



Wellbeing Board

Date: Friday 20 April 2018

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
Dame Julie Moore	STP Systems Leader NHS
Andy Williams	STP Systems Leader NHS
Sue Ibbotson	Public Health England
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
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AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
2.	Minutes of the last meeting	Chair	1 - 6
3.	Matters Arising	Chair	None
4.	Chair's Remarks (if any)	Chair	None
5.	Developing the PSR and Wellbeing Agenda	Henry Kippin	None
6.	West Midlands Mental Health Commission Update	Sean Russell	7 - 18
7.	Update from STPs Leads & NHSE / Feedback from Health & Wellbeing Chairs	Alison Tonge	None
8.	Update on West Midlands 'On The Move' & proposed collaboration with Sports England	Simon Hall/Cllr Caan	None
9.	Progress on Wellbeing Work Plan	Jane Moore	19 - 30
10.	Date of Next Meeting - To be advised		None



WEST MIDLANDS COMBINED AUTHORITY

Wellbeing Board

Friday 19 January 2018 at 1.30 pm

Minutes

Present

Councillor Bob Sleight (Chair)	Solihull Metropolitan Borough Council
Councillor Ken Meeson (Vice-Chair)	Solihull Metropolitan Borough Council
Councillor Paulette Hamilton	Birmingham City 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
Dame Julie Moore	STP Systems Leader NHS
Sue Ibbotson	Public Health England
Guy Daly	Universities (Coventry)
Sean Russell	Mental Health Implementation Director
Sarah Marwick	West Midlands Police

In Attendance

Mark Barrow	OPE Programme Director, Arcadis
Simon Hall	WMCA
Dr Henry Kippin	PSR Director
Jane Moore	WMCA
Duncan Vernon	WMCA

Item Title

No.

23. Apologies for Absence

24. Minutes of the last meeting

The Minutes of the meeting held on 6 October 2017 were agreed and signed by the Chair, as a correct record.

25. Matters Arising

There were no matters arising.

26. Chair's Remarks

The Chair reported that in relation to feedback from the Health and Wellbeing Boards and STPs on the wellbeing Priorities and Devolution Proposals, this would be deferred to the next meeting. The Chair also reported on the launch of the 'West Midlands on the Move' event in November 2017 which he and the Mayor had attended with guest David Moorcroft.

27. Introduction to Public Service Reform

The Director of Public Service Reform, Henry Kippin provided the committee with an introduction to Public Service Reform (PSR). The presentation set out the context of PSR which included devolution, budget, industrial strategy, housing, health and care and inclusive growth.

It was agreed that further updates would be given to the board in due course.

28. Progress on Wellbeing Priorities

Jane Moore presented a report that provided an update on the work being undertaken on the Wellbeing Priorities since the last meeting and in particular reported on the two priority areas of cardiovascular disease and diabetes and on children and young people.

The report also put forward a proposal for a combined local government/health West Midlands Alliance to address health and inequality. Jane Moore reported that the proposed alliance would act as an 'engine' for sharing good practice and collaboration across the 6 Strategic Transformation Plan (STP) areas, WMCA and local authorities from Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, Wolverhampton, Stoke on Trent, Telford, as well as the counties of Staffordshire, Worcestershire, Herefordshire, Shropshire and Warwickshire.

It was noted that the alliance would be an officer group, led by professionals and clinicians that would raise the profile of health and inequalities, focussing initially on the prevention of cardiovascular disease.

The report asked that the board agree the proposals (attached to the report as appendix 1) and take these to their local Health and Wellbeing Boards and STPs for further discussion.

The Chair added that the report considered today, should form the basis of the conversation with boards/STPs to consider whether an alliance was appropriate. He advised the board that the alliance would not replace the work that is currently being undertaken within the localities but would look to add value and additionality by working at the West Midlands level.

Jane Moore reported that a further report updating the board would be submitted to the next meeting in April.

Resolved:

1. That the progress on developing the cardiovascular and diabetes and children and young people priorities be noted;
2. That the proposal for a West Midlands Alliance to address health and equity and health inequality be supported;
3. That the proposal that a conversation is led by STPs, WMCA and associated local authority members via STP boards and local health

and wellbeing boards as highlighted in paragraph 19 of the report be supported;

4. That the Directors of Public Health, Directors of Adult Social Care and STP Clinical Leads support this process be recommended and
5. That a further paper be submitted to this board following local discussions to approve final proposals for the Alliance and a framework for a concordat be agreed.

29. WMCA Wellbeing Dashboard and Intelligence

Jane Moore presented a report that outlined proposals for a WMCA Wellbeing dashboard and set out how the work on the Wellbeing Intelligence Hub and the intelligence offer that would support the objectives and priorities of the Wellbeing Board.

Jane Moore conveyed her thanks to Public Health England for their input and intelligence capability into the design and dashboard of the report.

In relation to an enquiry from Councillor Meeson regarding the omission of data on learning difficulties and autism, Jane Moore reported that this report was the first iteration that was designed to provide a high level overview. However, she advised that she would be happy to take on board any suggestions for indicators and would report on the potential for other indicators proposal to the next meeting. It was noted that the dashboard would be a 'live' framework for accessing real time data.

Councillor Robertson reported that it would be helpful if there were arrows included on the dashboard to show whether the position was improving or worsening for each indicator.

In relation to an enquiry from Councillor Hamilton regarding the use of the dashboard by the proposed West Midlands Alliance, Jane Moore reported that the Alliance would review the dashboard. It was also noted that work was being undertaken to look at how this would work for population health intelligence, measuring healthy life expectancy and relating intelligence to health impacts and could support local objectives. Jane Moore highlighted that currently PHE and intelligence expertise from within four of the WMCA local authorities had been working on better reporting of healthy life expectancy. She added that this board would review the dashboard every other meeting (once every six months).

Resolved:

1. That current progress on developing effective population intelligence across the WMCA/West Midlands area be noted and
2. That the Wellbeing Dashboard and proposals to develop indicators linked to the wider determinants of health be noted.

30. Transport and Health Strategy

Duncan Vernon was in attendance to present a report that updated the board on the development of the Health and Transport Strategy and how the actions would be taken forward.

It was noted that the Transport and Health Strategy actions and text had been agreed by the Strategic Transport Officers Group at its meeting on 15 January 2018.

Duncan Vernon outlined the four main actions emerging from strategy which were: to utilise data on population health to help prioritise and target interventions; through the Equality Impact Assessment process assess the equity of health impacts; to understand the social impact of transport schemes and to set out an evidence based statement of what makes a healthy and active street and trial the approach.

Resolved:

1. That the actions and text of the Health and Transport Strategy be agreed;
2. That the WMCA uses the principles set out in the actions within decision making process be endorsed and
3. That the opportunities identified, to take forward the four actions and enhance the positive health and wellbeing impact that transport schemes have be endorsed.

31. Communication and Engagement with the WMCA Wellbeing Board

Jane Moore presented a report that set out a proposed approach to written updates from the Wellbeing Board and sought feedback from the board so that it could be used as a regular tool to inform stakeholders of progress and to engage them in action.

The board endorsed the proposed written updates that would serve to support and strengthen the dialogue and synergy with the work of the Health and Wellbeing Boards and also the work of Sustainability and Transformation Plans with the Combined Authority Area.

Resolved:

1. That the proposed approach to regular written updates from the Wellbeing Board to improve engagement between the Wellbeing Board and local boards be approved and
2. That the development of a format for communication as set out in Appendix 1 of the report be approved.

32. West Midlands on the Move - Physical Activity Implementation

Simon Hall presented a report on 'West Midlands on the Move' physical activity implementation that sought approval of a number of interconnected

'West Midlands on The Move' physical activity priorities.

Simon Hall reported that Coventry winning the City of Culture 2021 and Birmingham for the Commonwealth Games was a great opportunity to use international events to boost the economy, improve wellbeing and get more people active.

Councillor Hamilton reported that West Midland local authorities could help build the legacy for the Commonwealth Games and work together in partnership for the local good of the community.

Councillor Sweet concurred that a legacy would make a difference if 'we get it right'.

Simon Hall also outlined the work being undertaken to increase physical activity as part of the second devolution deal, the sport England and Birmingham and Solihull placed based pilot and the immediate implementation priorities that are being developed by the West Midlands on the Move Theme Lead Group.

Resolved:

1. That the physical activity outcome of the West Midlands Devolution deal and discussions with local authorities be noted;
2. That a collaborative approach to work with Government, local authorities and commissioning agents, to pilot work to get more people active be approved;
3. That Birmingham, Coventry and Solihull be congratulated for their considerable success in securing major events and investments into sport and physical activity which will be of benefit to the West Midlands;
4. That approval be given for the WMCA to open discussions on a West Midlands wide coordinated commitment (legacy) to get more people active leading to and post Commonwealth Games;
5. That a report be submitted to the next meeting on developing the Sport England framework and the scope of the disability and physical activity work be agreed and
6. That the initial priorities as set out in the report be agreed.

33. West Midlands Mental Health Commission Update

Sean Russell updated on the board on the work being undertaken for the West Midlands Mental Health Commission since the last meeting.

Sean Russell reported on the key headlines in relation to the Employment and Employer, Housing First, Criminal Justice, Improving Care and Community Engagement workstreams.

Councillor Meeson reported that he and Councillor Hamilton see a lot of mental health patients and that no real support is offered to help people get into work and training which often leads them to return as patients.

Sarah Norman acknowledged there were serious challenges and whilst the employment pilot (IPS) was not based in Solihull, there was real potential for the Department for Work and Pensions to recognise the value of the pilot and to roll-out the scheme nationally.

Sean Russell reported that he was in the process of undertaking a 1 year stock review of the Mental Health Commission and conveyed his thanks to the board, Sarah Norman and the WMCA Leadership for allowing this programme 'to fly'. He also thanked Sue Ibbotson and Alison Tonge for unblocking challenges during the course of the year.

Sarah Norman thanked Sean Russell for the terrific work he had undertaken during the course of the year and commented on the amazing progress he had made on the Thrive programme and how the WMCA had added value to the work of local authorities.

The Chair and the board endorsed the comments made by Sarah Norman.

Resolved: That the update on the West Midlands Mental Health Commission be noted.

34. Date of Next Meeting - 20 April 2018 at 1.30pm

The meeting ended at 3.35 pm.



WEST MIDLANDS
COMBINED AUTHORITY

WMCA Wellbeing Board Meeting

Date	20 th April 2018
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 23 rd February 2018

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 West Midlands Mental Health Commission has been a significant programme within the Combined Authority since its inception, following the development of the Commission and the leadership from Rt. Hon. Norman Lamb MP, who chaired the Commission and Sarah Norman as the Chief Executive lead sponsor. The focus on health and wealth, providing two sides of the same coin creates a strong health improvement narrative and an influential economic case for engagement. The story within the West Midlands is no different to other areas within the country but the engagement of the Mayor and the wider opportunities that the West Midlands Combined Authority brings creates the perfect platform to initiate an innovative approach and the Mental Health Commission provides the bedrock to support this approach.
- 1.2. The Combined Authority is mandated to develop the wider regions infrastructure, creating better opportunities for employment and skills and developing opportunities for adding value at a regional level on key determinant issues. These are all areas which assist the drive to support the Mental Health Commission Action Plan. The Programme has worked in collaboration with each area of the Combined Authority to develop connectivity and increase engagement with the programme.
- 1.3. The Mental Health Commission focused on key areas; Employment and skills, Housing First, mental health in the Justice System, mental health in a care system and wider collaboration to build capacity. With 1 in 4 people experiencing poor mental health during their lifetime and nearly half of all illness for the under 65's is poor mental health, the impact to our economy is significant. In the West Midlands alone, 4.159 Million working days are lost to mental health reasons at a cost of just over £2 Billion pounds of mental health related inactivity. The Link therefore is clear for the programme to support the national industrial strategy and the alignment of the local industrial strategy moving forward.
- 1.4. The West Midlands Combined Authority has supported this programme as a priority programme during the last twelve months and moving forward is committed with partners to address the wider causes of poor mental health and wellbeing which incubate poorer economic outcomes. The energy post this review will build on the existing work and create a framework of radical prevention with inclusive growth and strong collaboration being the additional pillars of work to create a stronger more sustainable approach as well as a strategic alignment to the reforming public service agenda.
- 1.5. 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 12 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 West Midlands Engine 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. A scoping event is taking place in April 2018 with the Midlands Engine to ensure that the approach directly links to the learning from the WMCA MH Commission and the recent report from Lord Stevenson and Paul Farmer.

2.0 Resources – The Mental Health Commission has operated in the first year with a minimal resource level to create the bedrock for turning ‘words into action’. The Implementation Director has been supported by a graduate trainee for 6 month and a Public Health Registrar to aid the development of the THRIVE at work scheme. Additional support in the guise of consultants has been used to help shape the commissioning and framework for future delivery.

2.1 Moving forward through the agreement of the WMCA budget the shape of the programme team is developing to support the delivery of programmes. Three new programme lead posts will be created to oversee the delivery of the key areas of business. A graduate position will be available for a six month rotation to support the operationalisation of work streams and a programme management resource will be created to assist with programme design.

2.2 From external partners, Mental Health First Aid England has funded a two year secondment for a regional coordinator post to assist in the development of the mental health literacy programme. Discussions are currently taking place to identify further opportunities for a Public Health Registrar to support a number of key programmes.

3.0 Progress

3.1 **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 now moved until the end of April 2018. There has been slight slippage in two evaluation elements of the programme within the Health and Work Unit preventing the initial proposed start date of 23rd March 2018 from occurring. 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, with a delivery phase now condensed to 12 month timescale. 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.

3.2 Significant progress has been made in the following areas over the last twelve months: The trial has been submitted to the Health Research Authority (HRA) for ethical approval which received approval on 19th September.

3.3 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.

- 3.4 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 ongoing to recruit a small permanent team of staff to manage the programme.
- 3.5 **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 12 months.
- 3.6 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 £1.6m. The draft proposal is now in with the Work and Health Unit and is subject to a formal challenge briefing session on 28th February where scrutiny was given to the programme. The approach focused on the fidelity of the model and the engagement with businesses to satisfy the board that the approach will be delivered. The final sign off Board has now been arranged for May 2018.
- 3.7 It is anticipated that recruitment of the business for the pilot will occur in June and July 2018. The timeline for delivery has shifted due to building the effective research and pilot programme using strong local academic partnerships (Warwick Business School and Centre for Health Leadership at Warwick University) and RAND Europe who are all specialist in the field. The recruitment of businesses will need to reach across the wider WMCA footprint to support the approach of scalability and also ensure we test across a host of different business sectors within the pilot.
- 3.8 The programme will be formally evaluated by an academic partner and will seek to support wider discussion with Government Departments in 2019/2020. A VEAT notice / collaboration agreement was developed with the procurement team and legal team to continue the work with the national specialists. Following publication there has been no challenge to the process or the providers.
- 3.9 **Employment and Employer- Wellbeing Charter** – Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority have been working with partners in Local Authorities and Public Health to create a new THRIVE at Work programme. This programme will build on the existing evidence base and create model for improving wellbeing in work place. The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme will also focus on mental health, muscular skeletal health, improving physical activity and a number of risk factors including poor diet, smoking and poor financial health.
- 3.10 The approach will create a formal offer for businesses and create a toolkit which is free for businesses as well as creating strong links to local services and voluntary sector networks.
- 3.11 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.
- 3.12 **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. This work if adopted formally could be a market leader. The programme is seeking to set the pace nationally on this agenda and the link to employee wellbeing could be an interesting testbed. Working with the Office of Civil Society the Public Service work stream is seeking to formulate an offer and approach for a social economic strategy in support of the Public Services (Social Value) Act 2012.

- 3.13 **Housing First work stream** - 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.
- 3.14 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 met a number of times and prepared a final report to support the Local Authority Housing First bid.
- 3.15 From this data and the evidence, the group have 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. It is expected that the wider Housing First model being developed within the region will support the small pilot for people living with poor mental health who are not quite at the entrenched rough sleeper position.
- 3.16 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.
- 3.17 **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 slower than anticipated. The originating engager programme team have been supportive but the model had to be re designed for use locally. Clinical arrangements for staff inside the prison and supervision has proved extremely challenging with only 3 specialist trained staff nationally able to provide the model. A variance of the model has now been designed to enable the programme to be commissioned locally and to support the flow from prison custody into the community with strong support post release.
- 3.18 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.
- 3.19 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). This will be carried over from year 2017-18 to enable the programme to develop.

- 3.20 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.
- 3.21 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.
- 3.22 It should be noted that the initial provider sought to develop this programme has pulled out of the discussion at a very late stage and a new provider is being sought. It is anticipated that the programme will commence in June / July 2018 and to start see the first interventions in Autumn 2018.
- 3.23 **Criminal Justice - Mental Health Treatment Requirements** – The West Midlands has now been identified as one of five national Test Bed sites. Birmingham is now live with the model running in both Magistrate’s and Crown Court. The programme has now been running since December 2017 and has made over 23 recommendations for Orders. This will give courts a sentencing option of a Mental Health Treatment Requirement. The model is seeking to widen out the Community Sentence Offer and is linking with Drug and Alcohol services and both National Offender Management Service and the local Community Rehabilitation Company to ensure that alignment is made to promote the best outcomes for the individual.
- 3.24 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. Secondary care services have been supported to ensure that existing open patients can have a new care plan offer to support a Treatment Order. Moving forward Wave two sites (Black Country and Coventry) are seeking to be developed in summer 2018.
- 3.25 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.
- 3.26 **Improving Care - Primary Care Mental Health** - 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.
- 3.27 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.
- 3.28 A draft report has now been completed by Dr Paul Turner which is being shared with NHS England and local Clinical Commissioning Groups. The outcome of the report is to create a model which can be scalable across the region.
- 3.29 There are emerging examples coming out of the renewed focus with a strong GP led mental health programme in Worcestershire; development of a multidisciplinary model with mental health Nurses working in practices in Birmingham and the development of the new care model in Dudley.
- 3.30 **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.
- 3.31 MERIT has develop a co-ordinated bed management function, providing a 24/7 bed management function and standard operating procedures. This allows bed managers in the partner Trusts to view the status of each other's inpatient beds, with an agreement between them that they could call on vacant beds for patients who might otherwise be sent out of the West Midlands. There was, from the beginning, anecdotal evidence that the Trusts were using beds outside the West Midlands when more local beds were, in fact, available. This was attributed to relatively poor collaborative relationships, an often proprietorial mind set in bed allocations, and the relative lack of communication between neighbouring organisations' bed managers.
- 3.32 Improved access to beds in the wider West Midlands area (and a consequent redefinition of 'out-of-area' to mean 'out-of-West Midlands') reducing demand for more distant placements, which might separate inpatients from the friends, family or other support networks required for a successful early discharge, and could therefore prolong an admission. Out-of-area admissions also remain significantly more expensive for the local health economy, the travel involved can be traumatic for the service user, and repatriation arrangements can take longer once a local bed becomes available.
- 3.33 The Bed Finder is a web-based system, created in-house by one of the partner Trusts on behalf of the partnership which went live at the end of December 2017. Beds can be identified across the four partner Trusts, and searches can be undertaken according to the needs of the patient concerned, such as gender, age, forensic history, required ward type (PICU/acute/organic etc). Each Trust's internal system feeds the web-based viewer, to provide information which is as close to real-time as possible. A weekly conference call is in place between the bed managers form the MERIT Trusts to review bed status, capacity and demand. Evaluation is currently underway to review the impact of the current work.
- 3.34 **Early intervention for Psychosis** - The West Midlands Mental Health Clinical Network works with Clinical Commissioning Groups, the Mental Health (MH) Trust Providers of Early Intervention in Psychosis (EIP) Teams, and various other key stakeholders within the West Midlands footprint, which includes Shropshire and Staffordshire, across Midlands and East,

and nationally in supporting the implementation of the Access and Waiting Time Standards (2016).

3.35 Over the past 12 months, the Clinical Network has:

- Commissioned various training provisions for EIP providers to support the delivery of the NICE concordant package of care which is offered to patients as part of the Access and Waiting Time Standards. This has included Physical Health, Carer Focused Education and Support, Behavioural Family Therapy, Comprehensive Assessment of at Risk Mental Health States, a Data and Quality Focused Workshop, and finally a “Supporting the Standards” two day Training and Information Sharing Event.
- Worked with the MH Commissioners, the MH Trust Providers of EIP, and the MH Trust Provider Data Analyst Teams to improve the reporting and quality of data on both Unify and the Mental Health Service Data Set (MHSDS). This has been in conjunction with NHSE, NHS Improvement and the Intensive Support Teams.
- Supported the MH Commissioners and MH Trust EIP Providers by building the awareness of First Episode Psychosis (FEP) with colleagues in Primary Care. Resources were distributed to GP Surgeries across the West Midlands, as well as attending either Multi-Disciplinary Team Meetings or One to One meetings to discuss this specialism further.
- Supported the EIP Providers by attending a bi-monthly forum to explore and discuss themes and challenges, and share best practice around the delivery of the standards.

3.36 Moving forwards into 2018/19 the Clinical Network and MH Commission will continue to provide quality improvement support in this work-stream and will engage accordingly with key partners both regionally and nationally

3.37 **Improving Equality** - 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. This work will be a formal work stream for spring / summer 2018 and seek to develop as a community led programme.

3.38 This work will also be supporting the Centre for Mental Health who have just commenced a commission to look at inequality with in the Mental Health provision. It is anticipated that a significant amount of review work will be undertaken in this arena in the next 12 months to provide support to local providers and stakeholders to develop improved outcomes.

3.39 **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.

3.40 The Second year event is planned for Sunday 7th October 2018. A planning event is due to take place in March / April 2018. The event will seek to start and finish in Birmingham City Centre with an ambition to recruit at least 3000 participants. To support this it is requested that this event is promoted wherever possible.

3.41 **Community Engagement -Supporting the drive to prevent suicide.** A paper was presented to the Directors of Public Health in the region in September 2017 which sought to develop the wider narrative around zero suicide. The position should be that suicide is not inevitable, it is preventable. The model was adopted and is now being developed with the Local Authority Suicide Reduction Partnerships. 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. The focus for this will approach will work on three key areas; Data improvement, Training and development for staff and communities and live time surveillance where we can work with the regions emergency services to capture live time information and respond to emerging trends or issues.

- 3.42 **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 (MHFA) England to support the programme with a programme development manager Interviews for this post which is a two year seconded position working with the WMCA took place on Tuesday 13th February. The successful candidate is due to start on the 24th April 2018 and will coordinate the MHFA training programme across the midlands.
- 3.43 In the first year, nearly 11,000 people have been trained in Mental Health First Aid. This does not include the work being undertaken in schools. With the two programmes becoming aligned in spring 2018, we are seeking to ensure that we will be pushing towards 30,000 people trained in the twelve months.
- 3.44 Working With Public Health England we are supporting the approach for a universal digital platform for mental health awareness. The programme will seek to provide access for 300,000 people in the region to a basic awareness programme. This forms part of the Prime Ministers one million campaign. The programme is going for Ministerial review on 26th February and we are hoping that the WMCA will be a test bed site for the programme to launch in early summer 2018.
- 3.45 This model will then be cascaded out across the wider Midlands Engine agenda and support the overarching ambition to train 500,000 people in mental health awareness in ten years.
- 3.46 **Community Engagement - Citizen Jury THRIVE mental health cafés** – 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
- 3.47 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.
- 3.48 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.
- 3.49 **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.

- 3.50 In May 2018, the next Global cities event will take place in Stockholm. The Implementation Director will support the programme and he will be hosting a match event focusing on the work undertaken by the MH Commission and the wider wellbeing Health and Wealth Approach.
- 3.51 **New programmes of work moving forward** – following the launch of the Thrive Programme a number of area of business have been raised which will seek to add additional value to the current work streams
- 3.52 **Veterans support** – building on the Armed Forces Covenant a work stream is emerging involving veterans / armed forces leavers’ access to health and work systems. Working with the existing Veterans network in the region the ambition will be to provide a coordinated response to this agenda. The proposal is to create a programme linked to the WMCA commitment that connects the wider wellbeing agenda and employment and skills commission. It is proposed that this work will commence in Summer 18.
- 3.53 **Wider Criminal Justice connectivity** – Through the Mental Health Commission a link has been created with the Local Criminal Justice Board chaired by the Police and Crime Commissioner. The link has created an opportunity to review the journey through the Criminal Justice system of people experiencing poor mental health. It is proposed that a group is established to create a Health and Justice programme for the Local Criminal Justice Board (LCJB). This group will focus on the key transition points in the system where justice and health collide and seek to create a change in the service commissioned and provided.
- 3.54 This group will focus on the key transition points in the system where justice and health collide and seek to create a change in the service commissioned and provided. The inaugural meeting is due to take place on 25th April and the outputs will be reported to the LCJB where consideration will be given to taken any recommendations forward.
- 3.55 **Young people prevention** – perhaps the biggest opportunity in this arena is the radical prevention ambition which will seek to create a stronger position for building resilience and support for the young people in the region. Work has been ongoing to understand the evidence base in this arena and a link to the wider preventative approach. Although there may not be an appetite for a whole scale preventative programme, two programmes stand out for further exploration; Positive parenting practice and school based resilience. Both programmes have existing footprints within the WMCA but a coordination at regional level may add additional value.
- 3.56 **Work place wellbeing** – linked to the Midlands engine the development of the learning from the Thrive programme has the potential to be extended across the region. Linking to the £7 million within the innovation and enterprise programme of the Midlands engine it creates a platform to build on the Lord Stevenson and Farmer review which focuses on improving mental health in the workplace. It’s is expected that this will be a significant programme of work for the next two years to create a delivery model that focuses on linking improving individual mental health with the industrial strategy.

4.0 Financial implications

The Commission and Initiatives have been delivered during 2017/18 within the approved budget. Onward work will progress within the resources and funds approved in the Combined Authorities Operational Budget for 2018/19 and additional grant funding secured in year.

The 18/19 budget allocated for mental health is £435,000. This consists of £304,300 for resources, £100,000 for project delivery expenditure and £30,700 for commission and citizen jury expenses.

Further grant funding secured to date includes funding for the IPS programme which has been allocated £8.355m of funding from the Work and Health Unit over 3 years and £80k from the Police and Crime Commissioner for the Criminal Justice - Engager Programme.

6.0 Legal implications

6.1 There are no new legal implications

7.0 Other implications

7.1 Nil

8.0 Schedule of background papers

8.1 Nil

9.0 Appendices

9.1 Nil

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Wellbeing Board Meeting

Date	20 April 2018
Report title	Update on Health and Wellbeing Programme
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 Prevention and Wellbeing Email Jane.Moore@wmca.org.uk Tel 0121 214 7039
Report to be/has been considered by	This paper will be considered by WMCA Programme Board

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. To consider the Health and Wellbeing Plan on a page.
2. To review the key work areas under this plan.

Purpose

- 1.1 This report presents the work that has been undertaken since the last Wellbeing Board on the Health and Wellbeing agenda.

2.0 Background

- 2.1 Since the last meeting of the Board work has been undertaken to ensure that the WMCA Health and Wellbeing agenda is clearly aligned with the WMCA PSR and Inclusive Growth agenda and that there is a clearer narrative on how the Health and Wellbeing portfolio contributes to the overall WMCA objective of delivering economic growth that benefits all the people of the West Midlands. This has been summarised in the plan on a page in appendix 1 together with the PSR plan on a page.
- 2.2 At the last Board meeting we agreed that we would produce a work plan for this meeting. This has now been produced in summary form in a plan on a page (appendix 2) and in a table that summarises the actions and deliverables currently underway for each work stream (appendix 3).
- 2.3 The Board are asked to review the proposed framework for describing the work undertaken within the Health and Wellbeing Portfolio and to review the summary work plan. The intention will be to present an update of the summary work plan at each Board meeting together with more detailed reports on specific elements of the work at critical milestones or delivery points. An example of this is the report on the one year stocktake of the Thrive West Midlands programme that is coming to the current Board meeting.

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 Financial implications

- 4.1 The financial implications will depend on the development of the programmes for the two priority areas.

5.0 Legal implications

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

6.0 Equalities implications

- 6.1 Any equalities implications will depend on the programmes developed

8.0 Other implications

- 8.1 None.

9.0 Appendices

PUBLIC SERVICE REFORM, INCLUSION AND COHESION PLAN ON A PAGE

The WMCA’s ‘public service reform, inclusion and cohesion’ portfolio is the foundation stone for inclusive growth across the region that all of our residents can benefit from. We believe in change through collaboration - working with our members and partners on public service innovation that connects our communities and unlocks our potential. This is ‘whole place collaboration built from the bottom up’. Our role is about adding value through insight, innovation and system leadership - helping to create the conditions for new models of service delivery that can make a real difference on the ground.

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INCLUSIVE GROWTH

Promoting a model of economic growth that impacts positively on all of our residents and communities. Our activities focus on building our capacity to influence and promote inclusive growth priorities, driving social value in everything we do, and developing specific actions to promote inclusive transport, housing, skills and public service outcomes.

RADICAL PREVENTION

This is about developing radical new ways of preventing social problems that are entrenched within the region, and which block the potential of so many of our communities. Our activities focus on changing outcomes for some of our most disadvantaged people, both through leading edge research and the application of new delivery models alongside our members and system partners.

SYSTEM COLLABORATION

This is about enabling change across the system of public services and civil society within the West Midlands - through creating space for collaboration and establishing the building blocks for whole place change. Our activities focus on unlocking collaboration between our members, and applying new ways of solving problems.

INCLUSIVE GROWTH UNIT

Including our Inclusive Growth Toolkit, and regular blueprints for inclusive growth outcomes in key policy areas.

SOCIAL ECONOMY & SOCIAL VALUE

Including our Social Economy Taskforce, which explores the role of social econ orgs and social value commissioning in inclusive growth.

CONNECTED COMMUNITIES

Including the development of PSR hubs and ensuring IG outcomes in transport and housing policy.

MULTIPLE COMPLEX NEEDS

‘Pathfinder’ pilot in south Birmingham. Potential to create WM service innovation around MCN.

YOUTH & WOMEN’S JUSTICE

Including path breaking research work on ALTAR and development of a strategy for CJS devolution.

FUTURE DELIVERY MODELS

Including service co-design with fire, police and PS partners, and work with CWC and youth unemp.

LEADERSHIP & WORKFORCE

Including early work to develop a collaborative leadership programme for WM - with WMCA playing an enabling role.

DIGITAL & DATA

Including the Office for Data Analytics, and the recruitment of a Chief Digital Officer to support digital innovation in public services.

PUBLIC VALUE COLLABORATION

Including setup of a WM ‘Public Impact Lab’, and potential development of ‘public value’ pilots in case study areas.

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WMCA Health and Wellbeing Portfolio – plan on a page

The West Midlands Strategic Economic Plan has set out bold ambitions to improve the health and wealth of communities within the West Midlands. We want to provide a system leadership role: supporting efforts to unlock productivity, manage demand and address health inequalities that are shared by our partners and delivered within their Sustainability and Transformation Plans. Our role is to provide the ambition, the innovation, and to support collaboration across these partnerships - focusing our efforts on areas where radical action can close the health and productivity gap that impacts on so many of our communities.

PRODUCTIVITY AND HEALTH

Unlocking the economic premium generated by a healthy and well population, supporting the WMCA’s ambition for inclusive growth that reinforces the link between health, wealth and human capital. Our activities focus on intelligence to support better health outcomes across all policies, and on specific activities to improve the resilience and social mobility of children and young people.

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Inclusive Growth and Population Health

Including our Population Health Intelligence Hub, our Inclusive Growth Unit and deep collaboration with public health partners.

Health in Housing and Transport

Including the testing wellbeing & transport hubs, the One Public Estate Programme, and a health & housing commitment.

Children and Young People

Including research into resilience & ALTAR and focused projects on radical prevention and young people.

RADICAL PREVENTION

Enabling models of radical prevention that tackle the causes of ill health and poor productivity in the West Midlands. Our role here is as an innovation partner - trialing new initiatives, catalysing change and promoting new ways of working across the system in areas within which we can add value to our partners.

Thrive

Growing and coordinating the delivery of our globally recognised movement for innovation system change in mental health awareness and practice.

CVD and Diabetes

Building the business case for innovation pilots that catalyse multi-setting prevention activity to target the biggest chronic health problems upstream.

West Midlands on the Move

Our regional strategy for physical activity being made real through three dynamic pilots linking physical activity and social connectivity. Inc, the Bham 2022 CWG.

SYSTEM COLLABORATION

Providing a system leadership role - convening, supporting better outcomes, and strengthening the links between health, care and other sectors within public services. Our role here is to support collaboration: acting in areas where we can bring people together and support whole-place change led by our partners.

Support for System Change

Collaboration across the system and supporting the development of new models of place-based health.

Digital Innovation

Exploring opportunities to drive digital innovation to support Industrial Strategy goals and better health outcomes.

Workforce and Leadership

Supporting workforce collaboration across the West Midlands. A convening role and bringing sectors together.

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WMCA Health and Wellbeing Workplan – plan on a page

The West Midlands Strategic Economic Plan has set out bold ambitions to improve the health and wealth of communities within the West Midlands. We want to provide a system leadership role: supporting efforts to unlock productivity, manage demand and address health inequalities that are shared by our partners and delivered within their Sustainability and Transformation Plans. Our role is to provide the ambition, the innovation, and to support collaboration across these partnerships - focusing our efforts on areas where radical action can close the health and productivity gap that impacts on so many of our communities.

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Inclusive Growth and Population Health

Population Intelligence Hub developed and linked to the Inclusive Growth Unit.

Health in Housing and Transport

- One Public Estate Programme
- Health and Transport proposals developed,
- Wellbeing housing policy

Children and Young People

Convene a summit involving national and regional leaders to consider how the West Midlands improves outcomes for children and young people.

RADICAL PREVENTION

Enabling models of radical prevention that tackle the causes of ill health and poor productivity in the West Midlands. Our role here is as an innovation partner - trialing new initiatives, catalysing change and promoting new ways of working across the system in areas within which we can add value to our partners.

Thrive

- Employer and Employee Programme
- Criminal Justice and Mental Health Programme
- Housing First pilot

CVD and Diabetes

- Stocktake with STPs of current prevention work.
- Workshop on WM action on prevention

West Midlands on the Move

- Disability and Inactivity Initiative
- Develop Goodgyms in the WM
- Sports England Partnership

SYSTEM COLLABORATION

Providing a system leadership role - convening, supporting better outcomes, and strengthening the links between health, care and other sectors within public services. Our role here is to support collaboration: acting in areas where we can bring people together and support whole-place change led by our partners.

Support for System Change

Support for Population Health Management work linked to the Population Intelligence Hub

Digital Innovation

Digital pilot of social referral tool for use within Housing

Workforce and Leadership

Mayors Leadership Commission.

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Appendix 3

Productivity and Health

Area	Action	Outcome	Delivery Date
Inclusive Growth and Population Health			
WMCA online Indicator Dashboard	To develop an interactive online version of the Wellbeing Dashboard* link is given below the table	Enable better use of WMCA level wellbeing data by a wider range of users	April 2018
PHE/WMCA Summit on Population Intelligence	To launch an ongoing joint commitment to development of the Population Intelligence Hub	Continue to build the partnership approach to improving our intelligence on the population of the West Midlands	May/June 2018
Health in Housing and Transport			
One Public Estate	To develop a unified approach to the use of public estate across the West Midlands	The better use of public estate to enable public sector transformation and the release of surplus estate for other uses	Ongoing – various delivery dates for different projects
Bike share	Delivery of a Bike share providing 5000 bikes across the West Midlands with a joined up approach to marketing and location of bikes between transport and wellbeing	More people active through cycling to and between work and for leisure purposes	September 2018 onwards
Transport and Health Strategy	To turn the Health and Transport Strategy into a small number of proposals for action	Agreed action on improving health and wellbeing through transport initiatives	May to September 2018
Housing and Health	Setting a Wellbeing policy and developer principles in the WMCA Spatial Investment and Delivery Plan for its Housing Deal	Improved, wellbeing, liveability and community cohesion	tbc
Children and Young People			
West Midlands Children and Young People Summit	To bring together work on Children and Young People across the West	To use the convening power of the WMCA to bring together the different perspectives	September 2018

	Midlands in partnership with the Nuffield Trust	and work on children and young people and reflect on the opportunities for more collaborative action in the West Midlands	
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- <https://fingertips.phe.org.uk/indicator-list/view/2Dyn0qF0oE#page/0/gid/1/pat/126/par/E47000007/ati/102/are/E08000025>

Radical Prevention

Area	Action(s)	Outcome	Delivery Date
Thrive			
Employer and Employee Programme	<ul style="list-style-type: none"> • Individual Placement Support Pilot in primary and community settings • Fiscal Incentive • Wellbeing Charter 	<ul style="list-style-type: none"> • Improve support for people to return to work • More employers develop wellbeing programmes in the workplace • A wellbeing toolkit for businesses 	<p>Starting May 2018</p> <p>Start Summer 2018</p> <p>Ongoing</p>
Housing First	Development of a model of Housing First linked to the regional Housing First pilot	Reduction in the number of people with mental health problems who are homeless	Ongoing
Criminal Justice	<ul style="list-style-type: none"> • Engager Programme to support people leaving prison • Mental Health Treatment Requirements 	<ul style="list-style-type: none"> • Improved psychological support for people leaving prison • Diversion of people with mental health and drug and alcohol problems 	<p>Starting June/July 2018</p> <p>Birmingham site live and Black Country/Coventry Summer 2018</p>
MERIT	Improved collaboration between NHS Mental Health Providers	Reduction in out of area placements, reduced restraint in mental health units and improved early access for psychosis	Ongoing – variable dates for different elements of the programme

Cardiovascular Disease and Diabetes

Radical Prevention in the West Midlands	<ul style="list-style-type: none"> • Stocktake of current Prevention actions within STPs • Workshop on potential Prevention work across the West Midlands 	<ul style="list-style-type: none"> • Create a collective understanding of prevention agenda in the West Midlands • Create the opportunities to deliver prevention at scale and increased added value 	<p>April/May 2018</p> <p>June 2018</p>
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West Midlands on the Move

Disability and Inactivity (Phase 1)	<ul style="list-style-type: none"> • Working group set up • Call for Evidence launched 	<ul style="list-style-type: none"> • Improved life chances for disabled people in the West Midlands • West Midlands an exemplar region for active disabled people 	Started December 2017. Report and Recommendations to the Mayor and Deputy Mayor end of July 2018.
Physical activity and social inclusion	Support for the roll out of Goodgym and Bounce Alzheimer Therapy as West Midlands Trials that model how we could combine getting people active with delivering social good	More people active and improved outcomes for vulnerable adults. Pilot will aim to get 120 additional people active and 100 vulnerable older people befriended over 6 months	June 2018 start of pilot in Coventry
Sport England Partnership Framework	A plan for WMCA and Sports England working together on policy, influence and investment – based on specific interventions	More people taking part in physical activity that aims to reduce inequalities and generate social good	Proposal developed by July 2018

System Collaboration

Area	Action	Outcome	Delivery Date
Support for System Change			
Population Health Management	To provide support to the development of Population Health Management in line with the work on improving population intelligence in the West Midlands	To improve our understanding of the health needs of the population and identify the opportunities to transform health and wellbeing outcomes for people in the West Midlands	Ongoing
Digital Innovation			
Digital Social Referral Pilot	To support the delivery of a three month pilot to test out a social referral model for older people using a housing provider	To improve the health, wellbeing, social connections of a group of older people	End of July 2018

Workforce and Leadership			
Mayors Leadership Commission	To enable the outcomes of the Leadership Commission to support better system leadership, collaboration and delivery across the health and care system.	Improved and innovative approaches to supporting vulnerable people in our communities	