8. Working with the Smart Cities Network to encourage the creation of new business opportunities for technology and innovative businesses, focusing on "demand led" innovation where small businesses co-create solutions to user defined challenges.
- 4.9. Explore the potential of the 5G trials and the connection with wider transport data capture to getting more people active.
- 4.10. Aspire to develop a WMCA strategic approach to mobility data capture as part of the procurement of a data platform and multi-modal transport model. This will support the delivery and measurement of the impact of many strategies as well as assisting in operational decision-making utilising more effective tools.

²² Fitbit. (2017). Get Motivated. Available: <https://www.fitbit.com/uk/home>. Last accessed 21 August 2017

²³ Strava. (2017). Features. Available: <https://www.strava.com/>. Last accessed 21 August 2017.

²⁴ Birmingham Science City. (2017). Ideas for Life. Available: <http://www.birmingham.ac.uk/~/media/Research/Case-study/consortium-for-the-demonstration-of-intelligent-systems/>. Last accessed 21 August 2017.

²⁵ Betterpoints. (2017). About. Available: <https://www.betterpoints.uk/page/about>. Last accessed 21 August 2017.

²⁶ Intelligent Health. (2017). Beat the Street Wolverhampton. Available: <https://beatthetstreet.me/wolves/home>. Last accessed 21 August 2017

BEAT THE STREET WOLVERHAMPTON 2017

ORGANISATION: Intelligent Health funded by City of Wolverhampton Council & Sport England lottery funding

PURPOSE

To encourage more people to be active by transforming a city into a giant game. Players are issued with Beat the Street game cards or fobs which they tap against goals called Beat Boxes strategically placed across a city.

This programme has been delivered across 60 cities with over 600,000 participants. This study evidences the impact in Wolverhampton.

Beat the Street encourages participation through game-based strategies and motivates positive behaviour that, over time, becomes the daily norm. Beat the Street addresses the physical barriers to being active by using an inclusive, simplistic concept and combats emotional barriers by creating a community-wide social norm.

OBJECTIVES

- Decrease the percentage of adults in Wolverhampton who are physically inactive.
- Increase the percentage of adults in Wolverhampton achieving at least 150 minutes of moderate intensity physical activity per week, as per the UK Chief Medical Officer's recommended guidelines.
- Test and evaluate new ways of tackling inactivity and add to our growing evidence base of successful strategies.
- 25,790 participants and 147 teams ran, walked and cycled 163,342 miles over a 7 week period between March to May 2017.

ACHIEVEMENTS

- Before Beat the Street 18% of participants reported: "Over the past six months I have started to be more active more regularly" (maintenance). This increased to 32% immediately after the programme.
- At the end of Beat the Street, 78% of participants felt it had helped them in some way.

WEBSITE

<https://wolves.beatthestreet.me/UserPortal/Wolverhampton>

THEME 5:

Skills for Growth & Employment



Measures:

B5 Increase jobs in the physical activity sector and impact on all jobs.

B3 Percentage of working age population with no qualifications.

P9: Additional Apprenticeships

B3 Increase in Business Birth Rates

P8 Reduction in the number of working days lost due to sickness absence

IMPROVING PEOPLE'S LIFE CHANCES, WELLBEING, EMPLOYABILITY AND ACCESS TO WORK

CONTEXT AND WEST MIDLANDS ISSUES

There is a growing evidence base around the positive influence sport and physical activity holds in delivering the WMCA's ambition to ensure 80% of the working age population is in full-time employment, creating 500,000 new jobs, 20,000 additional businesses and at least 156,000 more people with level 4 qualifications by 2030. The WMCA's Productivity and Skills Commission determining the true extent of the productivity and skills challenge in our region and determining subsequent courses of action. Our contribution and prioritisation is three-fold:

1. Promoting the evidence for employers that sport and physical activity can play in meeting their needs. 70% of employers state that there are a low number of applicants with the appropriate skills.

- a. Team sports and outdoor adventure activities are perceived by employers to foster desirable skills and demonstrate outgoing personalities.

- b. Skills were not ones that could be taught in the workplace but came from early years development and community support.
- c. Ability to demonstrate experience through sport and physical activity outside the workplace that builds skills such as regularity, teamwork, motivation and organisational skills²⁷.

2. Focusing on using sport and physical activity as a vehicle to engage those furthest from the job market.

Programmes such as with the Dame Kelly Holmes Trust²⁸, Streetgames²⁹ and Kicks³⁰ provide an increasingly strong evidence base for the value of sport such as volunteering, leadership and employability training and have a significant impact on getting people closer to the job market.

Through involvement in the Department of Work and Pensions (DWP) Work and Health Programme³¹, WMCA will make links between work and health and the physical activity agenda.

There is a growing evidence base around the positive influence sport and physical activity holds in delivering the WMCA's ambition to ensure



80%

of the working age population is in full-time employment

and



20,000

additional businesses

creating



500,000

new jobs

and at least



156,000

more people with level 4 qualifications by 2030.

²⁷ Black Country Consortium Limited. (2017). Sport and Physical Activity Sector Skills Action Plan. Available: <https://www.activeblackcountry.co.uk/upload/files/NewFolder/Sport%20and%20Physical%20activity%20Sector%20Skills%20Plan.pdf>. Last accessed 21 August 2017.

²⁸ Dame Kelly Holmes Trust Limited. (2017). About Us. Available: <https://www.damekellyholmestrust.org/>. Last accessed 21 August 2017.

²⁹ Streetgames. (2017). About us. Available: <http://www.streetgames.org/about-us/about-streetgames>. Last accessed 21 August 2017

³⁰ Premier League. (August 2017). Communities/Programmes. Available: <https://www.premierleague.com/communities/programmes/community-programmes/pl-kicks>. Last accessed 21 August 2017.

DESIRED OUTCOME

Physical activity playing a large part in giving someone who has been long term unemployed, the confidence, skills and fitness to become employed again. Cycling and walking combined with public transport can also play a role, enabling people furthest from labour markets to access training and employment opportunities. This also broadens people's travel horizons while searching for skills or jobs, access to low cost transport choices; and also increasing active travel amongst this market segment, thus increasing levels of physical activity. The WMCA is proposing an innovation pilot, working with local communities to build social capital and social networks to support people to move into and sustain employment. The role of physical activity will be built into the delivery model.

3. Improving Employee Wellbeing.

CONTEXT AND WEST MIDLANDS ISSUES

An active workforce is a more productive workforce. In the West Midlands over 8.6 million working days are lost annually through sickness absence; that's

over 2.2% of the total working time and 4.5 days per worker and is above the national average. The associated direct national costs in state benefit have been calculated to be over £8.66 billion, with an additional £600 million paid by employers in the form of sick pay. An active workforce results in 27% fewer days of sickness and increased productivity of between 4-15%³². Workplace interventions such as the Workplace Challenge³³ and Workplace Active Travel Plans have evidenced the positive impact on improving wellbeing.

Low productivity is a national issue and challenge for the West Midlands. Productivity levels for the region are below the national average, taking the UK figure for Gross Value Added (GVA) worked per hour as 100, the West Midlands area average is 89³⁵. The link between employee wellbeing and productivity is a recurring theme for Thrive West Midlands and for the Productivity and Skills Commission.

An active workforce leading the way in delivering a happier, healthier, better connected and more prosperous West Midlands.

An active workforce is a more productive workforce. In the West Midlands



8.6m

working days are lost annually through sickness absence



8.66bn

the associated direct national costs in state benefit



600m

paid by employers in the form of sick pay additionally

that's



2.2%

of the total working time



4.5

days per worker

An active workforce results in



27%

fewer days of sickness



4-15%

increased productivity

³¹ HM Government. (August 2017). Work and health plan to help disabled people into employment. Available: <https://www.gov.uk/government/news/work-and-health-plan-to-help-disabled-people-into-employment>. Last accessed 21 August 2017

³² NHS Scotland. (2003). Physical Activity Task Force. Available: <http://www.healthylivinglives.com/advice/workplace-health-promotion/physical-activity>. Last accessed August 2017

³³ County Sports Partnership Network. (2017). Business Administration. Available: <http://www.kiprincethechallenge.org.uk/become-a-company-admin>. Last accessed 21 August 2017

³⁴ Sustrans. (2017). Workplace Travel Planning. Available: <https://www.sustrans.org.uk/our-services/our-expertise/workplace-travel-planning>. Last accessed 21 August 2017

³⁵ Office for National Statistics. (January 2017). Regional and sub-regional productivity in the UK. Available: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/regionalandsubregionalproductivityintheuk/jan2017>. Last accessed 21 August 2017

³⁶ HM Government. (August 2017). Common Inspection Framework. Available: Common inspection framework: education, skills and early years from September 2015. Last accessed 21 August 2017

ACTIONS:

The WMCA will:

- 5.1 By working jointly on employment support, work with DWP to promote physical activity and active travel choices to those deemed hardest to reach, getting people back into work and expanding the workforce.
- 5.2 Champion the contribution physical activity makes to the WMCA's Productivity and Skills priorities evidencing to West Midlands employers the increasing value placed on skills gained through taking part, sport leadership and volunteering to the West Midlands employers and the specific workforce skill gaps and shortages that need to be addressed to get more people active.
- 5.3 Encourage a social movement with communities on the creation of a range of additional volunteering opportunities. This will involve building on existing and developing additional capacity to encourage physical activity addressing stubborn inequalities and creating clear pathways from worklessness into job creation. The proposed employment support pilot will provide a focal point to test approaches within areas of high unemployment.
- 5.4 Investigate the co-ordinated development of an asset management plan for existing national, regional and local sporting assets in the region and a plan to bring forward new assets. We will ensure that we have the infrastructure needed to get people active right across the region.

Physical activity and physical education has a significant role to play in improving the outcomes for our children and young people. There is much to do - in areas such as obesity in children at year 6, 5 A*-C GCSE performance and adult levels of physical activity, the West Midlands performs worse than England average.

EDUCATION

CONTEXT AND WEST MIDLANDS ISSUES

Being active should be the accepted normal behaviour for all children as it helps to improve cognitive skills and educational attainment. This message should start at pre-school all the way through to college.

11.1%

obesity in reception aged children

24.6%

obese children in year 6

52.5%

C GCSE achieved including maths and English

29%

of children under 16 in low income families

4.4%

of 16-18 year olds are not in education or training (At a similar level with England)

Ofsted's Common Inspection Framework includes a judgement of personal development behaviour and welfare. At the end of end of the last but one sentence ending in "skills" add "we recognise the tremendous impact the "School Daily Mile" across activity, health, resilience and education performance. We encourage all schools to get on board"^{38b}. As part of this judgement, inspectors look at the extent to which schools are successfully supporting students to gain "knowledge about how to keep themselves healthy" and "make informed choices about healthy eating and fitness"³⁶.

DESIRED OUTCOMES

We want children to remain active throughout their education, but we need to give specific emphasis on addressing transition from pre-to primary, primary to secondary and secondary to college or community. We will emphasise the role and opportunities to promote and enable children to travel actively to school, for this to be inclusive in everyday lives.

³⁷ Sport England. (August 2017). Economic Value of Sport Tool. Available: <http://www.sportengland.org/research/benefits-of-sport/economic-value-of-sport/>. Last accessed 21 August 2017

³⁸ Black Country Consortium Limited. (2017). Sport and Physical Activity Sector Skills Plan. Available: <https://www.activeblackcountry.co.uk/upload/files/NewFolder/Sport%20and%20Physical%20activity%20Sector%20Skills%20Plan.pdf>. Last accessed 21 August 2017

^{38b} The School Daily Mile children fit for life (2017). Schools and Physical Activity. Available: <http://thedailymile.co.uk/>. Last accessed 21 September 2017.

Taking part in sport, PE and physical activity contributes to raising standards and in closing the achievement gap through improvements in attainment, behaviour, attendance and wider attributes and skills. It builds resilience in our children and young people.

ACTIONS:

The WMCA will:

- 5.5 Encourage collaboration between pre-school, school, and college improvement networks to attempt to ensure that sport, physical education and physical activity are central to pupil and whole school improvement.
- 5.6 Together with young people, consider co-producing activities that are appealing and sustainable to ensure that participation in physical activity is improved post 16 years of age.
- 5.7 Seek a collaborative approach to ensure that all schools have a more impactful education, health and physical activity approach in utilizing the Primary School Physical Education and Sport Premium, School Games funding and the Healthy Pupils Capital Fund.
- 5.8 Work towards gaining local approval for a co-ordinated approach to Active Lifestyles campaigns in schools and travel options to

schools such as by School Travel Plans to ensure these principles of increased activity are evenly distributed across the region working towards 55% of children normally walking to school by 2025.

SKILLS

CONTEXT AND WEST MIDLANDS ISSUES

Creating an active population on an industrial scale requires reliance on more skilled volunteers and help from those in paid jobs to gain and apply new skills. The physical activity sector is reliant on its grass roots volunteers to get people taking part. The national economic value of sport related volunteering is estimated to be £2.7billion³⁷.

Consultation gained for the Black Country Sport and Physical Activity Sector Skills Plan³⁸ has shown that there is a major gap between the skills required and the skills available.

- 80% of physical activity employers in the Black Country stated that there were a low number of applicants with the required skills.
- 82% of physical activity employers stated that soft skills represent the greatest skill gaps in individuals.



The national economic value of sport related volunteering is estimated

£2.7b

DESIRED OUTCOME

The West Midlands at the forefront of changing the way frontline staff interact with customers, focusing on soft skills building a welcoming and inclusive environment for everyone.

ACTIONS

The WMCA will:

- 5.9. Encourage a joint approach with the sport and physical activity sector to develop a new physical activity career pathway. This will include the route from volunteer through to Activator, to Coach. The focus of this career pathway will be to specifically tackle inactivity in sedentary communities by developing clear and relevant physical activity intervention.
- 5.10. Investigate working with existing public and voluntary sector organisations to deliver this career pathway and complement it through integration into existing resources and related workforce.
- 5.11 Investigate how we can make best use of the apprenticeship reform agenda to deliver new apprenticeship opportunities in the sector.



BLACK COUNTRY SPORT AND PHYSICAL ACTIVITY SECTOR SKILLS ACTION PLAN

ORGANISATION: Black Country Consortium Limited

PURPOSE

Launched in Autumn 2016, by the Active Black Country Partnership and the Black Country LEP, the plan highlighted the sport and physical activity workforce needs and evidenced the role sport and physical activity can play in driving economic growth.

OBJECTIVES

- To gain insight into the skill shortages across the sector
- To use the insight findings to develop a workforce that is customer centric, inclusive and equipped with the right skills to encourage people to be active.
- To evidence the economic benefit and role sport & physical activity can play in developing transferable skills that can increase social and economic mobility. Demonstrating how Sport & Physical Activity as a key enabling sector can address the skill shortages priority sector employers collectively report to support economic growth.

ACHIEVEMENTS

- Informed the Active Black Country's approach to workforce development including the Coaching Plan for England implementation which features resources for the front line workforce, a menu of CPD based on the insight gathered.
- Piloting the new apprenticeship standard 'Community Sport Health Officer' with the Black Country College Principals Group

WEBSITE

www.activeblackcountry.co.uk/insight/strategies-and-plans/

CONTACT

Ian Carey (Head of Physical Activity & Sport) -
01384 471137
ian_carey@blackcountryconsortium.co.uk

BIRMINGHAM WAY

ORGANISATION: Sport Birmingham in collaboration with Birmingham Wellbeing Service, UK Coaching, Street Games and Sport England

PURPOSE

The Birmingham Way is a systematic approach to workforce development; designed initially for the sports / activity sector it now provides the evidence through research to demonstrate the key qualities and characteristics that underpin broader skills development. The model considers identification of the right people, the skills development and improvement of those people, and the opportunity for them to gain practical experience.

OBJECTIVES

- To understand the needs, motivations and values of Birmingham residents and match them with a workforce that can meet the wider social, health and wellbeing needs identified within inactive communities.
- Create a robust evidence base showcasing how The Birmingham Way approach and resources impacts on educators and coaches ability to improve the customer experience and encourage physical activity, create resilient habits, increase self-esteem, enjoyment and engagement.
- Embed The Birmingham Way approach across key partners, emphasising a culture of commitment and accountability that focuses on developing people through an individual centred process.

ACHIEVEMENTS

- Recognised by Sport England as best practice as an approach to developing people within local communities

WEBSITE

<http://www.sportbirmingham.org/the-birmingham-way>
<http://www.sportbirmingham.org/insight-summary>

CONTACT

Adam Warden, Coach and Volunteer Manager,
0121 285 0186
adam.warden@sportbirmingham.org

EMPLOYMENT SUPPORT FOR THE OVER 25S

ORGANISATION: Sport Structures Limited on behalf of Steps to Work

PURPOSE

The Coaching Communities programme provides economically inactive individuals living in the Black Country with the opportunity to become a Level 1 qualified sports coach and put these new skills and knowledge into practice through a valuable volunteering experience.

Each participant will receive individual support to enable them to build their confidence and self-esteem to change their mindset and as a result be more employable and enable them to progress onto further training, education or employment. We start the programme working as a group where participants often make friends which further enhances their lifestyle and positive experience of the programme.

OBJECTIVES

- Offer opportunities for people aged over 25 in the Black Country ad training programme that stimulates them to take up employment or other training opportunities
- Provide employment and training signposting
- Link with other BBO Bridges programmes

ACHIEVEMENTS

- 80% of our participants have progressed into employment, education or are working with another BBOBridges partner

CONTACT

Contact: Simon Kirkland, Managing Director,
01214558270 tw@sportstructures

THEME 6: **Wellbeing**



Measures:

B5 Increase jobs in the physical activity sector and impact on all jobs.

B3 Percentage of working age population with no qualifications.

P9: Additional Apprenticeships

B3 Increase in Business Birth Rates

P8 Reduction in the number of working days lost due to sickness/absenteeism

IMPROVING LIFE CHANCES, WELLBEING, EMPLOYABILITY AND ACCESS TO WORK

CONTEXT AND WEST MIDLANDS ISSUES

The WMCA recognises that physical activity not only contributes to improving both mental and physical wellbeing prevent ill-health.

Physical Activity can also improve both the physiological and psychological health of children and young people with increased self-esteem, self-confidence, social skills and reduced anxiety. Recent controlled studies suggest that children with Attention Deficit Hyperactivity Disorder who are physically active have improvement in behaviour and self-regulation, in addition to better memory, compared to those who are not active⁴⁰.

Physical activity can also reduce the risk of some of the major illness including:

30% lower risk of colon cancer in adults;

20-25% lower risk of cardio-vascular disease, coronary heart diseases and strokes in adults and 20-25% in children and young people

30-40% lower risk of Type II Diabetes

20-30% lower risk of depression for adults⁴¹

IMPROVING MENTAL WELLBEING

Thrive West Midlands' Concordat for Action⁴² commits key organisations to:

1. Work together to improve mental health and wellbeing to reduce of the burden of mental ill health across the West Midlands. We will work to improve people's lives and to encourage healthy communities.
2. Ensure services meet the needs of people with mental ill health and provides empathy and compassion. We will involve people who have experienced mental ill health and their carers

at the earliest opportunity in decisions about services.

3. Work together to develop and deliver the action in the Action Plan across the WMCA area.

Connecting people to place and strengthening social cohesion are both products of a more active community which can lead to significant increases in wellbeing and resilience through the five ways to Wellbeing⁴³ being active, connecting to others, noticing things, sharing and learning new skills.

DESIRED OUTCOME

By bringing together the ambitions of the Thrive West Midlands Action Plan, our knowledge and understanding of the five ways to wellbeing, we can make a greater impact on improving both mental and physical wellbeing through increasing levels of physical activity.

ACTIONS:

This strategic framework aims to support the WMCA's Thrive West Midlands Action Plan by contributing to:

- 6.1 **Theme 1 - Supporting People into Work and Whilst in Work** by encouraging the public-sector workers to have adequate training in how physical activity can both treat and prevent mental health disorders and long-term conditions. Working with the Thrive West Midlands' Implementation Director, we will strive to develop approaches to working collaboratively to integrate physical activity within the "Workplace Wellbeing Charter and Commitment", championing work to get more people active in small, medium enterprises and by exploring co-financing social prescribing to improve mental health and wellbeing.
- 6.2 **Theme 6 - Getting the Community Involved** by encouraging a collaborative approach, to extend community physical activity based initiatives to raise awareness of mental health and improve wellbeing including training up physical activity volunteers in Mental Health First Aid.

³⁹ British Heart Foundation. (2016). Children and Physical Activity. Available: <https://www.bhf.org.uk/about-us/our-policies/preventing-heart-disease/children-and-physical-activity>. Last accessed 21 August 2017.

⁴⁰ Ziereis & Jansen. (Volume 38, March 2015,). Research into Developmental Disabilities. Effects of physical activity on executive function and motor performance in children with ADHD. 38 (1), Pages 181-191.

⁴¹ NHS. (2017). Exercise for Depression. Available: <http://www.nhs.uk/Conditions/Depression/Exercise/Exercise-for-depression.aspx>. Last accessed 21 August 2017

⁴² Lamb, N, Appleton, S, Tennant, M. (2017). Thrive West Midlands. An Action Plan to thrive better mental health and wellbeing in the West Midlands. Birmingham: <https://westmidlandscombinedauthority.org.uk/what-we-do/commissions/mental-health/updates/>. p1-77

⁴³ Government Office for Science. (2008). 5 Ways to Wellbeing. Available: https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation. Last accessed 21 August 2017



6.3 **Theme 6 - Getting the Community Involved**, by championing a WMCA approach to using sport and physical activity to improve wellbeing as one of the major ways to impact at scale.

6.4 Contributing to **Theme 2- Providing Safe and Stable Places to Live**, by considering developing the links between housing and health, stating the added value that can be gained from implementing quality schemes on both encouraging physical activity and improving mental wellbeing.

IMPROVING PHYSICAL HEALTH AND WELLBEING

CONTEXT AND WEST MIDLANDS ISSUES

Although this Strategic Framework has placed significant emphasis on mental health and wellbeing, it also recognises that getting more people active significantly improves physical wellbeing. It supports increases in productivity, and reducing absenteeism, and reduces the risk of developing certain long-term conditions, as well as improving everyday lives of people suffering from these.

For many health benefits, such as reducing the risk of cardiovascular disease and mortality and the risk of breast and colon cancer, a dose-response relationship has been evidenced. This highlights that some physical activity is better than none, and gains can be made up to the recommended government guidelines of 150 minutes of moderate-vigorous intensity a week. To tackle the obesity epidemic, physical activity is best combined with a dietary intervention and once weight is lost it is extremely effective for weight maintenance⁴⁴.

DESIRED OUTCOME

This has the potential to improve many people's lives across the WMCA area.

ACTION:

The WMCA will:

6.5 Aim to build on the work and evidence the impact, in getting more people active through prevention or rehabilitation programmes for those with long term conditions such as type II diabetes, CHD and stroke, cancer, arthritis / osteoarthritis and other musculoskeletal conditions, that impact on people's everyday lives and their ability to work.

GET SET TO GO DUDLEY

ORGANISATION: Dudley Mind, with the Mind Charity funded by Sport England

PURPOSE

One of 8 national pilots which were funded by Sport England designed to help those with mental health problems to get more active.

OBJECTIVES

- To work with sport providers to offer monthly taster sessions to provide people with the opportunity to try sports and other activities.
- To offer weekly sport based groups where people are supported by others who have experience with mental health problems who already use physical activity and found it had supported their wellbeing.
- Provide mental wellbeing training to sports clubs and organisations to enable to support those who have experience with mental health problems to get active.

ACHIEVEMENTS

- Good anecdotal support for this approach, - awaiting publication of formal evaluation by University of Northampton.

WEBSITE

<http://dudleymind.org.uk/get-set-to-go/>

CONTACT

01384 442938
enquiries@dudleymind.org.uk

ACTIVE WELLBEING HUB SOLIHULL

ORGANISATION: Active Wellbeing Hub

PURPOSE

- To provide an effective and efficient exercise service for people with an existing health condition, to promote life-long behaviour change and attitudes towards physical activity in a supportive environment.
- To reduce the incidence of illness related to inactivity or a sedentary lifestyle.
- To help patients manage their health condition and/or for rehabilitation after recovery from a specific condition; thereby reducing the risk of recurrence/deterioration and further health problems, as well as maintaining independence and improving quality of life.

OBJECTIVES

- To offer an evidence-based, accessible range of high level programmes which promote physical activity and reduce sedentary behaviour.
- To contribute to reducing the associated health problems and mortality rates linked with physical inactivity, and thereby help to reduce the financial cost to the NHS of treating physical inactivity related conditions and co-morbidities.

ACHIEVEMENTS

- Increased provision of local phase IV cardiac rehabilitation, in the north of the borough which has filled an identified gap in local provision that could not be supported by Solihull's Heart Support Group, who deliver classes in the south of the borough.
- 245 people involved in the various exercise classes, with 86 new participants for this year (2016-17 statistics).

WEBSITE

<http://www.solihullactive.co.uk/health-wellbeing/>

CONTACT

Kim Dunger, Solihull Active Officer - Physical Activity
kdunger@solihull.gov.uk, 0121 704 6942.



Principles of Delivery

The WMCA understands that no one agency can deliver this Framework and requires a new collaborative approach which makes the themes and actions relevant to local areas as it does to the WMCA. It will require new thinking of how we inform and influence, lever resources and measure impact on getting more people active, contributing to our wellbeing and economic priorities and long term in reducing the demand for services across the WMCA geography. The following principles of delivery will drive our work.

This will require leadership at all levels, including a physical activity political champion, a WMCA Prevention and Wellbeing team through to leaders within our communities who have agreed to work with us. Our strength will be our collective leadership, in which authority, responsibility and accountability are distributed based on expertise and skill sets across our constituent and non-constituent authorities and stakeholders.

A Common Performance Framework with the SEP which defines the success of the strategic framework not only the progress made, decreasing the percentage of inactive people across the region year on year working towards meeting and then surpassing England average and also evidence the direct impact on identified WMCA's Performance Management Framework. The West Midlands on the Move's Logic Chain details inputs, outputs; outcomes and values which evidence this correlation (see appendix 2).

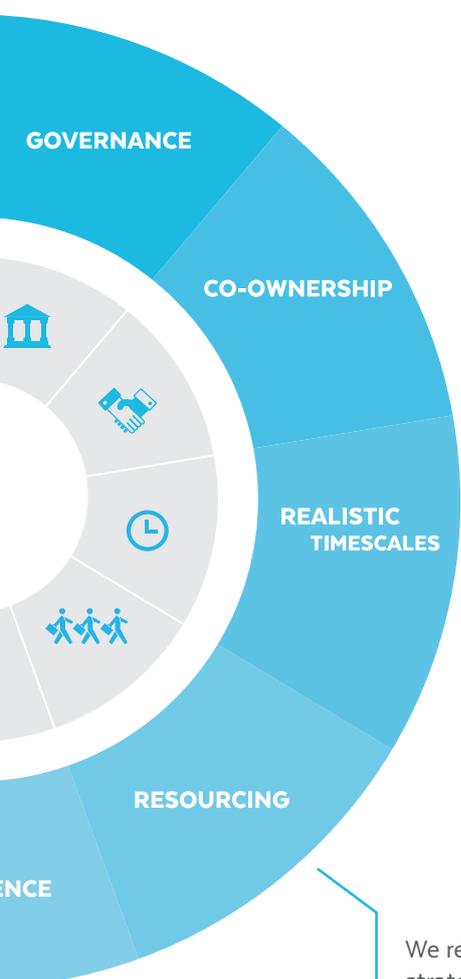
A clear plan based on our insight work will help communicate the vision and the strategic ambitions and the impact so that the message about the importance and desire to change is clear and strong.

We will promote and embed equality and fairness in delivering the Framework, ensuring that actions are tailored to address the inequalities that exist in the number of people taking part including women. We will bring together stakeholders, individuals and communities who best understand the motivations and barriers that exist to determine the specific policies and deliverables needed, included targeted programmes. Our insight will be driven to filling the gaps in our knowledge and understanding. Where appropriate Equality Impact Assessments will be used to ensure that there is no negative differential impact on any specific equality group.



We aim to be leaders in sport and physical activity insight, working with individuals and communities to develop understanding of how individuals view physical activity and sport and how they can be motivated to change their behaviour.

This will be achieved by embedding this framework within the WMCA leadership, strategic themes, priorities and governance. This includes the establishment of the West Midlands on the Move Theme Group within the WMCA's governance framework's Terms of Reference is included as Appendix 1. In addition, we will aim to ensure that the strategic framework is relevant to both constituent and non-constituent members.



Encouraging co-ownership by all partners who will benefit and contribute equally to the delivery of the plan, which recognise and value the added impact this strategic framework can bring. This includes agreeing with members how this strategic framework supports local strategic planning and delivery as well as those themes for which there is consensus for a WMCA approach.

The strategic framework is ambitious and there is a willingness to move work forward quickly to have the impact we need. An initial two year delivery plan has been developed and will be refreshed and reviewed as work streams develop.

We recognise that resources are limited and believe that this strategic framework brings added value to both constituent and non-constituent members enabling work streams to be accelerated and enhanced by adopting a WMCA approach. We will investigate securing resources by working at WMCA level through co-financing, collaborative bidding and the potential of positioning physical activity as a vehicle to enable the achievement of any future priorities, for example, future devolution deals with Government. The implementation plan will also include a Resourcing Framework identifying where members and stakeholders have agreed to work in collaboration.

Appendices

APPENDIX 1 - WEST MIDLANDS ON THE MOVE TERMS OF REFERENCE

WEST MIDLANDS ON THE MOVE THEME LEAD GROUP

TERMS OF REFERENCE. APRIL 2017

OVERALL PURPOSE

Reporting to the WMCA Board via the Wellbeing Board, the Theme Group will lead the development, implementation and impact of the WMCA's Physical Activity Strategic Framework, "West Midlands on the Move 2017-30". This implementation will include demonstrating the scale of impact delivered by reducing levels of physical inactivity in achieving a healthier and more prosperous West Midlands

DEFINITION

The Group's focus is on physical activity, both structured and informal including walking and cycling, both to work and for exercise and more intensive sports. It is about using physical activity as a cross-cutting theme evidencing the impact physical activity can play in improving social and economic development such as community cohesion; employment and skills and transport.

The Group recognises the WMCA's Strategic Economic Plan implementation is a critical inter-dependence on work needed to increase levels of physical activity. The group's primary focus is given to priority actions needed to reduce levels of physical inactivity and inequalities which exist in the West Midlands Combined Authority area and where acting across the area of the WMCA will add additional value to actions at the local authority level.

SCOPE

1. To lead the development, implementation and review of the WMCA Physical Activity Strategy, "West Midlands on the Move" and ensures that the strategy is integrated into WMCA Themes and identifies the added value adopting a WMCA approach brings.
2. As part of the strategy's development, shape and measure metrics are needed to evidence progress and impact in reducing levels of inactivity and its contribution to the WMCA Performance Management Framework including Public Sector Reform.

3. To consider the resources needed in terms of staffing (both existing and potentially new), systems and processes as well as finance needed to implement the Strategy's priorities. This will include working with others to look at how future devolution deals and other external sources of funding could contribute to delivering any additional resources needed.
4. To improve marketing and communications around the added value and impact of the Physical Activity Strategy across the WMCA area.
5. To work towards consensus from each of the constituent and non-constituent members on their commitment to 'West Midlands on the Move' work streams including evidencing the added value this will bring to local delivery; agreeing the scope of co-operation and potentially co-resourcing and measuring the impact on local planning and delivery.
6. To prepare and agree WMCA, Local Authority and Other Network's Board and Theme Group papers and briefings needed to build awareness, integration as part of WMCA policy including future devolution deals and resource bids.
7. To work to ensure that the WMCA Physical Activity Theme Group continues support to both constituent and non-constituent members where it is agreed that it adds value to local and sub-regional planning and delivery.
8. To work towards ensuring both impact and sustainability of the actions set out in its strategic framework.

AUTHORITY

The Group shall be the responsible for shaping the strategy, communications and resources needed. It will seek approval from WMCA Board via the Wellbeing Board and where relevant other identified WMCA Theme Groups such as the Strategic Transport Officers' Group; Thrive West Midlands for adoption, progress reporting, resources and policy matters.

MEMBERSHIP

West Midlands Combined Authority Programme Board Chief Executives shall appoint the following Group members:

- WMCA Political Physical Activity Champion
- 1 x senior officer from each of the 7 constituent local authority members or nominee.
- 1 x senior officer from WMCA Transport for the West Midlands
- 1 x senior officer from each of the non-constituent stakeholder members including Public Health England, Sport England, County Sport Partnerships, NHS Foundation Trust.
- 3 x nominated officers from non-constituent members.
- The Group shall also appoint other advisory members as required.

MEETING ARRANGEMENTS

The meetings shall be scheduled at least three weeks prior to the WMCA Wellbeing Board to ensure effective progress reporting and decision making. Constituent members shall have voting rights. Meeting agenda shall be agreed with the Chair and circulated 10 working days before the meeting and papers prepared and distributed three working days before the Group's meeting.

The Group's chair appointment shall be approved by the WMCA Board following recommendation from the Wellbeing Board. There will be no substitutes attending instead of appointed members to ensure consistency in both decisions making and understanding.

The Group shall be quorate if more than a third of members are in attendance.

To ensure accountability and transparency all Group papers will be accessible to the public via the WMCA website.

All members shall complete an equity, interests and skills registers which will also be listed on the WMCA website. The skills and Interests registers will be updated annually.

The Group is able to establish Working and time limited Task and Finish Groups for specific work as required without specific permission from the Wellbeing Board.

REPORTING

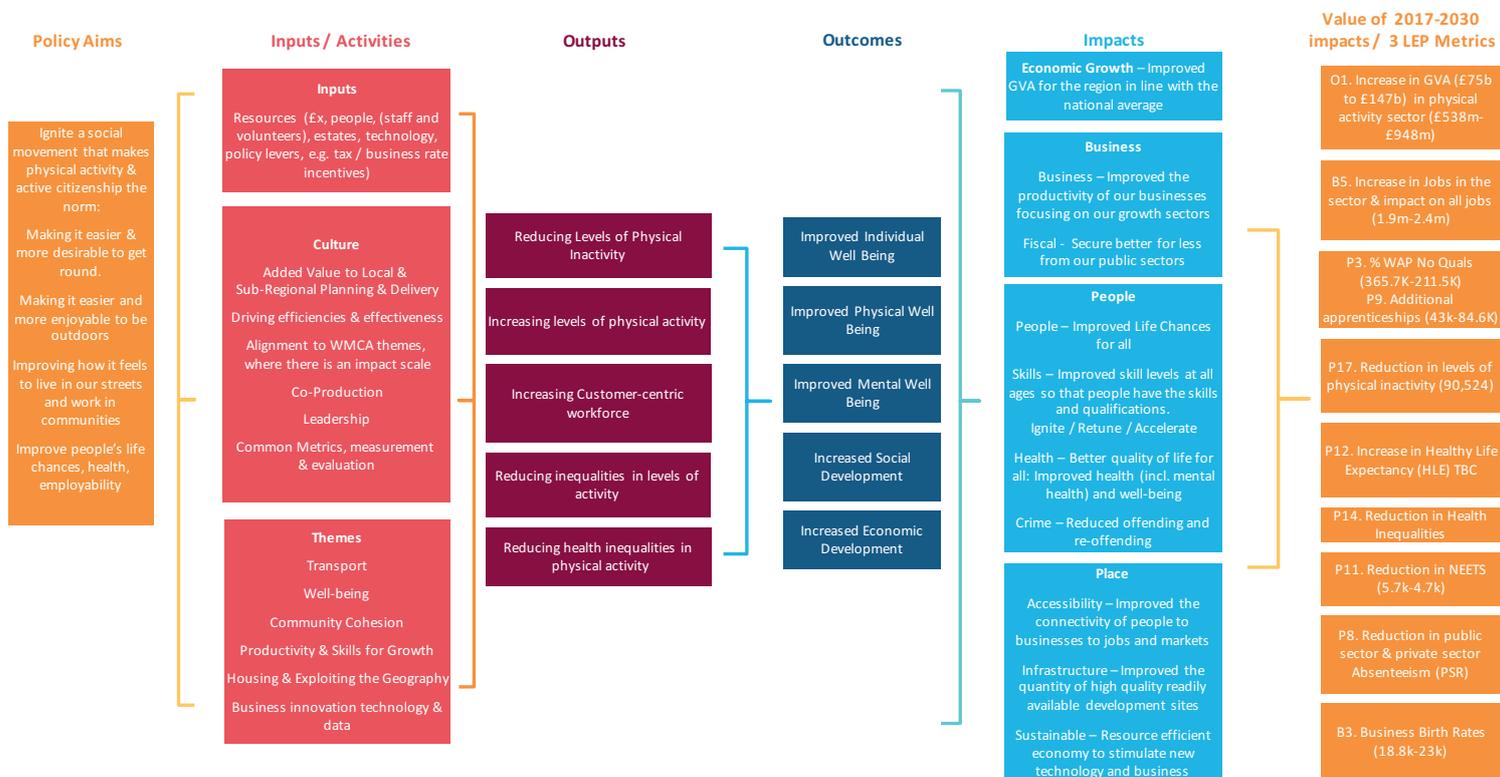
Group minutes shall be reported to the WMCA Wellbeing Board and through to the Programme Board and WMCA Board as required. This includes both progress reports such as dashboards and decisions needed by the WMCA Board.

REVIEW

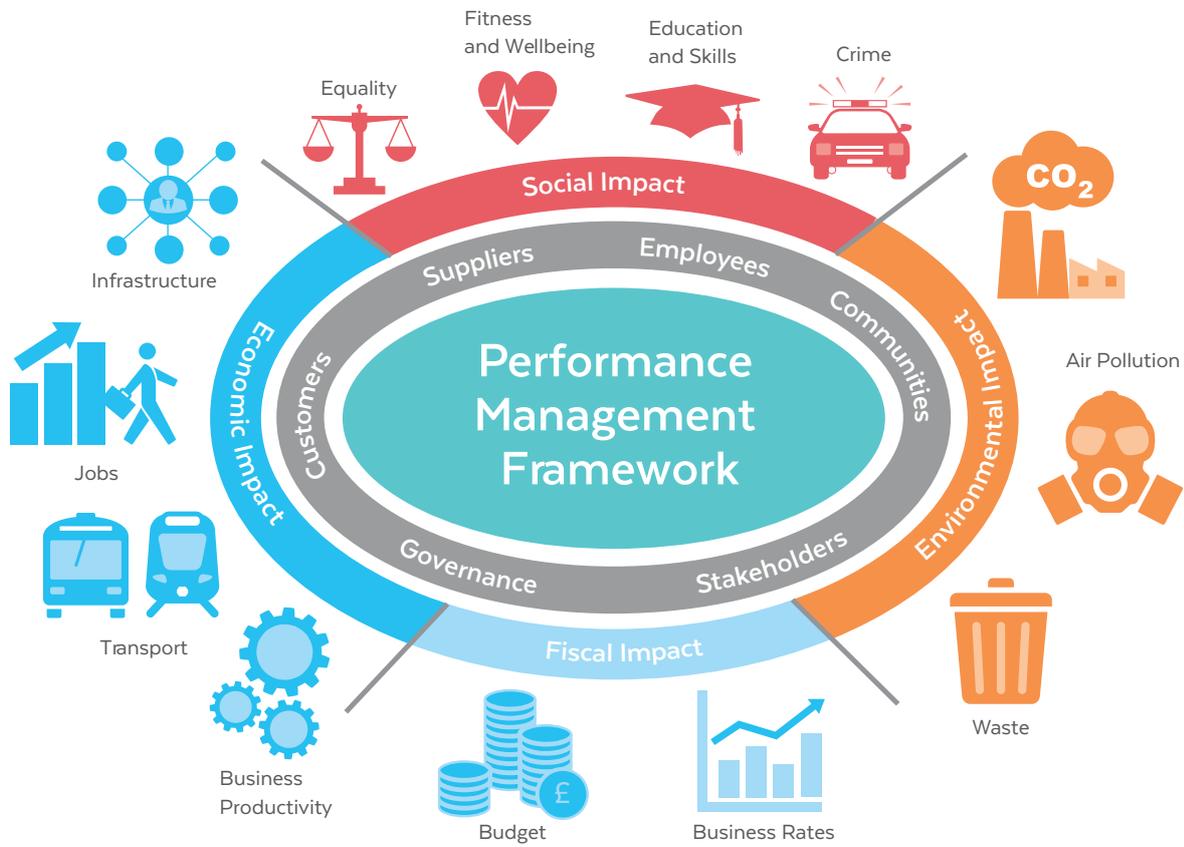
This Terms of Reference will be reviewed on an annual basis in line with the Strategy adoption and year on year delivery of its implementation plan. Approval to any changes both in terms of purpose, resourcing and membership shall be gained from WMCA Board via recommendations from the WMCA Wellbeing Board.

APPENDIX 2 WMCA WEST MIDLANDS ON THE MOVE LOGIC MODEL

The logic model not only provides a summary of the Strategic Framework, but also evidences the sequence of inputs, outputs and outcomes, which determine the values/metrics for which the Strategy’s success will be measured. This has been developed in partnership with the WMCA’s lead for its Performance Management Framework and Public Health England.



APPENDIX 3 PERFORMANCE MANAGEMENT FRAMEWORK





WEST MIDLANDS
COMBINED AUTHORITY

Simon.Hall@wmca.org.uk
16 Summer Lane, Birmingham,
B19 3SD



West Midlands on the Move Strategic Framework 2017-2030

Delivery Plan 2017-2019

21 September 2017 (updated)

Introduction

1. The West Midlands on the Move Strategic Framework 2017-30 (WMoTM) sets out the role that getting more people active will play in achieving “Making Our Mark”, the West Midlands Combined Authority’s Strategic Economic Plan. It is based on the principle that an “Active Community is the dynamo of a prosperous West Midlands”.
2. West Midlands on the Move (WMotM) has been positioned to:
 - a. Support local planning and delivery
 - b. Define themes and actions where there is a value added impact in adopting a WMCA approach to planning and delivery.
 - c. Work towards a common metric aligned to the WMCA’s Performance Management Framework.
3. WMotM is purposely ambitious, placing getting more people physically active at the heart of the WMCA’s priorities for economic growth; wellbeing and public-sector reform. In preparing WMotM, we have consulted with over 35 organisations, encouraging a bottom up approach to the Strategic Framework’s development. There has been extensive input by our Constituent Authorities to shape, consult and determine priorities. With our Constituent Authorities, we continue to consult on “offer and asks” recognising the breadth of good practice as well as areas for development, understanding where “added value” of working collaboratively. With wider stakeholders, we will continue to work together to shape where joint actions. Due to work commitments, consultation has not been concluded.
4. We are also working extensively across the WMCA to consider the inter-dependence between physical activity on specific WMCA economic growth priorities, agreeing context, actions and priorities as evidenced in the Strategic Framework and this Delivery Plan.
5. The Strategic Framework’s implementation is championed by the WMCA’s WMotM Working Group reporting to the Wellbeing Board. As well as strengthening connectivity, the Wellbeing Board also acknowledge that implementation requires new ways of thinking on resourcing, methods, partnerships and planning.
6. This Delivery Plan is being supplemented by a Business Case and Resourcing Plan including identifying which Local Authorities and stakeholders are committed to working with the WMCA to implement and the investment needed and potentially sourced. Local Authority commitment is
7. This Plan will be monitored monthly and reviewed each quarter months by the WMotM Working Group with progress reported to the Wellbeing Board and the WMCA Board as well as agreed local and West Midlands networks.

For further information contact simon_hall@wmca.org.uk. September 2017



**Theme 1:
Transport
and HS2
Growth**

1. Work with Transport for West Midlands, to co-ordinate and oversee the development implementation and delivery of the West Midlands Cycling and Walking prioritiesⁱ, including potential devolution priorities with an emphasis placed on those people who are not currently active by March 2018.
2. Energise the commitment to the Cycling Charter as the vehicle to encourage behaviour change to get more people walking and cycling every day, including using exercise for renewable energy by March 2018.
3. Working with Birmingham and Coventry City Councils; determine both the physical activity and economic impact of the City Rideⁱⁱ and Big Birmingham Bike schemes and explore potential of extending the scheme to other Local Authorities longer term by January 2018.

2018/19

1. Working with Transport for West Midlands develop and implement the first year Cycling and Walking Strategy costed implementation plan with an emphasis placed on co-ordinated the effort needed to get more people active by March 2019.
2. In doing so, evidence the impact in getting more people closer to the job market, getting active and addressing physical activity inequalities by March 2019.

Local Authorities & other Stakeholders	Resources:	September Status:
Constituent Authorities who have expressed a preference to work with the WMCA:	Design Council/LGA Public Health Challenge mentoring programme on Healthy Active Streets adoption and delivery. (This includes both transport and Housing)	Proposal submitted 20/09/17
Coventry CC, Dudley MBC, Solihull MBC, Sandwell MBC, Bham CC Public Health, Wolverhampton CC and Walsall MBC. Awaiting Outcome: Bham CC Wellbeing Service	TfWM Walking and Cycling Devolution proposals	Developing health, physical activity and transport business case for October 2017
Key Stakeholders Engaged: Living Streets, Public Health England; Worcs. CC, Cycling UK; WM Design Forum, West Midlands Cycling Network and UK Active Awaiting Outcome: Sport England.	Health Devolution Proposals	Developing Devolution business case with Prevention and Wellbeing Team for Oct. 17
	Public Health Registrar Placement (including housing and land)	Finalising recruitment and discussion with Public Health England and the WMCA.



**Theme 2:
Housing and
Land**

1. Develop and submit an application to the Design Council/LGA Public Health Challenge focusing on developing and adopting and delivering Healthy Active Streets which will enable WMCA and partners to gain expert guidance by February 2018.
2. Work towards piloting healthy, active streetⁱⁱⁱ proposals in the WMCA area by March 2018
3. Work with the Fields in Trust^{iv} to adopt a WMCA approach to protecting Playing Fields and Open Space in perpetuity and encouraging more people to be active by December 2018.
4. With the West Midlands Urban Design Forum^v, Transport for West Midlands develop and showcase case studies of the wellbeing, social and economic impact of civic active spaces by January 2018.

2018/19

1. Work towards integrating Active Design principles into planning of targeted areas by March 2019.
2. Undertake an assessment of good practice and barriers to the full use of school assets for the community by March 2019.
3. Promote opportunities for physical activity in outdoor spaces including developing the natural capital^{vi} of communities by September 2019.

Local Authorities & other Stakeholders	Resources:	September Status:
Constituent Authorities who have expressed a preference to work with the WMCA: Dudley MBC, Coventry CC, Sandwell MBC, Solihull MBC, Walsall MBC. Awaiting outcome from Bham CC & City of Wolv. Council (awaiting new DPH).	Design Council/LGA Public Health Challenge mentoring programme on Healthy Active Streets adoption and delivery. (This includes both Transport and Housing).	Proposal submitted 20/09/17
Key Stakeholders Engaged: Living Streets, Public Health England; Worcs. CC, Cycling UK; WM Design Forum, Local Authority Duty to Co-operate Group, Birmingham and Black Country Wildlife Trust, Public Health England and Canals and Rivers Trust. Awaiting Outcome: Sport England.	Health Devolution Proposals	Developing Devolution business case with Prevention and Wellbeing Team for Oct. 17
	Public Health Registrar Placement (including housing and land)	Finalising recruitment and discussion with Public Health England and the WMCA.



**Theme 3:
Community
Resilience**

1. Subject to the bid’s outcome, work with Birmingham City Council to use the strategic framework to contribute towards the actions needed across the West Midlands to influence behaviour change to get people active leading up to 2022 Birmingham Commonwealth Games by March 2018.
2. Develop a network of Community Activators^{vii} working in and with communities to develop their own ideas, skills, capacity and solutions to get local people and in doing, strengthen the community by March 2018.
3. Strengthen partnerships with West Midlands Police and Fire Service, multi-faith groups and voluntary and community sector organisations to work with and find solutions to use physical activity to bring communities together by March 2018.
4. Promote the Mayor’s Community Days focusing on how getting more communities taking part in physical activity.

2018/19

1. Continue to promote and ensure delivery of the Mayor’s Community Days encouraging communities to take part in physical activity.
2. Monitor the impact of a community activators programme, sharing lessons learnt West Midlands wide and exploring the potential to roll out similar approaches reflective of communities by September 2018.
3. Pilot work to support a community to own their local spaces and assets for local social good by February 2019.

Local Authorities & other Stakeholders	Resources:	September Status:
Constituent Authorities who have expressed a preference to work with the WMCA: Dudley MBC, Coventry CC, Sandwell MBC, Solihull MBC, Walsall MBC Awaiting Outcome: Birmingham CC & City of Wolverhampton C (awaiting new DPH).	Mayor’s Community Days Programme	Supporting the development and marketing of the programme, including potential funding.
Key Stakeholders Engaged: West Midlands Police West Midlands Fire Service, Living Streets, Sport Birmingham Black Country & Coventry CVS, Heart of England Community Foundation, Public Health England. Sport Leaders UK, Birmingham and Solihull Mental Health NHS Foundation Trust.	Sport England	Initial Discussions started



**Theme 4:
Creative and
Digital**

1. Working with the Consortium for the Demonstration of Intelligence Systems (CDIS)^{viii}, review and promote the impact of practice across the WMCA in utilising digital technology to get people active by October 2017.
2. Explore the potential of a West Midlands wide Open Data approach to enable people to find out about local opportunities and book activities by December 2017.
3. Work with Transport for West Midlands to learn and share practice on the sensor trials to capture walking in Birmingham City Centre data by March 2018.

2018/19

1. Investigate the feasibility of encouraging third party activity ‘apps’ linking with Swiftcard^{ix} and Mobility as a service to encourage more people to be active by March 2019.
2. Consider working with communities to develop and deliver digital schemes to encourage people to adopt more active by March 2019.

Local Authorities & other Stakeholders	Resources:	September Status:
Constituent Authorities who have expressed a preference to work with the WMCA: Dudley MBC, Coventry CC, Sandwell MBC, Solihull MBC, Walsall MBC Awaiting Outcome: Birmingham CC & City of Wolverhampton C (awaiting new DPH).	To be identified	
Key Stakeholders Engaged: Birmingham Smart Cities Network, London Sport, Public Health England Awaiting Outcome: Sport England.		

**Theme 5:
Skills for
Growth &
Employment
for All**

1. Promote physical activity and active travel choices to those deemed hardest to reach and inactive, as part of the Department for Work and Pensions (DWP) 'Work and Health Pilot' getting the hardest to reach into work.
2. With the Thrive West Midlands, schools and Association for PE trial and evaluate the impact of targeted work with a cohort of Primary Schools building young people's resilience and physical activity levels by March 2018.
3. Lead work on how we can maximise the apprenticeship reform agenda to deliver new apprenticeship opportunities in the sector by March 2018.
4. With Thrive West Midlands, develop and implement a Workplace physical activity offer and plan as part of the Wellbeing Charter Commitment and Fiscal incentive.

2018/19

1. Promote physical activity opportunities and active travel choices as part of the DWP Work and Health pilot and evidence the impact on getting people closer to the job market and people more active by March 2019
2. Apply the learning from the Primary school resilience trial to extend the programme to targeted schools across the WMCA area by June 2018.
3. The WMCA will establish the West Midlands Sports Skills Factory^{xi} which provides a physical activity career pathway including job creation programmes for example apprenticeships by January 2019.

In June 2107, we submitted a coordinated response to the WMCA's Productivity and Skills Commission's Call for Evidence.

Local Authorities & other Stakeholders	Resources:	September Status:
Constituent Authorities who have expressed a preference to work with the WMCA: Birmingham CC Public Health, Dudley MBC, Coventry CC, Sandwell MBC, Solihull MBC, Walsall MBC Awaiting Outcome: Birmingham CC Wellbeing & City of Wolverhampton C (awaiting new DPH).	Health Devolution Proposals	Developing Devolution business case with Prevention and Wellbeing Team for Oct. 17
Key Stakeholders Engaged: Sport Birmingham, CSW, Active Black Country, West Midlands Fire Service, West Midlands Police, Public Health England, Association for Physical Education, Youth Sport Trust. Sport Leaders UK, Birmingham & Solihull Mental Health NHS Foundation Trust. Awaiting Outcome: Sport England	Thrive West Midlands Centre of Excellence Proposals	Task and Finish Group work underway aimed to complete by end of October 2017.
	Dept. for Education	With Wellbeing Board approval, initial discussions are in place with the DfE regarding the Sugar Tax Levy.



**Theme 6:
Wellbeing**

1. Working with the Thrive West Midlands Director, develop a co-ordinated Physical Activity Offer as part of the Workplace Wellbeing Charter and Commitment^{xii} targeted at those who are currently physically inactive working for Small and Medium Enterprises by September 2017
2. Review of the impact mental wellbeing physical activity programmes in the WMCA area to explore scaling up practice by January 2018.
3. Work with the Thrive West Midlands Director to ensure adequate training is provided in how physical activity can both support and improve mental wellbeing by February 2018.
4. With the Thrive West Midlands Director, explore a pilot co-financing a social-prescription^{xiii} programme to improve mental health and wellbeing by October 2017.

2018/19

1. Working with the Thrive West Midlands Director, evidence the impact of the Workplace Wellbeing Charter Commitment on improving wellbeing in the workplace by March 2019.
2. Examine the impact of the pilot co-financing social prescription programme and explore potential to expanding the programme long term by December 2018.
3. Develop the evidence on the impact of rehabilitation programme have had the daily lives of people who have long term conditions by March 2019.

Local Authorities & other Stakeholders	Resources:	September Status:
Constituent Authorities who have expressed a preference to work with the WMCA: Birmingham CC Public Health, Dudley MBC, Coventry CC, Sandwell MBC, Solihull MBC, Walsall MBC Awaiting Outcome: Birmingham CC Wellbeing & City of Wolverhampton C (Awaiting new DPH).	Health Devolution Proposals	Developing Devolution business case with Prevention and Wellbeing Team for Oct. 17
Key Stakeholders Engaged: Sport Birmingham, CSW, West Midlands Fire Service, UK Active, Public Health England, Sport Leaders UK & Birmingham & Solihull NHS Mental Health Foundation Trust.	Thrive West Midlands Centre of Excellence Proposals	Task and Finish Group work underway aimed to complete by end of October 2017.



**Principles of
Delivery**

2017/18

1. Appoint WMCA Physical Activity Political and Community Champions by October 2017.
2. Launch the Strategic Framework by November 2017.
3. Establish the West Midlands on the Move Working Group, working to its Terms of Reference and reporting to the WMCA's Wellbeing Board on a quarterly basis and Task and Finish Groups as needed by September 2017.
4. Agree commitments from Local Authorities and Stakeholders by September 2017.
5. Negotiate an agreement on future working with Sport England and other strategic partners which does not impact on local authority, CSP and other stakeholder relationships by November 2017.
6. Develop and implement a Resourcing Plan to ensure delivery including Research, Traineeships and grant funding.
7. Work with the Black Country LEP and Health Population Intelligence Network to implement the West Midlands on the Move Performance Management Framework^{xiv} by November 2017.

2018/19

1. Explore the development of a Physical Activity Academic Research Network by September 2018.
2. Develop a WMCA intelligence and insight programme by July 2018
3. Produce and disseminate a 2017/18 Impact Report by 2018

Glossary

ⁱ WMCA Cycling and Walking infrastructure and cycling charter priorities.

ⁱⁱ City Rides – British Cycling initiative sponsored by HSBC, providing a free day of bike riding fun in major cities. <https://www.letsride.co.uk/city-ride>

ⁱⁱⁱ Active Street - transforms your local road or street into a safe, vibrant community space for a few hours at a time <https://www.bvsc.org/news/active-streets>

^{iv} Fields in Trust - <http://www.fieldsintrust.org/>

^v West Midlands Urban Design Forum - <http://www.rtpi.org.uk/the-rtpi-near-you/rtpi-west-midlands/west-midlands-urban-design-forum/>

^{vi} Natural Capital - <http://www.warwickshirewildlifetrust.org.uk/NaturalCapitalVision>

^{vii} Community Activators – www.communityactivators.com

^{viii} CDIS – <http://www.birminghamsciencecity.co.uk/case-study/consortium-for-the-demonstration-of-intelligent-systems/>

^{ix} Swiftcard - <https://www.networkwestmidlands.com/swift>

^x Department for Work and Pensions Work and Health Pilot

^{xi} West Midlands Sports Skills Factory – the potential to scale up the Black Country’s virtual model to provide a framework and platform to promote innovative, information, advice and guidance on the value, pathway, destinations and skills required across the sector; co-ordinate and broker training/cpd to both new and existing workforce to meet identified demand, including apprenticeship training programmes, work with providers, employers and organisations to facilitate a demand led skills development system. <https://www.blackcountrylep.co.uk/news/active-black-country-and-black-country-lep-launch-the-uks-first-sport-and-physical-activity-sector-skills-plan/>.

^{xii} Workplace Charter and Commitment - <http://wellbeingcharter.org.uk/Downloads-Tools.php>

^{xiii} Social Prescription- a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector <http://www.opm.co.uk/blog/social-prescribing-offers-a-model-to-prevent-ill-health-but-shared-decision-making-could-be-the-mechanism-that-makes-it-happen/>

^{xiv} West Midlands on the Move Performance Management Framework – developed to evidence the impact of increasing levels of physical activity on specific WMCA performance management framework measures.