



Wellbeing Board

Date: Friday 18 January 2019

Time: 10.00 am **Public meeting** Yes

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

Membership

Councillor Izzi Seccombe (Chair)	Warwickshire County Council
Councillor Kamran Caan	Coventry City Council
Councillor Les Caborn	Warwickshire County Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Paulette Hamilton	Birmingham City Council
Councillor Marco Longhi	Walsall Metropolitan Borough Council
Councillor Barry Longden	Nuneaton and Bedworth Borough Council
Councillor Hazel Malcolm	City of Wolverhampton Council
Councillor Gaye Partridge	Dudley Metropolitan Borough Council
Councillor Ann Shackleton	Sandwell Metropolitan Borough Council
Andy Hardy	STP Systems Leader NHS
Helen Hibbs	STP Systems Leader NHS
Paul Jennings	STP Systems Leader NHS
Sarah Norman	WMCA Chief Executive Lead
Alison Tonge	NHSE
Sue Ibbotson	Public Health England
Guy Daly	Universities (Coventry)
Sean Russell	Director of Implementation for Mental Health, Wellbeing & Radical Prevention
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.	Declarations of Interest Members are reminded of the need to declare any disclosable pecuniary interests they have in an item being discussed during the course of the meeting. In addition, the receipt of any gift or hospitality should be declared where the value of it was thought to have exceeded £25 (gifts) or £40 (hospitality)		None
3.	Chair's Remarks (if any)	Chair	None
4.	Minutes of the last meeting	Chair	1 - 6
5.	Matters Arising	Chair	None
6.	NHS Long- Term Plan	NHS	7 - 8
7.	Population Intelligence Hub and 2019/20 Work Plan	Stella Botchway	9 - 18
8.	Thrive Update	Sean Russell	19 - 24
9.	West Midlands On the Move Progress & 2019/20 Priorities	Simon Hall	25 - 28
10.	Healthy and Inclusive new places to Live-embedding wellbeing within the WMCA role in new housing delivery	Deborah Harkins, PHE	29 - 32
11.	Youth Justice/Childhood Adversity; ALTAR	Sean Russell	33 - 38
12.	Date of next meeting - 5 April 2019		None



West Midlands Combined Authority

Wellbeing Board

Wednesday 31 October 2018 at 10.00 am

Minutes

Present

Councillor Izzi Seccombe (Chair)	Warwickshire County Council
Councillor Kamran Caan	Coventry City Council
Councillor Les Caborn	Warwickshire County Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Rachel Harris	Dudley Metropolitan Borough Council
Councillor Ann Shackleton	Sandwell Metropolitan Borough Council
Helen Hibbs	STP Systems Leader NHS
Paul Jennings	STP Systems Leader NHS
Sarah Norman	WMCA Chief Executive Lead
Alison Tonge	NHSE
Guy Daly	Universities (Coventry)
Sean Russell	Mental Health Implementation Director
Gary Taylor	West Midlands Fire Service
Simon Gilby	STP Systems Leader NHS
Lola Abudu	Public Health England

Item No.

Title

11. Apologies for Absence

Apologies for absence were received from Councillors Hamilton, Longden and Malcolm and Andy Hardy and Sue Ibbotson.

12. Minutes of the last meeting

The minutes of meeting held on 13 July 2018 were agreed as a correct record.

13. Chair's Remarks

The Chair reported that she had attended a meeting of the WMCA Overview and Scrutiny Committee Health and Wellbeing Working Group that was looking at the work of this board. She advised the board that the group was interesting in examining the success of the Thrive programme, how the board is tackling obesity and the budget allocation for the board's work programme.

The Chair also took the opportunity to convey her thanks to the WMCA's health partners, for their resource in helping to deliver the board's ambition and the wellbeing agenda given the limited budget for this work area.

14. Update on the Wellbeing Agenda

The board received an update on the Wellbeing agenda from the Director of Public Service Reform, Henry Kippin that the board of the consultation on that the draft Local Industrial Strategy and the recent Budget allocation of circa £100m for transport infrastructure and for mobility and CAV (connected and autonomous vehicle) development. In relation to the draft Local Industrial Strategy, it was noted that document was available on the WMCA website and colleagues were encouraged to read the strategy and put forward their views before the consultation ends on 15 November.

15. Addressing Childhood Obesity in the West Midlands -Framing the WMCA contribution

The Director of Public Service Reform, Henry Kippin and the Director of Implementation for Mental Health Wellbeing and Radical Prevention, Sean Russell, jointly presented a report on addressing childhood obesity in the West Midlands.

It was noted that the report had been drafted in collaboration with health partners.

The report outlined the WMCA's approach to combating childhood obesity in the West Midlands and proposed a series of options and recommendations that would form the basis of policy proposals to be agreed by the WMCA Board; these would developed and delivered with health and other public service partners.

Sean Russell advised that the options focused on 'quick wins' and how the WMCA could add value with partners to build on the 2018 Childhood Obesity Action Plan and to strengthen the 'West Midlands on the Move' agenda.

Councillor Caan reported that the 'Measured Mile' initiative in Coventry whereby distance markers are fixed to street furniture and placed in parks/ green spaces had had a really positive impact in encouraging an increase in people taking up running and reported of the need to 'think outside of the box' to drive forward change.

Gary Taylor reported that he supported the report recommendations and West Midlands Fire Service could assist the WMCA by building on the work they already undertake with schools on health eating/ lifestyle choices and indicated that he would like to be involved with the Wellbeing sub-group.

Councillor Caborn reported that vending machines in schools were stocked with unhealthy food but noted that they generated income for schools and reported of the need to focus on education.

Helen Hibbs concurred with Councillor Caborn that education is key and there was a need to involve all schools in the Active Mile. She added that consideration could be given by the WMCA in conjunction with partners, to setting targets in time for 2022 Commonwealth Games that everyone is signed up to.

Councillor Shackleton reported that research undertaken by Sandwell indicated that the people who are most in need of physical activity are the ones least likely to use the facilities provided.

Lola Abudu reported of the link between health and inequalities and the need for the WMCA to focus their efforts on those people who are likely to be left behind.

Guy Daly reported on the work being undertaken by universities into changing behaviour and 'nudging' people into increasing the amount of physical activity they take and undertook to ask colleagues to link up with the West Midlands on the Move Implementation Group.

Councillor Grinsell noted that schools and university all have assets and enquired whether these could be opened up for use by the community during holiday periods to make better use of assets.

Sean Russell thanked colleagues for their comments and advised that he would develop a plan, based on the discussions, with recommendations for consideration by this board before submission to the WMCA Board.

Resolved:

1. That the WMCA approach to combatting childhood obesity based on the options proposed in the report, including the 'quick wins' outlined in paragraphs 18a and b be endorsed;
2. That a Wellbeing Board sub-group (with identified chair) to develop, support and track progress against the agenda be agreed and
3. That a plan for combatting childhood obesity be submitted to the next meeting of this board prior to the recommendations being submitted to the WMCA Board for consideration.

16. 5G Health and Digital

The Public Service Reform Director, Henry Kippin, provided an overview of 5G and the benefits for the West Midlands in particular for health.

Henry Kippin reported that following a successful bid as part of the Government's Urban Connected Communities Programme, the West Midlands would become the first 5G test bed in the country that would pave the way for the rollout for 5G across the UK. He outlined how the new technology could transform services and in particular health services and would support inclusive economic growth for the region.

Henry Kippin undertook for members of the 5G team to engage with this board.

Resolved: That the briefing on 5G be noted.

17. Update on NHS Landscape

Alison Tonge, gave a presentation to the board on developing the NHS Long Term Plan.

The presentation outlined the context for developing the plan, the key areas of focus, the strategic and operational planning processes, the requirement for 1 and 5 year plans to be developed by each STP in response to the national ambition, the LTP engagement timeline and engagement post publication.

Sarah Norman noted the omission of social care from the area of focus and it was noted that whilst a bottom up approach was being undertaken, it would have been helpful to have an understanding of what the key priorities are for Government.

The board reported of the importance of developing a joined-up working with local government partners.

Henry Kippin indicated that he would be happy for the WMCA to assist in creating links with other organisations if required.

The Chair thanked Alison Tonge for her useful presentation.

Resolved : That the presentation be noted.

18. Thrive Update

The board considered a report of the Director of Implementation for Mental Health, Wellbeing and Radical Prevention that provided an update on progress in implementing commitments made through the Thrive programmes.

The report provided an update on the Thrive into Work- Individual Placement Support Trial (IPS), Thrive at work, mental health and justice and mental health awareness.

Sean Russell informed the board that he was pleased to report that 52 people had secured employment through the Thrive into work – Individual Placement Support Trial earning an average wage of £225 per week. He added that work was underway to bring forward the ‘patient’s story’ to understand the impact the programme has had on people’s lives.

Resolved: That the update on the implementation of Thrive be noted.

19. West Midlands on The Move Update

The board considered a report of the Physical Activity Policy and Delivery Lead, Simon Hall that provided an update on the delivery of West Midlands on the Move programme.

The report outlined the housing deal wellbeing design code proposals, the

establishment of the West Midlands Move Implementation Group, the steps for developing a WMCA partnership with Sport England and the draft headline priorities for disability and physical activity.

Mark Fosbrook, West Midlands Engagement Adviser to the WMCA reported on the actions needed to improve the life chances of disabled people and the requirement to normalise activity in order for them to be active.

The board were also shown a video clip from the Activity Alliance that has developed 10 principles to help sport providers deliver more appealing and inclusive opportunities for disabled people.

The Chair reported that she supported the 10 principles shown in the video and considered everyone should sign up to the charter and submit them to their respective health and wellbeing boards for endorsement.

Simon Hall took the opportunity to thank Councillor Grinsell for promoting the launch of GoodGym in Solihull at the beginning of October, the first as a partnership between a local authority and the WMCA and the fifth in the UK that seeks to get people active by working with adult social care.

Resolved:

1. That the innovative deal and wellbeing design code be noted and this be included as a separate item at future meetings;
2. That the 'West Midlands on the Move' Implementation Group, terms of reference, membership and reporting arrangements be approved;
3. That the draft headlines priorities for disability and physical activity be approved;
4. That work on physical activity and social movement be noted and
5. That the next steps in developing a WMCA partnership with Sport England be noted.

20. Update on PHE Landscape

Lola Abudu provided an update on the work being undertaken by Public Health England to review the Strategic Plan. It was noted that the plan would focus on 6 key areas and all of this board's workstreams such as Thrive and West Midlands on the Move would be captured.

Resolved: That the update be noted.

21. Date of Next Meeting - 18 January 2019

The meeting ended at 11.50 am.

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area and how you can help shape their plans.



Wellbeing Board Meeting

Date	18 January 2019
Report title	Update on Population Health Intelligence Hub and 19-20 work plan proposal
Portfolio Lead	Councillor Izzi Seccombe - Wellbeing
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email: sarah.norman@dudley.gov.uk Tel: 01384 815 201
Accountable Employee	Sean Russell Implementation Director Wellbeing Email s.russell@west-midlands.pnn.police.uk Tel: 07818276259
Report has been considered by	

Recommendation(s) for action or decision:

The WMCA Board is recommended to:

1. Critically assess the proposed Population Health Intelligence Hub projects for relevance and usefulness to the overall Wellbeing Board work programme.
2. Identify a sponsor from the Board to support the development and implementation of this work plan.

1.0 Purpose

- 1.1 To propose a work plan for the financial year 2019-2020 to be led by the Population Intelligence Hub and delivered collectively by partners across the West Midlands.
- 1.2 To invite challenge from the WMCA Wellbeing Board on proposed objectives and projects.
- 1.3 Update the WMCA Wellbeing Board on progress on intelligence projects so far.

2.0 Background

- 1.4 The Population Intelligence Hub is a virtual intelligence hub established by PHE in collaboration with the WMCA. It is part of the WMCA's Inclusive Growth Unit.
- 1.5 Its remit is to initiate primary research, support the development of data systems and integrate a wide variety of existing intelligence, resulting in actionable insight to improve outcomes and reduce health inequalities for the West Midlands population.
- 1.6 The Hub is intended to be a resource for the whole West Midlands and be a focal point for place based intelligence on population outcomes. Whilst aligning closely with the priorities of the WMCA, the hub will deliver outputs that will be of use for population health focused organisations across the West Midlands.

2.0 Population Health Intelligence Hub completed projects over 2017-2018

- 2.1 The Hub has so far produced the following intelligence products and ongoing activities:

Project	Status
Healthy Life Expectancy across WM, WMCA and Local Authorities analysis	Project completed May 2018. Positive feedback received from Local Authority partners and WMCA.
West Midlands Youth Justice Needs Assessment	Completed by LKIS in June 2017. Positive feedback from Claire Dhami.
Health and wellbeing dashboard for the WMCA Wellbeing Board	Dashboard developed in 2017. Further work to review use and obtain feedback to develop product further.

LA analyst skills audit	Completed in 2017
Evidence reviews for MCN	Review of data sharing for adults with MCN conducted by LSHTM MSc student, Katherine Korner, in September 2018. Formulated and presented actionable recommendations.
Developing a WMCA Inclusive Growth Index	Completed with partners September 2018 Received at WMCA Programme Board. Ongoing work to refine and embed into practice and policy.
Bid to draw down national resources for new staff to support Population Hub	Completed July 2018. Resources for a new analyst obtained.
Evidence reviews for MCN	In progress. Discussions for new epidemiological analysis taking place with academic partners, Jason Lowther and Lankelly Chase Foundation.
Establish PH SpR placement	In progress. Awaiting TPD approval.

3.0 Proposed projects for 2019-20

- 3.1 The Hub will undertake a small number of projects in line with its strategic objectives of **“demonstrating impact, delivering solutions and increasing capacity.”** These projects are planned to support the Inclusive Growth Unit, a WMCA Obesity Strategy and the next phase of the Thrive West Midlands programme.

Additional activities will contribute to growing the capacity of the hub to draw upon available resources for intelligence and analysis within the West Midlands and nationally.

- 3.2 Summary of projects:

Activity	19-20 Quarter for commencement
Demonstrate Impact	
Growth Corridor Population Analysis	Q1
Develop metrics and targets for the WMCA Obesity Strategy	Q1
Develop metrics and targets for the Black Thrive West Midlands programme	Q2
Review Inclusive Growth Monitor and Wellbeing Board Dashboard	Q3
Develop Solutions	

Support proposals for local and national prevention funds	Q1
Increase Capacity	
System for allocating support from Local Authorities and other public sector bodies	Q4
Ongoing Establish and maintain SpR Placement	Ongoing
Maintain links with other intelligence groups across the region: WMCA Research Delivery Group WMCA Evaluation Committee WM Population Health Management groups WMPHIG	Ongoing

Further detail of proposed projects can be found in Appendix 1.

4.0 Delivery of the work plan

4.1 Governance

Appendix 2 sets out the current governance arrangements for the Hub

4.2 Resources and budget

The Hub has recently established an analytical post to deliver its work programme, funded by PHE. This post joins a new Consultant post and part time administration officer established at PHE to support the wellbeing work of the WMCA.

Apart from these newly established roles there is no dedicated budget for the delivery of this work. The Hub relies on intelligence partners across the West Midlands to support work programmes and activities.

4.3 WMCA Wellbeing Board Sponsor

The Wellbeing board is recommended to nominate a sponsor to support the development and implementation of this work. The sponsor will be required to facilitate the use of the Hub and its outputs into the work of the Wellbeing Board. It is envisioned that the sponsor joins the Population Hub Steering Group for quarterly meetings, in addition to bi-annual meetings with the lead Consultant.

5.0 Financial Implications

6.1 There are no immediate financial implications.

6.2 Subsequent activity to progress the offer may generate new financial requirements.

6.0 Legal Implications

7.1 There are no immediate legal implications flowing from the content of this report.

8.0 Equalities Implications

Effective research and intelligence will support WMCA equalities responsibilities.

9.0 Inclusive Growth Implications

9.1 The work plan is designed to support and complement the work of the Inclusive Growth Unit.

10.0 Geographical Area of Report's Implications

10.1 The fourteen local authorities within the West Midlands.

11.0 Other Implications

11.1 None noted

12.0 Schedule of Background Papers

12.1 Developing a 'People Hub' for the West Midlands Combined Authority (February 2017)

12.2 Population Intelligence Offer (May 2017)

12.3 WMCA Wellbeing Dashboard and Intelligence (January 2018)

Population Hub Work Plan 2018/19 – Potential Projects

Project: Growth Corridor Population Analysis

Section: Demonstrate Impact

Lead(s): WMCA Analyst, (LA Insight teams LKIS)

Description:

The aim of this intelligence piece is to generate a granular understanding of the populations surrounding the proposed growth corridors and sites of major WMCA regeneration, and to predict the potential population impact of upcoming activities in these areas.

Activities: Characterise the existing populations surrounding the proposed growth corridors and/or major transport development.

Consider the current constitution in terms of demographics (age, gender, ethnicity, migration status), education, skills and health outcomes.

Map local assets such as healthcare facilities, children's centres, educational facilities, major businesses and cultural attractions.

Review evidence and learnings from previous regeneration and area development projects in the UK and internationally.

Forecast potential implications for these populations in terms of migration, mobility, access, job availability, health outcomes, and other relevant outcomes. The Hub will focus on health outcomes in the first instance, with a view to working with partners to expand analysis to other outcomes.

Potential partners in delivering this project are City REDI at Birmingham University, the Black Country Consortium, Transport for West Midlands and West Midlands Police Data Driven Insight team.

Project: Develop metrics and targets for the WMCA Obesity Strategy

Section: Demonstrate Impact

Lead(s): WMCA Project Manager and PHE WM LKIS

Description:

To determine useful metrics and targets which can be adopted by the WMCA Obesity Strategy as evidence of progress.

Appraise existing measures of overweight and obesity in adults and children for appropriateness and responsiveness for the West Midlands. Include metrics relating to physical activity and the built environment.

Describe the evidence-based activities which contribute to the reduction of obesity in children and adults which are amenable to influence at the combined authority level.

Collate success stories of obesity reduction in the UK, with close attention to reductions achieved and methods employed.

Model reductions in numbers of overweight and obese adults and children represented by different targets – e.g the reduction in obesity achieved by reducing the gap between the most and least deprived by 20%.

Propose ambitious but realistic targets to the WMCA Obesity Strategy Taskforce.

Project: Develop Metrics and Targets for the Black Thrive West Midlands

Section: Demonstrate Impact

Lead(s): Public Health Consultant, WMCA

Description:

Existing mental health data poorly describes and tracks the experience of people of black origin who suffer from mental health conditions. This is particularly the case when these people are at the severe end of the disease spectrum or are in contact with the criminal justice system. Current evidence suggests that a complex system focus is required to develop new theories on how lasting and significant change can be generated in this area. This requires a new complex systems approach and potentially new metrics.

Potential partners in delivering this project are the PHE National Mental Health team (Lily), PHE West Midlands (Paul Sanderson) and community and advocacy groups.

Project: Review the WMCA Wellbeing Dashboard and the health component of the Inclusive Growth Monitor

Section: Demonstrate Impact

Lead(s): WMCA Analyst

Description:

Ensure current dashboard and monitor is fit for purpose and contains the most up to date data.

Engage with stakeholders (WMCA Wellbeing Board Portfolio Lead and members, WMCA Programme Board, WMCA Wellbeing and PSR executive team) to determine whether these metrics are being used, and if so how. What learnings can be obtained from the past year, and what changes need to take place to improve the use of routine information in the coming year.

To be undertaken with support from PH WM LKIS.

Project: Scoping proposals for local and national prevention funds

Section: Develop Solutions; Increase capacity

Lead(s): Public Health Consultant, WMCA

Description: Work in collaboration across the WMCA PSR team and with national PHE Health Inequalities team and Inclusive Growth Network to lay groundwork for developing devolution proposals for health, wellbeing and prevention.

This activity consists of early preparatory work to look ahead at large-scale opportunities to obtain national governmental and research funding, for example the Mayoral Single Investment Pot and MRC Prevention Research Partnership funding. Engage with academic partners on current research needs and opportunities. Undertake groundwork to further existing relationships and outline where opportunities and shared agendas align with current and future WMCA priorities.

Project: System for allocating support from Local Authorities and other public sector bodies

Section: Increase capacity

Lead(s): WMCA Programme Manager

Description: Formalise processes to gain a consistent and sustainable contribution of analyst and intelligence support from constituent and non-constituent local authorities, WMCA transport, Police and Fire Service.

Ongoing

Establish and maintain Public Health Speciality Registrar Placement.

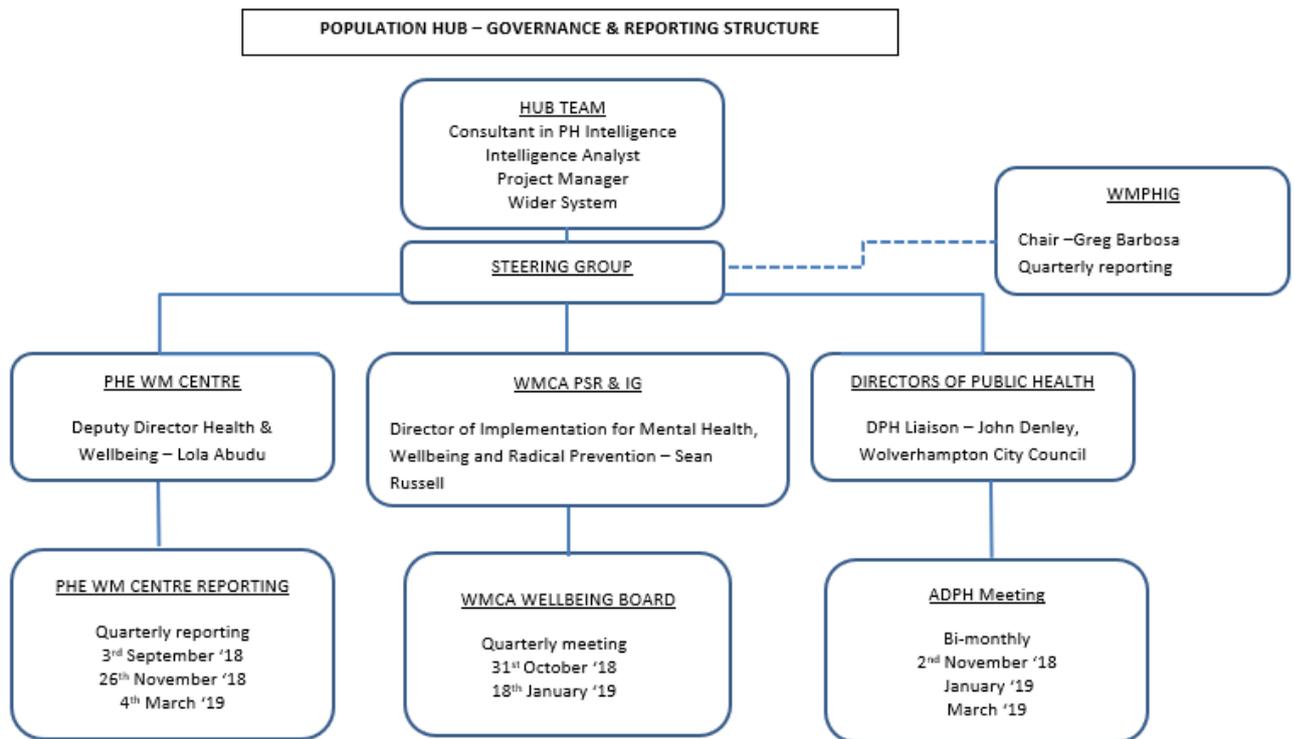
Maintain links with other intelligence groups across the region.

Summary

Activity	Lead (Support)	Commencement
Demonstrate Impact		
Growth Corridor Population Analysis	WMCA Analyst (LA Insight teams; LKIS)	Q1
Develop metrics and targets for the WMCA Obesity Strategy	PHE WM LKIS (John Berry)	Q1
Develop metrics and targets for the Black Thrive West Midlands programme	Stella Botchway (WMCA Analyst)	Q1
Review Inclusive Growth Monitor and Wellbeing Board Dashboard	WMCA Analyst (PHE WM LKIS)	Q3
Develop Solutions		
Develop proposals for local and national prevention funds	Stella Botchway (PHE Combined Authority and Inclusive Growth Network)	Q1

Increase Capacity		
System for allocating support from Local Authorities and other public sector bodies	John Berry (Stella Botchway)	Q4
Ongoing Establish and maintain SpR Placement	WMCA Admin Officer Stella Botchway	Ongoing
Maintain links with other intelligence groups across the region: WMCA Research Delivery Group WMCA Evaluation Committee WM Population Health Management groups WMPHIG	Stella Botchway (WMCA Analyst, John Berry)	Ongoing

Appendix 2 – Governance of the Population Health Intelligence Hub





WMCA Wellbeing Board

Date	18 January 2019
Report title	Thrive Update
Portfolio Lead	Cllr Izzi Seccombe
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- (01384) 815201
Accountable Employee	Sean Russell Email s.russell@west-midlands.pnn.police.uk Tel: 07818276259
Report has been considered by	

1.0 Recommendation(s) for action or decision:

1.1 The WMCA Board is recommended to:

- Note the update on the implementation of Thrive

2.0 Purpose

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

3.0 Background

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

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

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

attendance will be the Minister for Health and Social Care and the Minister for the Department of Work and Pensions.

5.0 Thive at Work

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

6.0 Employment and Employer- Wellbeing Charter

- 6.1 Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority have worked with multiple partners and experts to create a new Thrive at Work programme. This programme builds on the existing evidence base and creates a model for improving wellbeing in work place.
- 6.2 The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme focuses on mental health, muscular skeletal health, improving physical activity and a number other risk factors including poor diet, smoking and poor financial

health. The Thrive at Work Programme is available to view here: <https://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf>

- 6.3 The approach creates a formal offer for businesses to improve the health and wellbeing of their employees. There is a free online supporting toolkit available to guide organisations to reputable local and national resources, policies and services to help them put the commitment into practice. Organisations can upload evidence towards accreditation through their personalised online dashboard. All organisations that achieve bronze level or higher on the commitment will receive Thrive at Work accreditation and awards. We anticipate organisations will be ready for accreditation in 12 months' time.
- 6.4 In addition to the 121 businesses that are continuing on the trial and programme another 70 have signed up for just the programme, with a range from 2 employees to over 20,500 employees per organisation. Businesses from across a range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities, schools etc. Nearly 70,000 employees have the potential to be positively impacted through the businesses that are signed up to the programme.

7.0 Mental Health and Justice

- 7.1 The first phase of the Mental Health Treatment Requirement testbed pilot in Birmingham was completed at the end of October and a total of 28 orders were made for offenders with primary level mental health needs. The treatment for these orders will continue until March 2019. In addition to the monitoring of the number of MHTR orders service user feedback is being sought to inform phase 2 of the pilot.
- 7.2 Funding for the second phase of the testbed pilot has been confirmed by NHS England to continue the assessment for MHTR orders for 2019/20. The commissioning of this service will build on the learning from phase 1 of the pilot to ensure that there are appropriate links with the processes for Drug Rehabilitation Requirements and Alcohol Treatment Requirement and clinical governance arrangements for secondary mental health care. Plans continue to extend the MHTR to other areas in the West Midlands.
- 7.3 The NHS Long Term Plan has recognised the work of the 5 testbed pilot areas and the need to expand the provision for offender with mental health issues:

“Since 2017, five parts of England have been testing a new Community Service Treatment Requirement (CSTR) programme. This enables courts to require people to participate in community treatment, instead of a custodial sentence. CSTR sites have provided community treatment for people who would otherwise have been sentenced inappropriately. We will build on this by expanding provision to more women offenders, short-term offenders, offenders with a learning disability and those with mental health and additional requirements.” (NHS Long Term Plan, p. 119 <https://www.longtermplan.nhs.uk/>)

- 7.3 Thrive also made commitments to prioritise the mental health needs of offenders in prison before and after release. Working with the NHS England West Midlands Health and Justice service it has been recognised that there is an opportunity to provide targeted support for people on short term sentences (12 weeks or less). A Prison Liaison Pilot has been established at HMP Birmingham for prisoners that have been

identified by the Birmingham Liaison and Diversion service with a vulnerability, including mental health issues. Discussions are taking place to look at extending this pilot to serve offenders from another area in the West Midlands.

8.0 Mental Health Awareness

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

9.0 Financial Implications

- 9.1 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.
- 9.2 Further grant funding secured to date includes funding for the IPS programme which has been allocated £8.355m of funding from the Work and Health Unit over 3 years and £80k from the Police and Crime Commissioner for the Criminal Justice - Engager Programme.
- 9.3 £1.382m has also been secured from the Work and Health Unit of the Department for Work and Pensions in respect of the Fiscal Incentive Programme.

10.0 Legal Implications

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

11.0 Equalities Implications

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

12.0 Geographical Area of Report's Implications

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

13.0 Other Implications

13.1 None

14. Schedule of Background Papers

14.1 None



WMCA Board

Date	18 January 2019
Report title	West Midlands on the Move Progress & 2019/20 Priorities
Portfolio Lead	Cllr Izzi Seccombe – Wellbeing Board Chair Cllr Kamran Caan- Physical Activity Champion
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- (01384) 815201
Accountable Employee	Simon Hall Physical Activity Policy & Delivery Lead Email: simon.hall@wmca.org.uk Tel: 0121 214 7093
Report has been considered by	Sean Russell Wellbeing Director

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Note the progress in the delivery of West Midlands on the Move.
2. Agree to receive a report on the Birmingham Commonwealth Games and proposed benefits programme across the West Midlands at the Board's next meeting.

1. Purpose

This paper provides an overview of the progress in delivering the West Midlands on the Move (MoveWM) including emerging work on the Birmingham Commonwealth Games Benefits programme.

2. Background

2.1. Following the last Wellbeing Board meeting, delivery continues to progress with:

2.1.1 **Social Movements** – recruitment and final planning for Goodgym Solihull and Coventry with scheduled first runs in late January. Discussions are developing with Local Authorities and other stakeholders.

2.1.2 **Disability and Physical Activity** – finalising report and investment plan including delivery priorities in a Sport England solicited bid, focusing on a more inclusive approach and awareness.

2.1.3 **Sport England Partnership** which is fundamental to developing the West Midlands collaborative leadership needed to get more people active.

2.2 In December, the WMCA with partners support, submitted a Sport England solicited bid to trial a different way of working. In addition to disability priorities, this included investment for collaborative leadership, trialling delivery with 5G and housing and a Black Country locality based fund with Black Country Consortium Limited. The Black Country fund reflects that the Black Country has the highest levels of physical inactivity in the West Midlands and this investment will complement Sport England proposed investment in to areas of Birmingham and Solihull “Sport England Local Delivery Pilot” and Coventry CC. This will strengthen the learning, impact and partnerships across the West Midlands. An update will be provided at the meeting.

2.3 The Collaborative Leadership work will include discussions on the viability and impact of a European Communities of Sport bid.

2.4 As one of the Games Partners, the WMCA has been working with Government, Birmingham CC and Commonwealth Games Federation to develop the emerging Benefits programme ambitions, consultation with stakeholders and communications. The Wellbeing Board is asked to agree to receive a Commonwealth Games benefits presentation and report at its next meeting.

3. Financial Implications

3.1 There are no immediate financial implications.

3.2 Subsequent activity to progress the offer may generate new financial requirements.

4. Legal Implications

4.1 There are no legal implication flowing from the contents of this report

4.2 Sport England funding will be subject to a grant agreement with the WMCA.

5. Equalities Implications

- 5.1 An Equality Impact Assessment has been completed for the Disability and Physical Activity work stream. Sport England funded work delivery will be subject to an Equalities Impact Assessment.

6. Inclusive Growth Implications

- 6.1 Data and intelligence has driven the development of targeted inclusivity and geographical areas to reduce levels of inactivity and inequalities in those who take part.

7. Geographical Area of Report's Implications

- 7.1 The delivery is in targeted areas of need, identified by data and intelligence. The Disability and Physical Activity work stream will be developed in partnership with WMCA constituent and non-constituent authorities.

8. Other Implications

None

9. Schedule of Background Papers

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**West Midlands
Combined Authority**

Wellbeing Board Meeting

Date	18 January 2019
Report title	Healthy and Inclusive new places to Live – embedding wellbeing within the WMCA role in new housing delivery
Portfolio Lead	Councillor Izzi Seccombe – Wellbeing
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- (01384) 815201
Accountable Employee	Sean Russell Email s.russell@west-midlands.pnn.police.uk Tel: 07818276259
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Note the progress to date in developing the wellbeing input to the WMCA's enabling role in the delivery of significant new housing.

2. Approve the proposed next steps to embed the wellbeing and housing principles within the key areas of work that will influence and enable the WMCA housing ambition.

1.0 Purpose

- 1.1 To set out progress on work to develop strategic health and wellbeing principles to embed within the WMCA approach and role in the delivery of new housing.

2.0 Background

- 2.1 The built and natural environment is a key environmental determinant of health and wellbeing. The linkages between health and the built and natural environment have long been established and the role of the environment in shaping the social, economic and environmental circumstances that determine health is increasingly recognised and understood.
- 2.3 An ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health and wellbeing across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity and a host of other factors which shape wellbeing outcomes. Land use policy and approaches to delivering new housing presents an opportunity to address some of the contributors to ill health and health inequalities.
- 2.4 In March 2018, a Housing Deal between the WMCA and government was announced. This forms part of a programme of joint work and investment between the West Midlands and Government to deliver 215,000 new homes by 2031. This will involve delivery at a rate of nearly 16,000 homes a year compared to an average of 10,000 over the last three years.
- 2.5 In addition to a significant increase in the release of land for new homes, the West Midlands Housing Deal focuses on innovative methods to deliver a brownfield first policy and joint working with partners to support delivery of a mix of tenure provision based on local housing need.
- 2.6 The WMCA does not have any statutory planning powers and the emerging investment plans and proposals to speed up delivery do not impact on existing or emerging local plans or the statutory planning process undertaken by local authorities.

3.0 Progress

- 3.1 Work with the WMCA Housing and Regeneration Directorate identified an opportunity to prepare strategic health and wellbeing principles that can be embedded within the WMCA's enabling role in delivering new housing. From the outset, it has been clear that such work will compliment and add value to existing local planning policy and other local work.

- 3.3 Initially, scoping exercises were undertaken to clarify existing guidance regarding planning, housing and public health and how the input at a WMCA level can add value to local work. A project team was brought together to connect expert networks locally and support delivery.
- 3.4 Based on desk-based research to map evidence and common themes from existing approaches, the project team has developed the following strategic principles. The principles are sufficiently broad to enable flexibility in application but establish universal features of good quality place making design that promote the wellbeing of individuals and communities. The interconnected principles provide a framework for how new homes and neighbourhoods should be expected to function, facilitating the health and wellbeing of residents and contributing to a happier, healthier, better connected and more prosperous West Midlands;
- Healthy, affordable homes that enable people to retain their independence throughout the life course
 - Vibrant streets that promote community interaction and prioritise active travel and movement for all
 - Residents having access to the natural environment and high quality, active social spaces
 - Connected places, with residents having access to services, schools, employment and public transport infrastructure.
- 3.5 Alongside the development of the principles, there is an on-going process of stakeholder engagement. This has the aim of ensuring that stakeholders are briefed on the work, can provide feedback and are also able to contribute to and shape future stages of development.

4.0 Next steps

- 4.1 In parallel with on-going stakeholder engagement, input is proposed in the following areas to support the WMCA's role in delivering new housing.
- 4.2 In January 2019, the Housing and Regeneration team is to commence work to prepare a Design Guide. The National Planning Policy Framework highlights the weight the Government attaches to the importance of design in the built environment. The guide will promote the importance of good design practice and will assist housebuilders, developers and communities in designing proposals. It is anticipated that the Design Guide will expand on the wellbeing principles developed to date and provide further clarity on how new housing development can help improve the built environment and resident wellbeing.
- 4.3 Furthermore, as the WMCA purchases and unlocks land to bring forward for residential development, there could be opportunities to have a greater influence and shape master planning and design in a more hands on way. Discussions will continue with the Housing and Regeneration team regarding these opportunities, which could include funding conditions based on health, wellbeing and wider quality principles.

4.4 In addition, it is proposed to develop relationships with Housing Associations to explore opportunities to embed and trail the wellbeing principles previously set out.

4.5 It is proposed to bring updates on progress in these areas to the next meeting of the Wellbeing Board.

5.0 Wider WMCA Implications

5.1 This area of work has progressed collaboratively with the Housing and Land directorate.

6.0 Financial implications

6.1 There are no immediate financial implications.

7.0 Legal implications

7.1 There are no immediate legal implications.

8.0 Equalities implications

8.1 Effective communication with stakeholders will support WMCA equalities responsibilities.

9.0 Inclusive Growth Implications

9.1 The delivery of new housing which supports wellbeing and provides access to the transport, employment and essential services needed for people to realise their potential is critical to the delivery of inclusive growth.

10.0 Other implications

10.1 None noted.

11.0 Schedule of background papers

11.1 None.

12.0 Appendices

12.1 None.



Wellbeing Board Meeting

Date	18th January 2019
Report title	Youth Justice – Childhood Adversity: ALTAR™
Portfolio Lead	Councillor Izzi Seccombe – Wellbeing
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- (01384) 815201
Accountable Employee	Claire Dhami, Implementation Director - Public Service Reform and Inclusive Growth Email: claire.dhami@wmca.org Tel: (0121) 214 7880

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

1. Note progress.
2. Consider a member lead within the Wellbeing Board to support the wider link to local wellbeing boards
3. Agree to receive a further report at the April Board prior to the publication of the final results.

1. Purpose

- 1.1 To note the ongoing research into childhood adversity and the ALTAR™ framework (Abuse, Loss, Trauma, Attachment and Resilience) and note the emerging findings from the research.
- 1.2 To agree to consider the findings and implications in full following finalisation of the research at the Board after April 2019.

2. Background

- 2.1 The WMCA Public Service Reform agenda was tasked to consider the reform of Youth Justice Services in the West Midlands. Messaging in the youth justice sphere is that although the current youth justice system has been incredibly effective at reducing the numbers of children in the criminal justice (first time entrants, youth reoffending and the numbers of children in custody), those remaining in the system are the most challenging and complex children. Upon commencement of the project there was no identifiable evidence, from the UK or elsewhere which specified what those challenges or complexities are.
- 2.2 In the autumn of 2017 the WMCA commissioned Dr Alex Chard to facilitate a programme of research to be undertaken by the West Midlands Youth Offending Team's (YOT's) into the extent of abuse, loss, trauma and attachment issues in a sample of YOT caseloads. The research was informed by the findings of a thematic review (Troubled Lives Tragic Consequences) undertaken by Dr Alex Chard in Tower Hamlets. The methodology was then further developed for application across the West Midlands region.
- 2.3 The Youth Justice Reform programme is overseen by a Youth Justice Reform Steering group which reports into the Public Service Reform Board.

3. Research Methodology

- 3.1 An action research approach was adopted as it can both generate information on the profile of young people who are provided services by YOT's as well as developing the skills and knowledge of staff. The approach has also improved the knowledge of the lives of the young people being studied and assessments of their needs, as well as improving the understanding of the risks they may present. In addition, it has provided a catalyst for both practice based and strategic service development. The action research approach has also enabled the creation of the underlying conditions for future change. This is now being evidenced.

- 3.2 The original programme commenced in December 2017, this was for five cases from each one of the seven constituent authority member YOTs, a total of thirty-five cases. Each of the YOTs would research a stratified cohort of five cases covering custody, community penalties and early entrants. The sample was to be demographically representative in terms of ethnicity and gender. Different staff members would each provide information on a single case already known to them.
- 3.3 Following the initiation of the research by the WMCA, the research received additional funding through the Office of the Police and Crime Commissioner (PCC) for the West Midlands which supported research into the cases of young people involved with gangs. Local Crime and Disorder Partnerships have also used PCC funding and supported two YOS's (Sandwell and Walsall) to enable all case holding staff to participate. In addition invitations to self fund were made to the non constituent authorities and the West Mercia Youth Offending Service has funded research into a cohort of cases (The West Mercia YOS area comprises of, Worcestershire, Herefordshire, Shropshire and Telford and Wrekin Local Authorities). The research has also recently commenced a pilot with the West Midlands Police Counter Terrorism Unit (CTU) to include a small sample of young people known to them. The work has been informed by a previous study undertaken in Warwickshire that researched cases through an ALTAR™ informed lens which will be included in the overall analysis. The research now includes nearly 100 cases from across twelve local authorities.
- 3.4 In brief, each YOT staff member is using available case information to complete a quantitative risk matrix and a qualitative case storyline both of which are designed to elicit information related to abuse, loss, trauma and attachment. The staff involved in the programme, have undertaken a developmental programme. This covers the underlying thinking and research informing the programme, ensuring a similar level of understanding of the factors being researched.
- 3.5 The ALTAR™ (Abuse, Loss, Trauma, Attachment, Resilience) framework is predicated on an understanding that risk of harm and risk of offending and in particular serious offending has to be understood within the overall context of a child's life and not simply be based upon immediately identifiable risk factors. It builds upon existing research, having synergy with the Adverse Childhood Experiences (ACE's) model and places it within a youth justice context.
- 3.6 Risk and vulnerability within the youth justice population must be seen to be cumulative and understood to be more like a video than a snapshot. The ALTAR™ framework sees risk in the context of the child's life experiences, recognising that risk is also located in the experiences of families and that both trauma and risk can be conceived as being inter-generationally linked.

4. Emerging Findings

- 4.1 The research is ongoing and the results are yet to go through a formal validation process. At this stage the emerging findings are subject to ratification and should be interpreted in this context.
- 4.2 The initial findings suggest that childhood adversity in the West Midlands is wider than the well know Adverse Childhood Experiences (ACE) factors, in addition to the 10 traditional ACE factors, our research evidences that many children in the youth justice system in the West Midlands witness street or gang violence, some have transitioned here from countries known for genocide, some have been criminally or sexually exploited – or on occasions both. Some are parents themselves or have experienced the loss and trauma of a termination. Children in this sample had experienced significant abuse; there were more children who had experienced 3 or more types of child abuse than those who had experienced none in our study, and in many cases the abuse was extremely violent. The sheer volume of school exclusions, disengagement and disenfranchisement from the education system was overwhelming, children had been excluded from primary schools, and others had been to over 10 secondary schools, and poverty is higher in this group than in our general population.
- 4.3 Of the cases analysed to date,
- Just under two-thirds of them had experienced living in poverty or debt.
 - Over half of the children in the sample were eligible for free school meals. *DfE figures show that 14% of pupils are eligible for free school meals, indicating a fourfold over-representation for this group.*
 - Less than one in ten of these children were living with both their parents. *For those aged 12-16 the percentage living with both birth parents in the UK was 56%, for low income households this was 35%..*
 - Around one in six of these children were either parents themselves or had been through a termination.
 - Around a quarter were confirmed as having self-harmed, attempted suicide or had suicidal ideation.
 - Nearly two thirds had been reported as going missing.
 - Just over 10% were regularly attending a mainstream school.
 - Around 80% had attended two or more secondary schools.
 - Two in every three had been referred to CAMHS and there were issues of engagement for those who were seen.
 - A parent of nearly a third of the children had a current diagnosed or suspected mental health issue, an additional one in six children had a parent with a previous diagnosed or suspected mental health issue.

- Early onset behaviour issues were confirmed in a third of all cases and suspected in a further 20%.
- Just under half have been (or are currently) looked after children.
- Most of the children in the sample were known to children's social care.

5. Next Steps

5.1 The UN convention of the rights of the child states;

Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.

5.2 The ambition is that we will not only meet the UNCRC requirement to provide special help to children who have suffered childhood adversity but we will do so as a community with love and humanity. YOT's in the West Midlands are working within current assessment frameworks to explore wider childhood adversities, they are flexing national standard expectations and trailing new ways of working. This includes purchasing 'a brain' and resources relating to neuropsychology, brain development and trauma informed practice, translating practice into arts based therapeutic services and using sport as an intervention. This has evidenced a reduction in breach and reoffending rates and for one area a new approach to girls in the criminal justice system.

5.3 This research, a strategic needs assessment which has already been undertaken and a policy options analysis will be presented to the Youth Justice Reform steering group in April 2019 with recommendations for the reform of the Youth Justice system in the West Midlands. This could include options for devolution as well as collaboration.

6. Financial implications

6.1 The financial implications of the reform programme would be identified at a later stage. The cost of the research has been met by the WMCA and a number of partner agency contributions.

7. Legal implications

7.1 The legal implications of the reform to youth justice will be considered in light of the specific proposals.

8. Equalities implications

8.1 There is a known overrepresentation of Black and Minority Ethnic groups within the Criminal Justice system. This research also suggests an over representation of

children who live in poverty and those who are looked after. These will all need to be considered in the final proposals and any future reform options.

9. Other implications

10. Schedule of background papers