



Wellbeing Board

Date: Friday 17 July 2020

Time: 10.00 am **Public meeting** Yes

Venue: This meeting is being held entirely by video conference facilities

Membership

Councillor Izzi Seccombe (Chair)	WMCA Wellbeing Portfolio Holder
Councillor Paulette Hamilton (Vice-Chair)	Birmingham City Council
Councillor Nicolas Barlow	Dudley Metropolitan Borough Council
Councillor John Beaumont	Nuneaton and Bedworth Borough Council
Councillor Kamran Caan	Coventry City Council
Councillor Les Caborn	Warwickshire County Council
Councillor Stephen Craddock	Walsall Metropolitan Borough Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Jasbir Jaspal	City of Wolverhampton Council
Councillor Farut Shaeen	Sandwell Metropolitan Borough Council
Wayne Brown	West Midlands Fire Service
Andy Hardy	STP Systems Leader NHS
Paul Jennings	STP Systems Leader NHS
Paul Maubach	STP Systems Leader NHS
Alison Tonge	NHSE
Sue Ibbotson	Public Health England
Guy Daly	Universities (Coventry)
Sarah Marwick	Office of the Police & Crime Commissioner
Sean Russell	Director of Implementation for Mental Health, Wellbeing & Radical Prevention
Lina Martino	Public Health England

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.	Introduction Ed Cox and the new Head of Wellbeing	Ed Cox	None
5.	To note the schedule of meetings for 2020-2021 <ul style="list-style-type: none"> • 16 October 2020 • 22 January 2021 • 26 March 2021 <p>All meetings scheduled from 10.00am-12.00pm</p>	Chair	None
6.	Minutes of the last meeting	Chair	1 - 4
7.	Matters Arising	Chair	None
8.	Population Intelligence Hub Update including Wellbeing Dashboard and health in all policies approach	Dr Lina Martino/ Rob Davies	5 - 50
9.	Regional Health Impact of Covid-19 Task and Finish Group	Ed Cox	None
10.	Single Assurance Framework	Jodie Townsend/Ed Cox	51 - 54
11.	Thrive #2031 Strategy Review	Sean Russell	55 - 72
12.	Physical Activity Review	Simon Hall	73 - 90
13.	Date of next meeting -16 October		None



Wellbeing Board

Friday 24 January 2020 at 10.00 am

Minutes

Present

Councillor Izzi Seccombe (Chair)	WMCA Wellbeing Portfolio Holder
Councillor Paulette Hamilton (Vice-Chair)	Birmingham City Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Sean Russell	Director of Implementation for Mental Health, Wellbeing & Radical Prevention
Lina Martino	Public Health England
Steve Vincent	West Midlands Fire Service

In Attendance

Liz Gaulton	Coventry City Council
Sue Frossell	Coventry City Council
Tracey Richards	Coventry City Council
Lynne Bowers	New NHS Alliance
Hannah Dayan	Transport for the West Midlands
Simon Hall	WMCA
Julie Nugent	WMCA

Item No.

24. Apologies for Absence

Apologies for absence had been received from Councillors Beaumont, Barlow, Caborn, Craddock, Jaspal, Shaeen and Ben Brook, Guy Daly, Andy Hardy, Sue Ibbotson, Paul Jennings and Alison Tonge.

25. Nomination of Substitutes

The following substitutes had been received :

Steve Vincent for Ben Brook.

26. Chair's Remarks

The Chair welcomed everyone to the first meeting of 2020 and thanked colleagues for showing their support for 'Blue Monday' on 20 January.

27. Minutes of the last meeting

The minutes of the meeting held 24 October 2020 were agreed as a true record.

28. Matters Arising

In relation to minute no. 17 *Chair's Remarks (viii) Local Authorities input into*

future Wellbeing Board meetings and an enquiry from Councillor Grinsell regarding input from Solihull into these meetings as she was unable to attend the last meeting, Sean Russell advised that the mechanism for local area feedback was split across geographical boundaries, the Black Country, Birmingham and Solihull and, Coventry and Warwickshire. He would like Solihull to report to the next meeting on 3 April in conjunction with Birmingham.

29. Coventry - A Marmot City

The board considered a report of Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council that provided a briefing on Coventry as a Marmot City.

Liz Gaulton presented the key highlights of the report supported by her colleagues Sue Frossell and Tracey Richards, Coventry City Council.

The presentation set out the background, progress and impact of delivering the Marmot City approach in Coventry to date, including its key achievements and impacts in improving health inequalities in Coventry. Liz Gaulton also outlined the key priorities for the future and next steps.

The board considered that Coventry City of Culture 2021 and Birmingham Commonwealth Games 2022 could build on wellbeing by utilising the six 'Marmot Principles' to influence the legacy for healthy, sustainable places and communities.

Julie Nugent, Director of Productivity and Skills, WMCA reported that she was still developing proposals for the Birmingham Commonwealth Games and would welcome a conversation with colleagues as to how to obtain the best long-term benefits for communities.

The Chair thanked Liz Gaulton, Sue Frossell and Tracey Richards for their informative presentation and report.

Resolved: That the briefing on Coventry as a Marmot City be noted.

30. Population Intelligence Hub Update

The board discussed the need to agree three key wellbeing priority areas the WMCA should be focusing on and to consider where the WMCA could add value to the work already being undertaken by public health bodies within local authorities.

Councillor Hamilton reported of the need to look at the top three priorities identified by local authorities and to consider how the WMCA could provide added value.

Councillor Grinsell reported of the need to link the priorities to those of the STPs.

The Implementation Director Wellbeing, Sean Russell, reported that he would be looking at priorities with Directors of Public Health at a meeting

scheduled for 3 February and he would report back with the assessment for a full discussion at a future meeting.

The board considered areas of focus for the priorities should include obesity/healthy outcomes and young people/readiness for school and noted the need for the wellbeing agenda to be linked with the other agendas of the WMCA such as transport, skills, the environment and housing.

Lina Martino, PHE/WMCA Consultant in Public Health provided an update on progress on intelligence projects to date and outlined events planned which included a symposium event for March and an inclusive growth workshop for aligning agendas across the WMCA and with partners.

Resolved : That the update be noted.

31. West Midlands Thrive Update

The Implementation Director Wellbeing, Sean Russell provided an update on progress of the key programmes of work within the Thrive West Midlands Mental Health Commission Action Plan.

The Implementation Director Wellbeing, highlighted progress being undertaken on the Wellbeing Premium Trial, Thrive Into Work and Community Sentence Treatment Requirements programmes as well as reporting on progress on work areas including 'This is Me', mental health literacy and healthy weight region.

The Implementation Director Wellbeing also reminded colleagues of forthcoming events including the Mental Health Star Awards on 29 January and 'Walk Out of Darkness' on Sunday, 17 May. In relation to the 'Walk Out of Darkness' event to support the Zero Suicide Ambition, Sean Russell reported that it would be really good to have as many people attend the walk as possible and that colleagues could contact him if they required more information.

The Chair conveyed her congratulations to Sean Russell for the number of people securing employment as a result of the Thrive into Work programme and reported that she was looking forward to hearing more progress at future meetings.

Resolved : That the update on West Midlands Thrive be noted.

32. West Midlands on The Move

The board considered a report of the Physical Activity Policy and Delivery Lead that provided an update on progress and the next steps in the delivery of the WMCA's West Midlands on the Move Strategic Framework.

The Physical Activity Policy and Delivery Lead, Simon Hall, outlined the report which reported on progress on the West Midlands physical activity sector collaborative engagement programme, Include Me West Midlands, Black Country Place Based Fund, mental health through sport, Goodgym

Coventry, Solihull and Warwickshire, walking and cycling and WM Violence Reduction Unit and next steps.

In relation to walking and cycling, the Cycling and Walking Development Officer, Hannah Dayan provided an update on the walking and cycling programmes which included information on the Network Wide Cycle Parking Programme and on the Better Streets Community Fund.

In relation to the Better Streets Community Fund and the successful projects for 2019/20 listed in appendix 1 of the report, Councillor Grinsell reported that she had some reservations about one of the projects in Solihull that was in her ward and asked if she could be provided with further information with regard to the grant allocation and what is planned.

The Chair asked that the details of funding and delivery dates for the Better Streets Community Fund projects be circulated to the board via email.

Resolved:

1. That progress in the delivery of current priorities be noted and
2. That the strategy refresh by Summer 2020 be approved.

33. Date of next meeting - 3 April 2020

The meeting ended at 12.10 pm.



WMCA Wellbeing Board

Date	17 July 2020
Report title	Population Intelligence Hub update
Portfolio Lead	Councillor Izzi Seccombe - Wellbeing
Accountable Chief Executive	Deborah Cadman - WMCA
Accountable Employeeest	<p>Sean Russell - Implementation Director Wellbeing Email sean.russell@wmca.org.uk Tel: 07818 276 259</p> <p>Ed Cox - Director of Public Service Reform Email Ed.Cox@wmca.org.uk Tel: 0121 214 7209</p> <p>Dr Lina Martino – Consultant in Public Health (PHE/WMCA) Email lina.martino@phe.gov.uk Tel: 07966 435 403</p>
Report has been considered by	

Recommendation(s) for action or decision:

The WMCA Wellbeing Board is recommended to:

- Note progress made against the Population Health Intelligence Hub workplan for 2020/21 and the changes made in light of the coronavirus (COVID-19) pandemic;
- Critically assess these changes in relation to the wider WMCA approach to response and recovery.

1. Purpose

- 1.1 To update the WMCA Wellbeing Board on the current position of the Population Intelligence Hub, including progress on intelligence projects so far.
- 1.2 Outline changes to the work plan for the financial year 2020/21, taking into account the impact of the COVID-19 pandemic and shifting priorities;
- 1.3 To invite comment and input from the WMCA Wellbeing Board on updates and changes.

2. Background

- 2.1 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. 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.
- 2.2 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 and supporting work to demonstrate impact across thematic areas, the Hub will deliver outputs that will be of use for population health focused organisations across the West Midlands.
- 2.3 A summary of the Hub's work to date was presented to the WMCA Wellbeing Board in October 2019, along with the Hub structure, governance and resources. A work plan for the remainder of the year 2019/20 to the end of Q2 2020/21 was proposed and endorsed by the Wellbeing Board.
- 2.4 While there has been considerable progress on a number of project areas, the COVID-19 pandemic has shifted resources and focus to supporting the acute response around the region, and informing the development of longer-term recovery plans.
- 2.5 COVID-19 has the potential to create and widen existing health inequalities, both through the direct impacts of the virus, and the indirect impacts of the control measures imposed. The updated workplan reflects a broader focus on working across the system to address these inequalities, recognising the two-way relationship between health and wealth.

3. Progress against workplan for 2019/20 – Q2 2020/21

- 3.1 Table 1 summarises progress made against the previously agreed workplan for the period covering September 2019 to September 2020. This includes projects that have been delayed or paused as a result of the COVID-19 response.
- 3.2 The Hub is continuing to lead and support projects in line with its strategic objectives of **demonstrating impact, delivering solutions** and **increasing capacity**, supporting the Inclusive Growth Unit and wider priorities across the WMCA.
- 3.3 The workplan is designed to complement and align to the development of a more cohesive approach across the Public Service Reform team and wider WMCA, and stronger relationships with PHE, the WM ADPH and other regional partners. This is also the case for additions focusing specifically on the COVID-19 response (see section 4).
- 3.4 Projects focusing specifically on the impacts of COVID-19 are current priorities for the Hub, with a Regional Health Impacts of COVID-19 workstream the primary focus until October 2020 (see section 4.2). However, we are also retaining focus on core project areas and ways of working that will support optimal use of population health intelligence across programmes and policy areas.

Table 1: Population Intelligence Hub agreed work plan 2019/20 – 2020/21 (Q2)

Project	Progress update	Status
Demonstrating impact		
Further develop the Wellbeing Board dashboard in line with key thematic/priority areas (1)	Work has been undertaken with programme leads from across the PSR team and wider WMCA to identify how the dashboard can add value in terms of demonstrating impact. A draft version of the updated Dashboard and accompanying logic models (see item 3 below) has been produced and is currently being refined for further consultation.	Ongoing – on target (due Sep 2020)
Growth Corridor Population Analysis (2)	Baseline reports and narratives to support the development of the Growth Corridors are still in progress and 3 of 4 have been completed – however, the remainder has been delayed to allow new work supporting the COVID-19 response and recovery to be prioritised. The planned regional symposium event is currently on hold until there is clarity on options for delivery.	Ongoing - delayed
Develop logic model to underpin evaluation of Inclusive Growth Unit (3) – <i>links to above</i>	This links actions/inputs to promote inclusive growth to its outputs, as well as interim (process) indicators, to demonstrate impact and interim progress against defined objectives and show the contribution made by each part of the system.	Ongoing – on target (due Sep 2020)
Produce workplan for Mental Health & Theatre project evaluation metrics and process (4)	This has been completed and is now ready to be applied in evaluation.	Completed
Develop metrics and targets for the WMCA Healthy Weight strategy, and support consultation process (5)	This is currently on hold until we are able to progress with stakeholder and community engagement. The current strategy document will also need to be revised taking into account the impact of COVID-19 and wider work around health inequalities.	Paused
Develop metrics and targets for the Black Thrive West Midlands (6)	While immediate plans to establish this project are currently on hold, it is recognised that this would be an important and timely piece of work. Options	Delayed

	for delivery alongside current evidence and ongoing work around BAME inequalities in COVID-19 morbidity and mortality are being considered.	
Delivering solutions		
Develop models to demonstrate return on investment for WMCA policies, strategies and programmes that impact on the wider determinants of health and health inequalities (7)	This is still being explored as part of the approach to demonstrating impact. While resources are currently limited, there should be capacity to focus on this element once work on the Dashboard and logic models has been completed.	Ongoing - delayed
Population health management	Continuing to link with partners and networks to develop local and regional approaches.	Ongoing
Integrate behavioural insights into strategy development and evaluation	As above – this forms part of ongoing approaches.	Ongoing
Increasing capacity		
Establish Project Manager post (Grade 7)	This has been paused while ongoing needs and priorities are being assessed.	Paused
Establish StR placement	A Specialty Registrar started a placement with PHE in January 2020, as a member of the Hub team.	Completed
Support WMCA/ LA engagement event	A WMCA and PHE collaboration workshop took place in January 2020 to discuss improving alignment of shared health and wellbeing priorities for the region, focusing on a number of key thematic areas. The aim was to inform discussions with the WM ADPH; however, this is being reconsidered and refocused in light of the changing situation and emerging needs, challenges and opportunities.	Ongoing – refocusing
Formalise system for allocating support from Local Authorities and other public sector bodies	Potential options for securing future resource from partners were previously explored and were being revisited. This is ongoing but will take into account the changing landscape and emerging priorities.	Ongoing

- 4. Additions to workplan for 2020/21: Supporting the regional COVID-19 response and recovery**
- 4.1 Table 2 summarises additions made to the previously agreed workplan from January 2020. These additions focus primarily on supporting the regional response to COVID-19: understanding risks, impacts and inequalities, and informing plans for response and recovery.
- 4.2 A Regional Health Impacts of COVID-19 (RHIC) Task & Finish Group has been convened with representation from the WMCA, PHE, local authorities and the NHS. This group will focus on the relationship between disparities analysis from the PHE review and wider health inequalities in the WMCA Region. Key outputs will be a regional analysis of COVID-19 and health inequalities, and a *Health of the Region* report that reflects the regional impacts of COVID-19 (see Table 2).
- 4.3 The RHIC workstream will support the WMCA’s wider response to COVID-19, including plans to mitigate impact, prevent existing inequalities from increasing, and build resilience across the system.
- 4.4 Other additions to the workplan that are not COVID-19 specific reflect how existing workstreams have evolved and developed, and have been included because they contribute to strengthening the overall approach to reducing health inequalities in the region.
- 4.5 In addition to defined projects, the Population Intelligence Hub has continued to provide information and advice on population health intelligence, approaches and metrics in a number of areas, including environment, employment & skills and longer term planning.
- 4.6 It is important to note that as PHE employees, members of the Population Intelligence Hub team are also providing direct support to the acute health protection response to COVID-19 alongside normal work activities, which has had an impact on team capacity. Care is being taken to limit the time spent in the response cell to no more than 40% of working time per week, reducing further as the focus shifts from the acute response phase to the recovery phase.

Table 2: New Population Intelligence Hub projects for 2020/21

Project	Description and status	Due
Regional Health Impact of COVID-19: Health of the Region report	This report was initially planned to accompany the State of the Region report on economic outcomes in the WMCA region. The initial draft described health outcomes and inequalities among the seven constituent authorities, proposing key priority areas for the year ahead. Due to the COVID-19 pandemic, it was decided that the report would be rewritten taking the changed context into account, and that a wider range of partners and stakeholders would be involved in shaping the content and recommendations. This is now being developed through the Regional Health Impacts of COVID-19 Task & Finish Group.	Sept 2020
Regional Health Impact of COVID-19: COVID-19	An initial descriptive analysis has been produced focusing on population vulnerabilities, risk factors and inequalities. The analysis covers the West Midlands region overall, This is being developed further to include a statistical analysis of the characteristics of areas (demographic, social, environmental, economic) that correspond to	Ongoing – interim report July 2020

Population Analysis	increased COVID-19 exposure, mortality and morbidity; indirect physical and mental health impacts; and social and economic impacts.	
Regional Health Impact of COVID-19: WM Region ethnicity and sector profiles	This is a descriptive piece focusing on occupational inequalities intersected with ethnicity. It will be considered alongside the COVID-19 population analysis as part of the Regional Health Impacts of COVID-19 work to help identify and address inequalities in risk.	Completed – include in interim report July 2020
Developing the Health in All Policies approach	A scoping review has been completed to understand previous work carried out in this area. This took the form of a Transport for West Midlands case study via key informant interviews. The aims were to describe the approaches used to imbed HiAP; understand the impact this had and what lessons could be learned; and consider options for how PHE could best support HiAP in the WMCA.	Sept 2020
Critical review of community engagement methods & action plan	This will enhance the ‘community fit’ aspect of the WMCA Inclusive Growth Decision Making Toolkit so that disadvantaged/marginalised groups are better reached and included. A critical review of community engagement methods will inform the development of an action plan to support the RHIC and Inclusive Growth workstreams.	TBC

5. Resources update

- 5.1 The Public Health Consultant for WMCA post has been extended until the end of September 2020, in line with the Public Health Intelligence Analyst post. Options for further extension are being explored. The Administrative Assistant Apprentice is in post until February 2021.
- 5.2 A Specialty Registrar in Public Health (0.8 WTE) joined the team in January 2020, with a view to completing training at the end of September 2020. Capacity to supervise additional trainee projects is being considered.

6. Financial Implications

- 6.1 WMCA are providing £43,000 to support the extension of the Population intelligence hub team until March 31st 2021 with the additional funding being met by the Directors of Public Health in the region.
- 6.2 Subsequent activity to progress the offer may generate new financial requirements.

7. Legal Implications

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

8. Equalities Implications

8.1 Effective research and intelligence will support WMCA equalities responsibilities.

9. Inclusive Growth Implications

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

10. Geographical Area of Report's Implications

10.1 The 14 local authorities within the West Midlands.

11. Other Implications

11.1 None noted.

12. Schedule of Background Papers

12.1 Report presented to WMCA Wellbeing Board October 2019

12.2 COVID-19: WMCA population and health inequalities

12.3 Ethnic groups and sector employment profiles for understanding COVID-19 and inequalities in the West Midlands Region

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WMCA Wellbeing Board

Date	24 October 2019
Report title	Population Intelligence Hub update
Portfolio Lead	Councillor Izzi Seccombe - Wellbeing
Accountable Chief Executive	Deborah Cadman - WMCA
Accountable Employeeest	<p>Sean Russell - Implementation Director Wellbeing Email sean.russell@wmca.org.uk Tel: 07818 276 259</p> <p>Dr Henry Kippin - Director of Public Service Reform Email henry.kippin@wmca.org Tel: 7903 627 000</p> <p>Dr Lina Martino – Consultant in Public Health (PHE/WMCA) Email lina.martino@phe.gov.uk Tel: 07966 435 403</p>
Report has been considered by	

Recommendation(s) for action or decision:

The WMCA Board is recommended to:

Critically assess the proposed updates to the Population Health Intelligence Hub projects for relevance and usefulness to the overall Wellbeing Board work programme.

1. Purpose

- 1.1 To update the WMCA Wellbeing Board on the current position of the Population Intelligence Hub, including progress on intelligence projects so far.
- 1.2 Propose updates to the work plan for the financial year 2019-2020, with some ongoing and proposed projects for 2020/21, to be led by the Population Intelligence Hub and delivered collectively by partners across the West Midlands.
- 1.3 To invite challenge from the WMCA Wellbeing Board on proposed updates.

2. Background

- 2.1 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.
- 2.2 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.
- 2.3 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 and supporting work to demonstrate impact across thematic areas, the Hub will deliver outputs that will be of use for population health focused organisations across the West Midlands.

3. Completed projects and progress to date

- 3.1 The 2018/19 work plan and completed projects to date are summarised in Appendix 1.

4. Updated work plan 2019/20 and developing the 2020/2021 plan

- 4.1 The Hub will continue to lead and support 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, the WMCA Healthy Weight 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.
- 4.2 The work plan is designed to complement and align to the development of a more cohesive approach across the Public Service Reform team and wider WMCA, and stronger relationships with PHE, the WM ADPH and other regional partners.
- 4.3 Table 1 summarises the revised 2019/20 work plan, with ongoing and proposed projects for 2020/21. These will cover the period to the end of Q2 (September 2020). Further detail is provided in Appendix 2.

Table 1: Population Intelligence Hub updated work plan 2019/20 – 2020/21 (Q2)

Project <i>See numbered items in Appendix 2 for further details</i>	Status	Ongoing/ Start due	Due
Demonstrating impact			
Further develop the Wellbeing Board dashboard in line with key thematic/priority areas (1)	A survey is being undertaken to review use and inform how the dashboard is developed. We will work with programme leads from across the PSR team and wider WMCA to identify how the dashboard can add value in terms of demonstrating impact.	Ongoing	
Growth Corridor Population Analysis (2)	Baseline reports to support the development of the Growth Corridors are in progress. A symposium event to share learning from across corridor areas and encourage collaboration between LA and university partners is being planned for February/ March 2020.	Ongoing	Q4 2019/20
Develop logic model to underpin evaluation of Inclusive Growth Unit (3) – <i>links to above</i>	This will clearly link actions/inputs to promote inclusive growth to its outputs, as well as interim (process) indicators, to demonstrate impact and interim progress against defined objectives and show the contribution made by each part of the system. It is likely that a Specialty Registrar in Public Health based at PHE will take this on as a project.	Q3 2019/20	Q4 2019/20
Produce workplan for Mental Health & Theatre project evaluation metrics and process (4)	This is nearing completion – a framework has been developed with a view to handing over to a researcher to complete the evaluation itself.	Ongoing	Q4 2019/20
Develop metrics and targets for the WMCA Healthy Weight strategy, and support consultation process (5)	PHE’s Local Knowledge & Intelligence Service (LKIS) produced intelligence reports around childhood obesity in the West Midlands, and refined some of the metrics and targets using the most up to date WMCA data. This has been shared with Sean Russell. The strategy document is currently in draft and will go out for wider consultation following feedback from the WMCA Wellbeing Board,	Q4 2019/20	

	regional forum for health partners, and internal stakeholders and WMCA DsPH. The consultation will be used to further develop metrics and targets so that these reflect subjective indicators of importance to communities as well as objective indicators of improvement, with a wider focus on healthy weight, physical activity and mental wellbeing.		
Develop metrics and targets for the Black Thrive West Midlands (6)	Delayed due to lack of capacity; it is anticipated that this will begin by January/February next year, once the new Project Manager has been appointed.	Q4 2019/21	
Delivering solutions			
Develop models to demonstrate return on investment for WMCA policies, strategies and programmes that impact on the wider determinants of health and health inequalities (7)	A brief scoping review was carried out in support of proposals for a WM Radical Prevention Fund. This highlighted a need to develop local models to demonstrate costs and benefits (including social return on investment) of WMCA activity.	Q4 2019/20	
Population health management	Contribute to developing system-wide approach to PHM in the region, linking with PHE, NHSE and community of practice.	Ongoing	
Integrate behavioural insights into strategy development and evaluation	Work with PHE's Behavioural Insights team to integrate evidence on behavioural insights, health psychology and behavioural economics into developing metrics and targets for key strategies and workstreams.	Ongoing	
Increasing capacity			
Establish Project Manager post (Grade 7)	Funding for this post has been agreed with WM ADPH and a job description is being developed. This will build on the previous Project Manager role to coordinate the public health input to support the work of the WMCA across the constituent Local Authorities and PHE.	Ongoing	Q4 2019/20
Establish StR placement	With the new Consultant lead now in post, potential projects/supervision arrangements are being identified with a view to offering a placement from January 2020. Irfan Ghani was happy with proposals to establish the	Ongoing	Q4 2019/20



	WMCA as an approved training placement; this will be picked up with the new lead TPD once in post.		
Support WMCA/ LA engagement event	The first meeting took place in May 2019, with a second meeting scheduled for October 2019. This has been rescheduled for December 2019 to allow a number of key meetings to take place. WM ADsPH have agreed and formalised arrangements to support the shared HWB agenda with WMCA, and good progress is being made to develop the Healthy Weight collaborative strategy and 'plans on a page' for key thematic areas (to be shared in October).	Ongoing	Q4 2019/20
Formalise system for allocating support from Local Authorities and other public sector bodies	A paper was produced setting out potential options for securing future resource from partners. This is being revisited in the context of new Hub appointments and collaboration with WM ADPH.	Ongoing	Q4 2019/20

5. Delivery of the work plan

5.1 Structure and governance

5.1.1 Appendix 3 sets out the updated structure of the Hub team, and governance/reporting arrangements for the Hub.

5.1.2 The Population Intelligence Hub is currently part of the WMCA's Inclusive Growth Unit. This enables the work programme to be directly aligned to priorities around inclusive growth, health inequalities and population wellbeing. In addition, being situated within Public Service Reform team facilitates the working relationships and key partnerships needed to ensure that the work programme is developed appropriately to support these priorities and related areas.

5.1.3 It has been suggested as an alternative that the Hub is integrated into the Office for Data Analytics (ODA). However, for the reasons stated above it is proposed that the Hub retains its place within the Inclusive Growth Unit.

5.1.4 It is proposed that the Hub will feed directly into the WMCA Wellbeing Executive Group, in place of the Steering Group under previous arrangements.

5.2 Resources and budget

5.2.1 The Hub recently appointed a Public Health Intelligence Analyst to support delivery of the work programme, funded by PHE. The Analyst joins the new Consultant appointed at PHE to support the wellbeing work of the WMCA. An Administration Assistant (Apprentice) has recently been recruited to provide administrative support to this programme, amongst others.

5.2.2 A Project Manager post (Grade 7) is being developed to co-ordinate the public health input to support the work of the WMCA across the constituent Local Authorities and PHE. The role will be a further development of the previous Project Manager role, with increased seniority reflecting the current position of the Hub and skills required.

5.2.3 Apart from these designated 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.

5.3 WMCA Wellbeing Board Sponsor

5.3.1 The Wellbeing Board previously nominated Councillor Karen Grinsell (Deputy Leader of the Council and Cabinet Portfolio Holder - Adult Social Care & Health, Solihull MBC) as a sponsor to support the development and implementation of this work. The role of the sponsor will be to facilitate the use of the Hub and its outputs into the work of the Wellbeing Board, linking with the lead Consultant.

6. Financial Implications

6.1 There are no immediate financial implications.

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

7. Legal Implications

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

8. Equalities Implications

8.1 Effective research and intelligence will support WMCA equalities responsibilities.

9. Inclusive Growth Implications

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

10. Geographical Area of Report's Implications

10.1 The 14 local authorities within the West Midlands.

11. Other Implications

11.1 None noted.

12. Schedule of Background Papers

Appendix 1: 2018/19 work plan summary and progress

Developing Solutions	<ul style="list-style-type: none"> Evidence reviews for MCN Methods to map and influence complex adaptive systems
Demonstrating Impact	<ul style="list-style-type: none"> WMCA Wellbeing Board Dashboard Developing a WMCA Inclusive Growth Index HLE Analysis Youth Justice Needs Assessment Short briefing format, with HLE output as prototype
Capacity Generation	<ul style="list-style-type: none"> WMCA Skills Audit Establish PH SpR placement Support WMCA/ LA engagement event Engagement with senior decision makers at PHE and WMCA for support for hub Bid to draw down national resources for new staff to support Population Hub

Project	Status
Healthy Life Expectancy 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.
Creating a health and wellbeing dashboard for the WMCA Wellbeing Board	Dashboard developed in 2017. Further work to review use and any feedback. (See 19/20 workplan).
LA analyst skills audit	Completed in 2017
Evidence reviews for MCN	Completed September 2018 Review of data sharing for adults with MCN conducted by LSHTM MSc student, Katherine Korner. 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. (See 19/20 workplan).
Engagement with senior decision makers at PHE and WMCA for support for hub	Completed May 2018
Bid to draw down national resources for new staff to support Population Hub	Completed July 2018
Methods to map and influence complex adaptive systems	Potential methods outlined and presentation on CAS given at WM Learning for Public Health event.



	Concepts adopted for WMCA Wellbeing Board Activity Plan and WMCA Childhood Obesity Strategy.
Intelligence to support Multiple Complex Needs Programme	This has been picked up as part of the wider Inclusive Growth agenda.
Develop short briefing format, using HLE output for WMCA	The final reports from the HLE work were shared with partners and are hosted on the LKIS khub site.
Establish PH StR placement	See updated 19/20 workplan
Support WMCA/ LA engagement event	See updated 19/20 workplan

Appendix 2: Summary of ongoing and proposed projects

1. Developing the WMCA Wellbeing Board dashboard

Section: Demonstrate Impact

Lead(s): Public Health Intelligence Analyst (WMCA); Public Health Consultant (WMCA)

Aims: Further develop the dashboard to demonstrate the health and wellbeing impacts of the Wellbeing Board and work of the PSR team and wider WMCA, aligning to key thematic and priority areas.

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.
- Identify 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.

2. Growth Corridor Population Analysis

Section: Demonstrate Impact

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

Aims: 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.

Description:

- 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.

3. Develop logic model to underpin evaluation of Inclusive Growth Unit

Section: Demonstrate Impact

Lead(s): Specialty Registrar in Public Health (TBC); Public Health Intelligence Analyst

Aims: To demonstrate how policies and programmes within each Inclusive Growth thematic area/workstream contribute to specific health, wellbeing and social outcomes.

Description:

- Logic models are used to clearly link actions/inputs to results/outputs to demonstrate impact over the short-, medium- and long-term, including process (interim) measures of progress.
- This work will complement the Inclusive Growth framework and Growth Corridor analyses, and enable a narrative to be developed around the contribution made by each part of the system.
- It will also support the development of tools/approaches to demonstrating return on investment for whole-system approaches (see item 7).

4. Produce work plan for Mental Health & Theatre project evaluation metrics and process

Section: Demonstrate Impact

Lead(s): Public Health Intelligence Analyst

Aims: Develop a framework for assessing the impact of arts programmes and interventions for health and wellbeing.

Description:

- There is an emerging evidence base that suggests that the arts can be used to change people's knowledge, attitudes and behaviours. We aim to strengthen the understanding of what works in specific contexts; by using this standard public health arts evaluation framework we can enable realistic assessment and appropriate comparisons.



- Arts interventions seeking to improve health need to be rigorously evaluated to determine the extent that the project has achieved its objectives. It is important to understand what went well and what challenges were encountered to support sustainability for arts programmes for health and wellbeing.
- This project aims to use a specially commissioned set of performances to promote positive workplace cultures that support and champion people who have experienced mental health challenges and illness.
- The project is a feasibility project which will also attempt to demonstrate that the performing arts can be purposefully used as a tool to improve public mental health.
- The aim for this project is to raise individual awareness and upskill managers who need to manage the boundaries between being supportive and signposting the individual but equally having to make difficult decisions around management.

5. Develop metrics and targets for the WMCA Healthy Weight strategy

Section: Demonstrate Impact

Lead(s): Specialty Registrar in Public Health; Public Health Intelligence Analyst

Aims: To determine useful metrics and targets which can be adopted by the WMCA Healthy Weight Strategy as evidence of progress.

Description:

- Support the consultation process for the Healthy Weight Strategy, and use information from local communities to shape and update the approach to evaluation.
- 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, mental wellbeing and the built environment; also qualitative assessment of facilitators and barriers.
- 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 approaches/methods employed.
- Model changes in outcome measures 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.

6. Develop metrics and targets for the Black Thrive West Midlands

Section: Demonstrate Impact

Lead(s): TBC

Aims: To describe inequalities in mental health and wellbeing, and access to and experience of mental health services among people of Black origin in the West Midlands; and develop a framework for implementing and evaluating a complex systems approach to address these inequalities.

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. Also links to Advancing Mental Health Equality work by the RCPsych.

7. Demonstrate return on investment for WMCA policies, strategies and programmes

Section: Demonstrate Impact

Lead(s): TBC

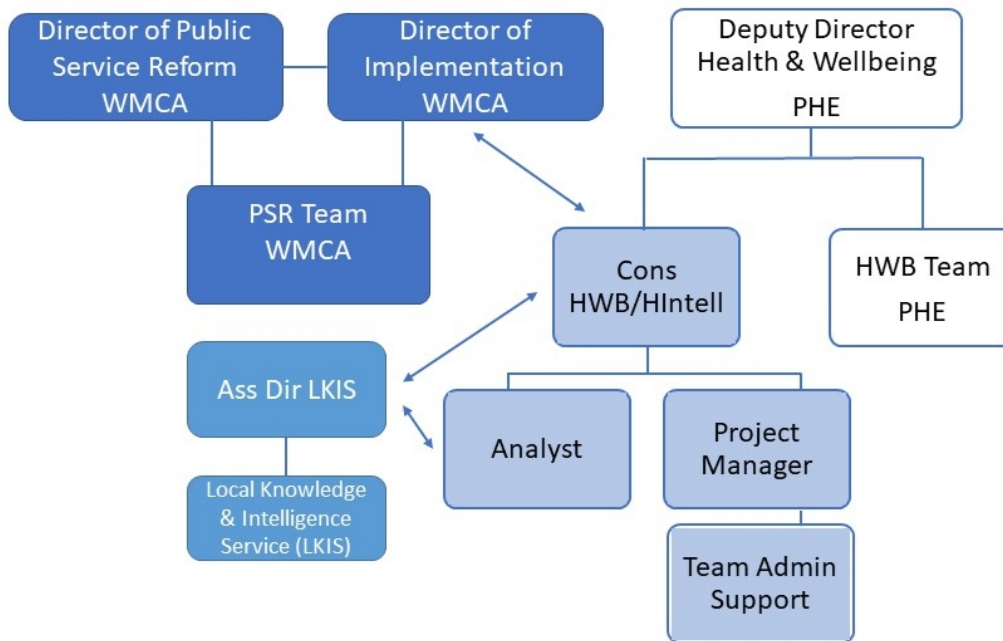
Aims: Develop models to demonstrate return on investment (ROI) for WMCA policies, strategies and programmes that impact on the wider determinants of health and health inequalities.

Description:

- Apply PHE ROI tools (including social ROI) to the WMCA population to quantify economic and social benefits of WMCA activity to improve population health and wellbeing.
- While there is considerable evidence around ROI for interventions to improve specific health conditions, the evidence around whole-system approaches and/or those impacting on healthy life expectancy overall is limited. Learning from other areas (e.g. Liverpool City Region) will be applied to developing local models.
- This work will complement the WMCA Wellbeing Board Dashboard by providing additional evidence of impact, and support the case for Radical Prevention approaches and funding.
- It is anticipated that this project would be undertaken with support from PH WM LKIS, and the PHE National Health Economics Team.

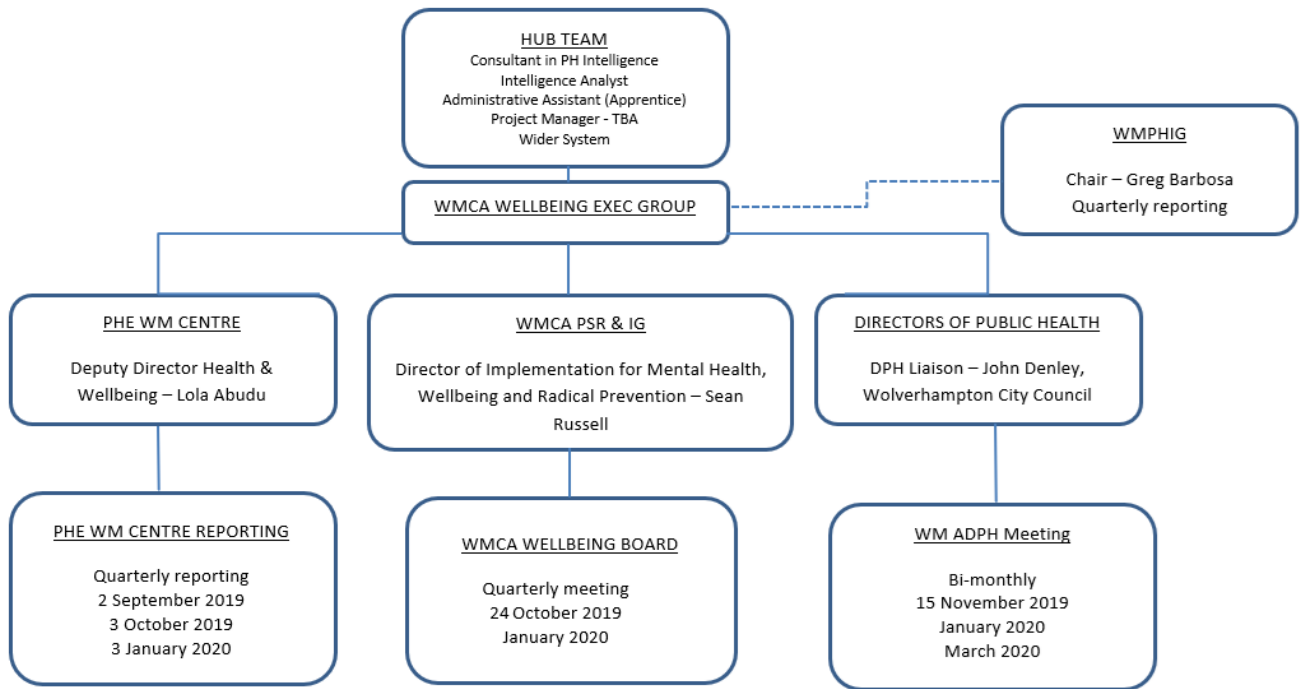
Appendix 3: Hub structure and governance arrangements

Population Intelligence Hub team and key relationships





POPULATION HUB – GOVERNANCE & REPORTING STRUCTURE



Proposed reporting

Project specific – Quarterly basis
Proposed annual work plan – Q4
Review progress – Bi-annual
Strategic objectives – Bi-annual

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COVID-19: WMCA population and health inequalities

COVID-19 has the potential to create and widen existing health inequalities, both through the direct impacts of the virus, and the indirect impacts of the control measures imposed. While underlying health conditions increase the risk of serious consequences from infection, the economic and social response to COVID-19 has the potential to exacerbate inequalities in physical and mental health. Understanding population vulnerabilities, risk factors and inequalities is important to inform both the acute response phase and the recovery and repair phase over the longer term.

Key sectors

Many frontline key workers who are most at risk of contracting the virus may be in low paid, insecure employment. Analysis of estimate total proportion of jobs within key sectors - which includes health and social work, education, transport, agri-food sector policing, fire service, government policy and social security – shows 43.3% of WMCA jobs are within key sectors and slightly higher than national average (41.5%) and WM Region (42%). Wolverhampton has the highest proportion within WMCA of key sectors jobs (47.5%) followed by Birmingham (44.6%). Solihull has lowest proportion of key sector jobs (35.3%). Figure 1 shows the proportion of workers within key sectors for the WMCA and constituent local authorities.

Health & Social Work

The highest proportion of jobs within key sectors in WMCA is within health and social work at 14% which is higher than WM Region (13.2%) and national average (12.5%). Wolverhampton has the highest proportion within WMCA of jobs in health and social work (17.1%).

Many jobs within this sector in WMCA are in hospital activities (5.9%) which is more than national average (4.8%) and WM Region (5%). The social work sector makes up 3.2% of jobs in WMCA and is again more than national average (2.8%) and WM Region (2.9%). Sandwell has the highest proportion within WMCA of jobs within social work at 3.9% followed by Birmingham and Dudley (3.5%). Dudley has the highest proportion of jobs in residential caring (3%) followed by Wolverhampton (2.9%); this is higher than WMCA (2.3%), WM Region (2.9%) and national average (2.8%).

Agri-food sector

The agri-food sector – which includes food manufacturing, food wholesaling, food retailing and non- residential catering – totals 9.6% of jobs in WMCA which is less than national average (11.7%) and WM Region (10.8%). Sandwell has the highest proportion within WMCA of jobs within agri-food sector (12.1%) followed by Wolverhampton (11.2%). There are an estimated 3.4% jobs in WMCA within food retail which is lower than national average and WM Region (3.7%). Dudley and Sandwell have the highest proportion within WMCA of jobs in food retail (4.6%).

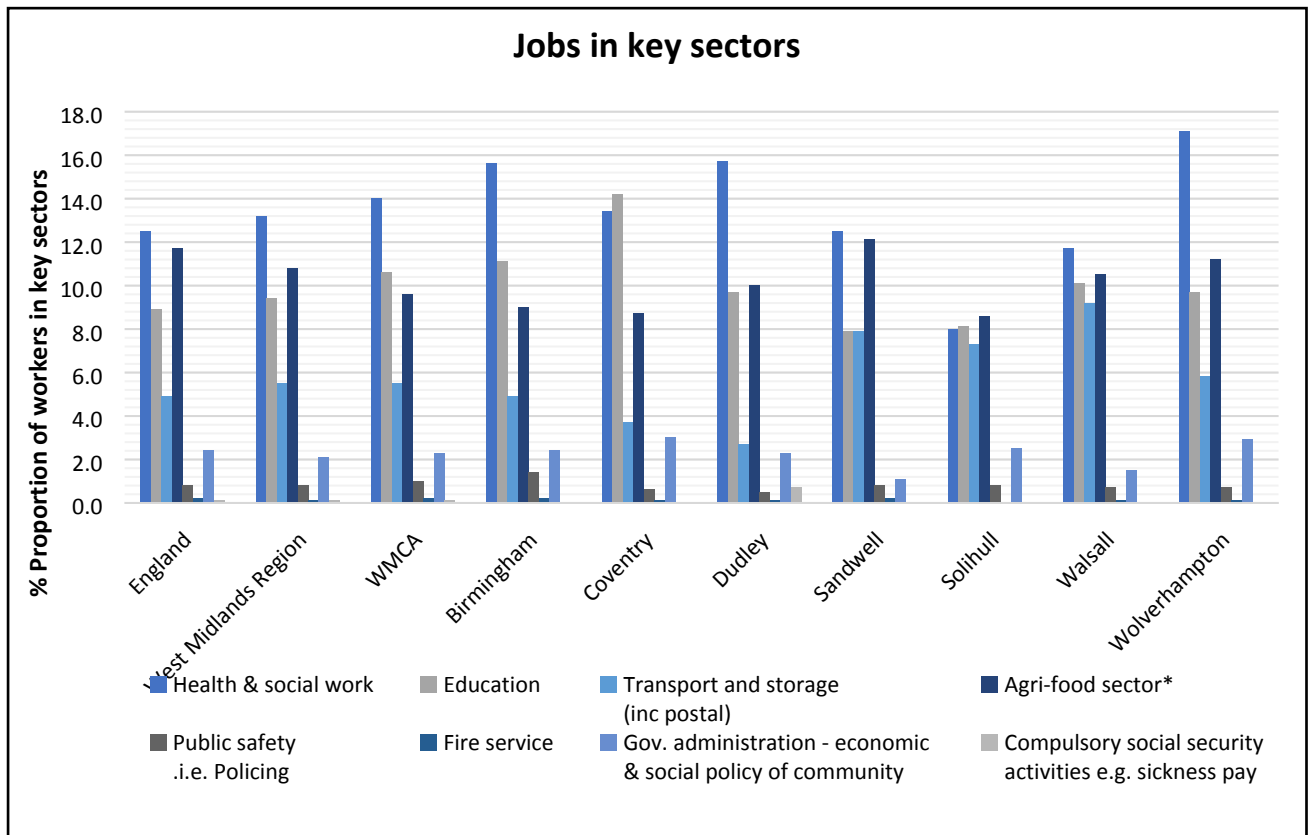


Figure 1

Vulnerable sectors

Sectors which may be vulnerable due to economic effects of COVID-19 leading to insecure employment and job loss include retail (excluding food retail), accommodation and food services and arts, entertainment & recreation services. Within the WMCA it is estimated that 14.8% of jobs may be within vulnerable sectors, which is less than national average (17.7%) or WM Region (15.5%). Solihull has the highest proportion within WMCA of jobs which may be vulnerable (16.2%) followed by Birmingham (15.2%).

Population aged over 75 years

This age group is known to be at greatest risk from coronavirus related health complications. An estimated 7.4% of the WMCA population is aged over 75 years old which is less than national average (8.2%) and WM Region (8.5%). Solihull has the greatest proportion within WMCA in this age bracket (10%), followed by Dudley (9.6%), and Birmingham has the lowest proportion (6.2%).

Groups requiring additional support

Mental health conditions

Social distancing and isolation can have a detrimental impact on mental health and wellbeing, including through harmful health behaviours and reducing access to services and support. There is an estimated 0.7% prevalence of dementia in the WMCA population, which is slightly less than national average and WM Region (0.8%), but this is slightly higher in Dudley at 0.9%. The WMCA has the same estimated prevalence of people with learning disabilities as national average and WM region (0.5%); this is slightly higher in Birmingham and Wolverhampton (0.6%). The WMCA has an estimated prevalence of people with serious mental illness of 1%, which is slightly higher than national average and WM region (0.9%); this is highest in Birmingham at 1.2%.

Homelessness

Rough sleepers are a particularly vulnerable group and are unable in the ordinary course of events to self-isolate. Where someone's home is not a place of safety, or when they do not have ready access to essentials such as food and medicine, being more isolated may place them at greater risk of harm.

Figure 2 shows rates of households assessed as homeless or in temporary accommodation in the WMCA and constituent authorities. The WMCA has 3.46* homeless households per 100,000 households which is significantly higher than the national average (1.49) and WM Region (1.72); Dudley has the highest rate of 3 per 100,000 households. The WMCA has 3.34* households in temporary accommodation per 100,000 households and 77.4% of these households are with children. This is just less than national average (3.74) but greater than WM Region (1.91). Birmingham has the highest rate of 6.7 per 100,000 households and 81.7% of these households are with children, followed by Coventry (4.01 per 100,000 households and 56.9% with children).

**Please interpret with caution, this statistic is aggregated from the 7 met local authorities within WMCA.*

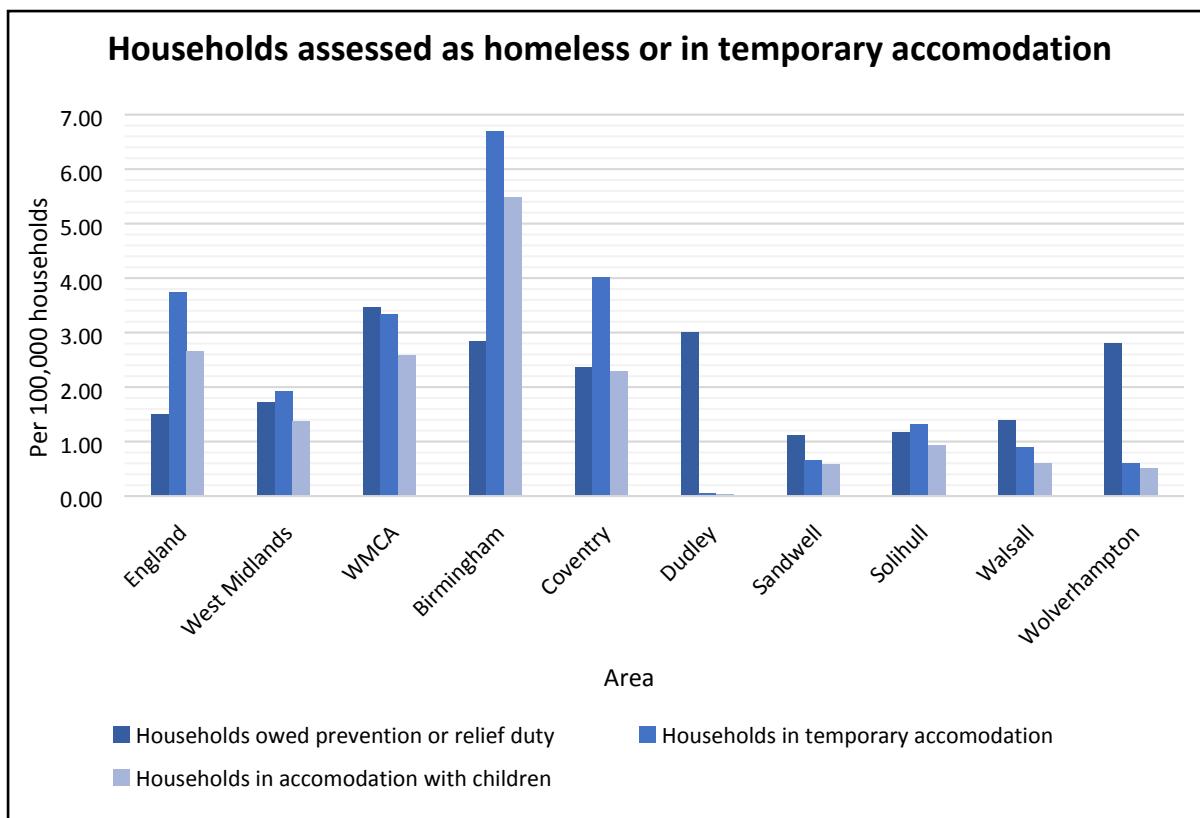


Figure 2

Drug or alcohol use

People who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others, with coronavirus (COVID-19). They may also be more vulnerable to the impact of infection with the virus, due to underlying conditions. There is an estimated 0.8% of WMCA population in treatment at drug or alcohol misuse services which is higher than WM Region (0.66%). Solihull has the greatest estimated proportion within this population group at 0.91% in WMCA area, followed by Birmingham (0.85%) and Walsall (0.81%).

Looked after children

The WM Region has a total of 82 per 100,000 children looked after by local authority which is greater than national average (65). Sandwell has the greatest amount of looked after children with 109, followed by Wolverhampton (102 per 100,000 children).

Data Sources

Key and vulnerable sector jobs: Business Register and Employment Survey, 2018

Older age groups: Office of National Statistics, 2018

Mental health conditions: Quality Outcomes Framework, 2017/18

Homelessness: Ministry of Housing, Communities & Local Government, Sep 2019

Drug or alcohol use: National Drug Monitoring System, 2017/18

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Ethnic groups and sector employment profiles for understanding COVID-19 and inequalities in the West Midlands Region

Introduction:

This piece provides ethnic occupational data (*ONS Annual Population Survey, 2019*) to understand occupational inequalities likely to present as a result of an increased exposure to infection and, through exposure to loss of income in the West Midlands. The analysis looks at a) whether certain occupations are disproportionately covered by minority groups and b) the gender split employment rate within ethnic groups which can help to understand economic household compositions and the impact shut down sectors may have on existing inequalities.

Alongside the data, it is important to acknowledge the complex intersectionality of health inequalities and the impact of COVID-19. This piece aims to complement work being carried out to understand the relationship between health and wealth and population risk in the West Midlands to assist our partners and stakeholders.

Summary:

- Healthcare workers have the highest increased risk due to exposure to infection and in the West Midlands, Black ethnic group has the largest proportion of their population working in this sector.
- Transport and storage workers are at increased risk due to exposure to public and in the West Midlands, Pakistani ethnic group has the largest proportion of their population working in this sector.
- Workers in *shutdown* sectors have an increased risk of exposure to loss of income and in the West Midlands, Pakistani ethnic group has the largest proportion of their population working in wholesale and retail trade whilst 'other Asian ethnic group'¹ has the largest proportion of their population working in accommodation and food services.
- Impact of shutdown sectors can also be understood in the context of the employment gender gap and in the West Midlands, Pakistani ethnic group has the greatest employment rate gap between male and female followed by 'other ethnic group'².

¹ 'Other Asian ethnic group': any other Asian background which is NOT Indian, Pakistani, Bangladeshi or Chinese (*ONS ethnic group classifications* <https://www.ethnicity-facts-figures.service.gov.uk/ethnic-groups>)

² 'Other ethnic group' within employment rate gender gap: Includes Arab ethnicity and any other ethnic group which is NOT White, Mixed, Asian or Black (*ONS ethnic group classifications* <https://www.ethnicity-facts-figures.service.gov.uk/ethnic-groups>)

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Sectors with increased exposure to infection:

Health and social work sector

Health and social work workers have an increased exposure to infection and health risks, including mortality due to contact with infected persons. The black ethnic group in the West Midlands has the largest proportion within its population working within this sector (33.6%) followed by 'other Asian background' (18.9%). This is similar picture to national figures with the black ethnic group also having the largest proportion within its population working within this sector (26.9%) followed by 'other Asian background' (20.8%).

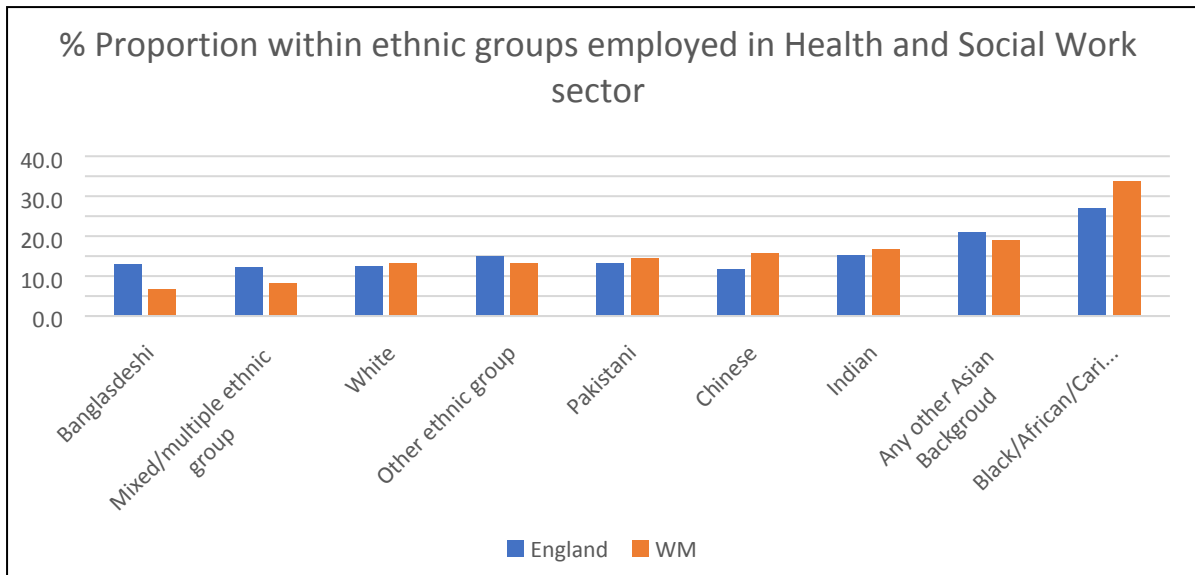


Figure 1

Transport & storage sector

Transport workers have an increased exposure to infection and health risks, including mortality due to contact with members of general public. The Pakistani ethnic group in the West Midlands has the largest proportion within its population working within this sector (17.2%) followed by Bangladeshi ethnic group (15.5%). This is similar picture to national figures with Pakistani ethnic group also having the largest proportion within its population working within this sector (15.1%) followed by Bangladeshi ethnic group (10.6%).

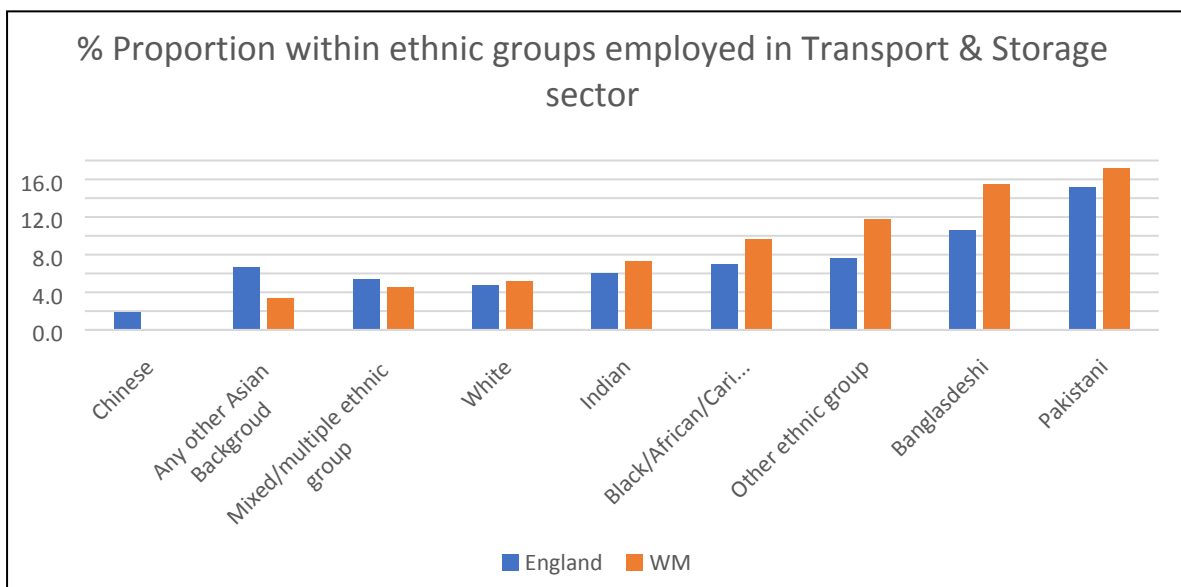


Figure 2

Sectors with increased exposure to loss of income:

Wholesale and retail trade sector

Workers in wholesale and retail have an increased exposure to loss of income working in a shutdown sector. The Pakistani ethnic group in the West Midlands has the largest proportion within its population working within this sector (17.6%) followed by Bangladeshi ethnic group (17.5%). This is similar picture to national figures with Pakistani ethnic group also having the largest proportion within its population working within this sector (20.4%) followed by Bangladeshi ethnic group (16.7%).

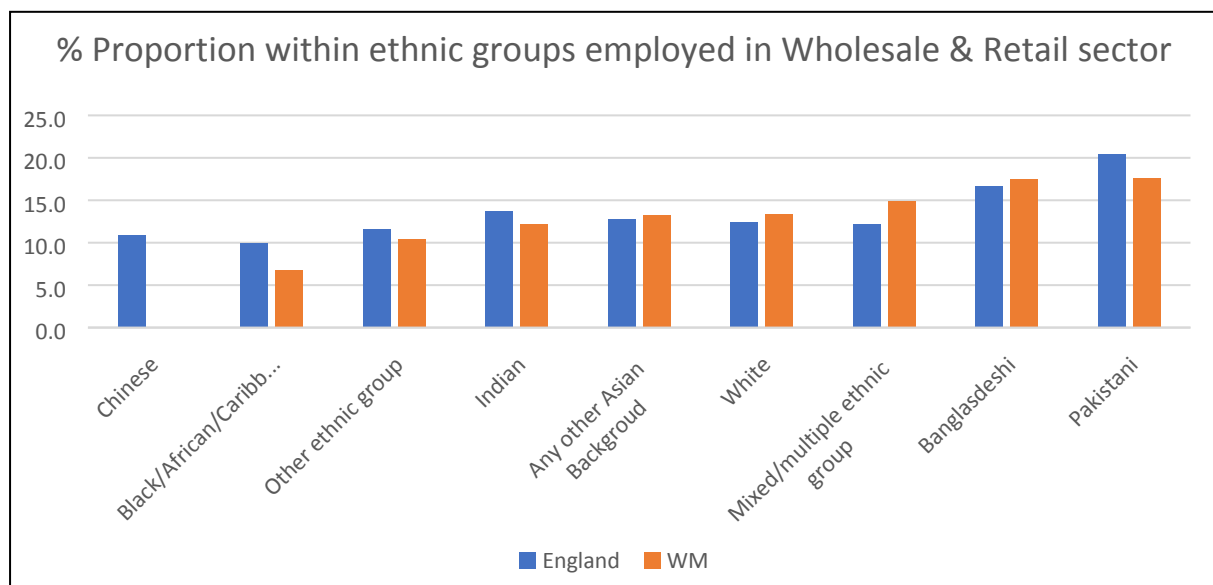


Figure 3

Accommodation and food sector

Workers in accommodation and food sector have an increased exposure to loss of income of working in a shutdown sector. The 'any other Asian background' ethnic group in the West Midlands has the largest proportion within its population working within this sector (26.9%) followed by Chinese ethnic group (25.3%). This is different to the national picture with Bangladeshi having the largest proportion within its population working within this sector (18.2%) followed by Chinese ethnic group (13.6%).

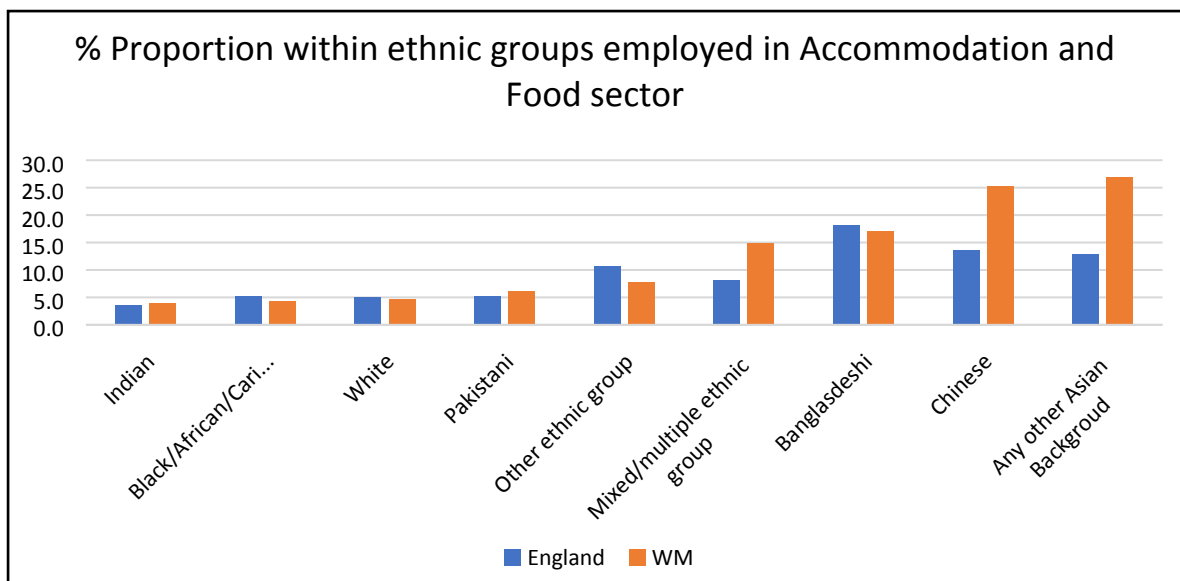


Figure 4

Black/African/Caribbean/Black British ethnic group % of workforce:

The black ethnic group accounts for 3.9% of the West Midlands total workforce and accounts for 9.4% of the West Midlands ‘human health & social work’ workforce and 6.3% of the West Midlands ‘transport & storage’ workforce. Comparatively, in England this group accounts for 3.5% of total workforce and 7.3% of ‘human health & social work’ workforce and 4.8% of ‘transport and storage’ workforce.

Sector employment:

In the West Midlands, 33.6% of black ethnic group are employed in ‘human health & social work’ sector, followed by ‘transport & storage’ (9.6%) and then ‘public administration and defence’ (8.8%). Comparatively, in England 26.9% of black ethnic group are employed in ‘human health & social work’ sector, followed by ‘wholesale & retail’ (10%) and then ‘education’ (8.1%).

Employment rate:

Working age population employment rate is 62.7% in the West Midlands and 61.1% in WMCA, both lower than national average of 67.9%. Male employment is 67.1% in the West Midlands and 64.3% in WMCA, both lower than national average of 72.4%. Female employment rate lower than male and is 59.1% in the West Midlands and 58.6% in WMCA, both lower than national average of 63.8%.

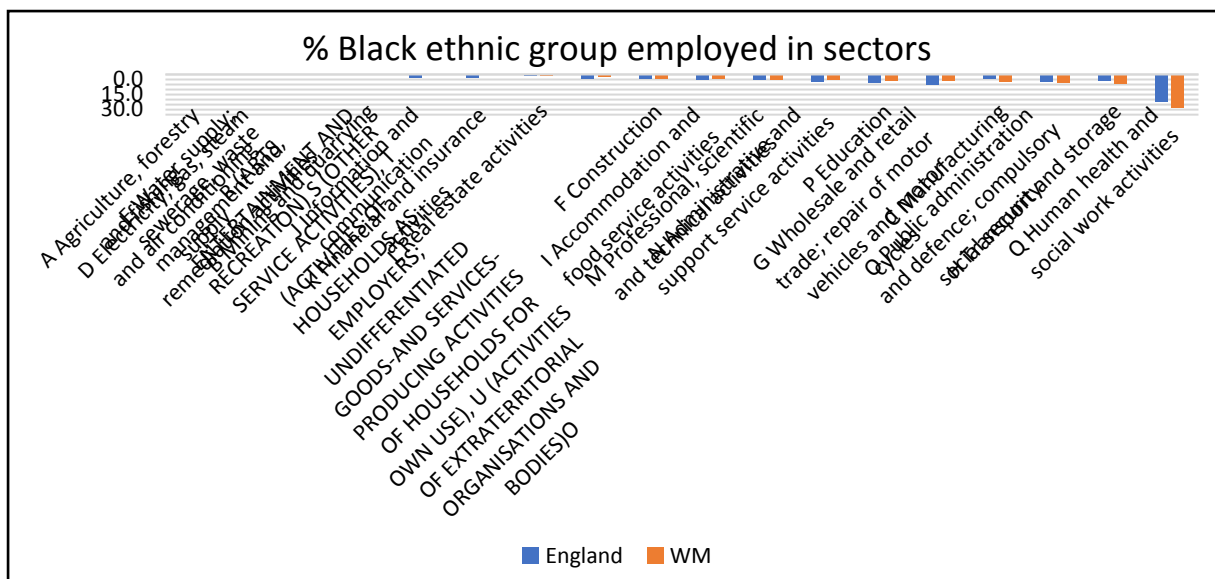


Figure 5

**Mixed/multiple ethnic group
% of workforce:**

The mixed ethnic group workforce accounts for 1.1% of the West Midlands total workforce and accounts for 0.6% 'human health & social work' workforce. Comparatively, in England this group accounts for 1.3% of total workforce and 1.2% of 'human health & social work' workforce.

Sector employment:

In the West Midlands, 14.9% of mixed ethnic group are employed in 'accommodation and food services' whilst 14.9% are also employed in 'wholesale & retail trade', followed by 'education' 11.4%. Comparatively, in England 12.2% of mixed ethnic group are employed in 'human health & social work' sector and 12.2% are also employed in 'wholesale & retail trade' followed by 'education' (11.2%).

Employment rate:

Working age population employment rate is 60.4% in the West Midlands and 58.2% in WMCA, both lower than national average of 69.4%. Male employment rate is 64.4% in the West Midlands and 58.7% in WMCA, lower than national average of 74.6%. Female employment rate is lower than male and is 51.7% in the West Midlands and 57.7% in WMCA. Both lower than national average of 65.4%.

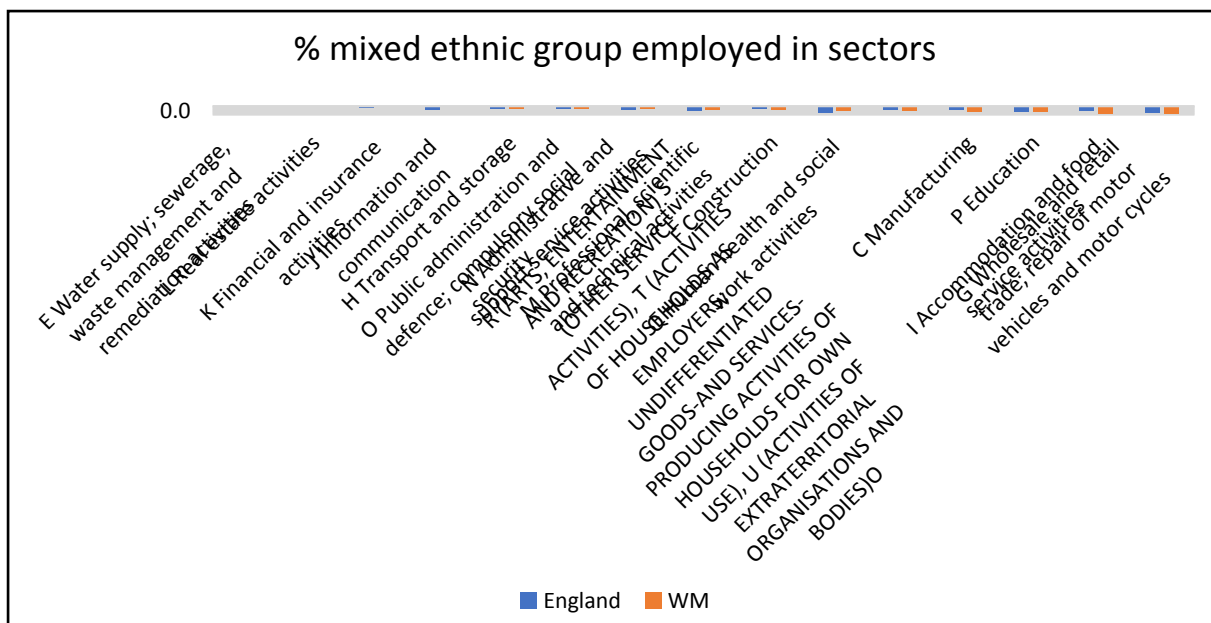


Figure 6

**Indian ethnic group
% of workforce:**

The Indian ethnic group account for 5.1% of the West Midlands total workforce and 6% of ‘human health & social work’ workforce and 6.2% of ‘transport & storage’ workforce. Comparatively, in England this group accounts for 3.2% of total workforce and 3.7% of ‘human health & social work’ workforce and 3.8% of ‘transport & storage’ workforce.

Sector employment:

In the West Midlands, 16.6% of Indian ethnic group are employed in ‘human health & social work’ sector, followed by ‘manufacturing’ (12.6%) and ‘wholesale & retail’ (12.2%). Comparatively, in England 15.2% of Indian group are employed in ‘human health & social work’ sector and 13.7% are employed in ‘wholesale & retail trade’ followed by ‘information & communication’ (10.6%).

Employment rate:

Working age population employment rate is 72.7% in the West Midlands and 72.3% in WMCA, both lower than national average of 75.1%. Male employment rate is 77.9% in the West Midlands and 77.1% in WMCA, both lower than national average of 81.2%. Female employment is lower than male, and 67.4% in the West Midlands and 67.3% in WMCA. Both lower than national average of 68.6%.



Figure 7

**Pakistani ethnic group
% of workforce:**

The Pakistani ethnic group accounts for 3.4% of the West Midlands total workforce and 3.5% of ‘human health & social work’ workforce and 9.7% of ‘transport & storage’ workforce. Comparatively, in England this group accounts for 1.7% of total workforce and 1.7% of ‘human health & social work’ workforce and 5.2% of ‘transport & storage’ workforce.

Sector employment:

In the West Midlands, 17.6% of Pakistani ethnic group are employed in ‘wholesale & retail’, followed by ‘transport & storage’ (17.2%) and then ‘human health & social work’ (14.5%). Comparatively, in England 20.4% of Pakistani ethnic group are employed in ‘wholesale & retail’, followed by ‘transport & storage’ (15.1%) and then ‘human health & social work’ (13.1%).

Employment rate (Pakistani and Bangladeshi ethnic group):

Working age population employment rate is 54.3% in the West Midlands and 53.5% in WMCA, both lower than national average of 56.3%. Male employment rate is 75.1% in the West Midlands and 74% in WMCA, similar to the national average of 74%. Female employment rate is lower than male and is 33.3% in the West and 32.4% in WMCA. Both lower than national average of 38.1%.



Figure 8

Bangladeshi ethnic group

% of workforce:

The Bangladeshi ethnic group accounts for 0.9% of the West Midlands total workforce and 0.4% of ‘human health & social work’ workforce and 2.3% of ‘transport & storage’ workforce. Comparatively, in England this group accounts for 0.7% of total workforce and 0.7% of ‘human health & social work’ workforce and 1.5% of ‘transport & storage’ workforce.

Sector employment:

In the West Midlands, 17.5% of Bangladeshi ethnic group are employed in ‘wholesale & retail’, followed by ‘accommodation & food services’ (17.1%) and then ‘transport & storage’ (15.5%). Comparatively, in England 18.2% of Bangladeshi ethnic group are employed in ‘accommodation & food services’, followed by ‘wholesale & retail’ (16.7%) and then ‘human health & social work’ (12.9%).

Employment rate:

Please see Pakistani and Bangladeshi ethnic group above.



Figure 9

**Chinese ethnic group
% of workforce:**

The Chinese ethnic group account for 0.3% of the West Midlands total workforce and 0.3% of ‘human health & social work’ workforce. Comparatively, in England this group accounts for 0.5% of the total workforce and 0.4% of ‘human health & social work’ workforce.

Sector employment:

In the West Midlands, 25.3% of Chinese ethnic group are employed in ‘accommodation & food services’, followed by “human health & social work’ (25.7%) and then ‘education’ (14.5%). Comparatively, in England 17.3% of Chinese ethnic group are employed in ‘professional, scientific and technical’ sector, followed by ‘accommodation & food services’ (13.6%) and then ‘human health & social work’ (11.7%).

Employment rate (‘Other’ ethnic group: Chinese, any other Asian background and Arab):

Working age population employment rate is 58.1% in the West Midlands and 55.3% in WMCA, both lower than national average of 64.4%. Male employment rate is 72.8% in the West Midlands and 70.7% in WMCA, both similar to the national average of 72.8%. Female employment rate is lower than male and is 42% in the West Midlands and 37.1% in WMCA. Both lower than national average of 56.9%.

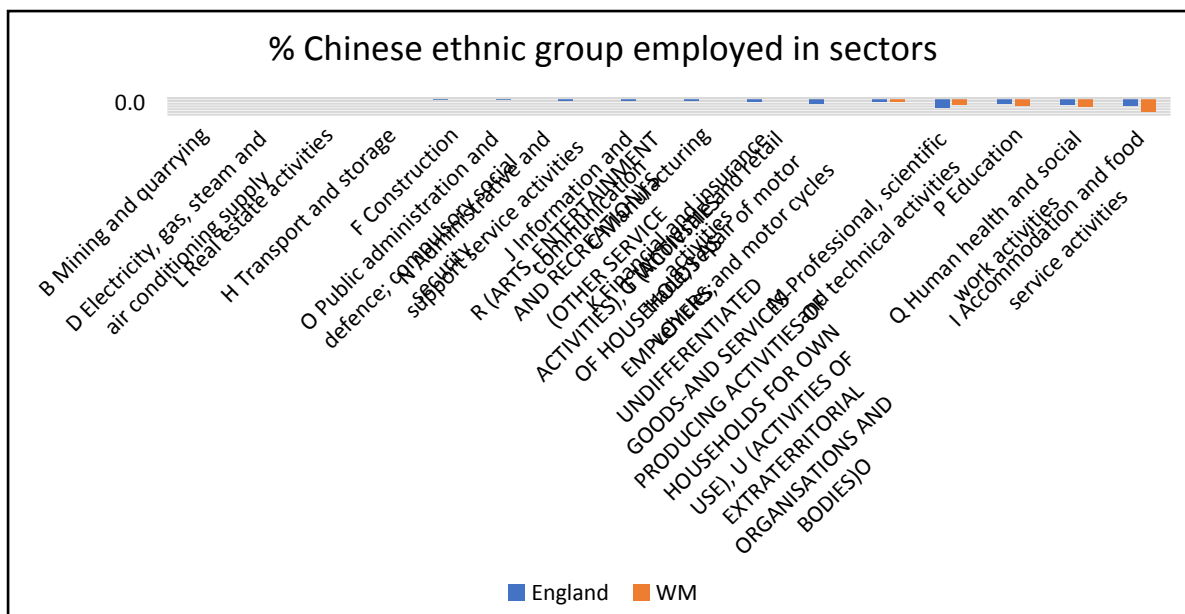


Figure 10

**Any other Asian background ethnic group
% of workforce:**

The Any other Asian background ethnic group account for 0.8% the West Midlands workforce and 1% of the ‘human health & social work’ workforce. Comparatively, in England this group accounts for 1.3% of the total workforce and 2.1% of ‘human health & social work’ workforce and 1.7% of the ‘transport & storage’ workforce.

Sector employment:

In the West Midlands, 26.9% of other Asian background ethnic group are employed in ‘accommodation & food services’, followed by ‘human health & social work’ (18.9%) and then ‘wholesale & retail’ (13.2%). Comparatively, in England 20.8% of other Asian background ethnic group are employed in ‘human health & social work’ sector, followed by ‘accommodation & food services’ (12.9%) and then ‘human health & social work’ (12.8%).

Employment rate:

Please see ‘Other’ ethnic group: Chinese, any other Asian background and Arab above.



Figure 11

Other ethnic group³:

% of workforce:

The Other ethnic group account for 1.5% of the West Midlands workforce and 1.4% of the ‘human health & social work’ workforce and 2.9% of the ‘transport & storage’ workforce. Comparatively, in England this group accounts for 1.8% of total workforce and 2% of the ‘human health & social work’ workforce and 2.6% of the ‘transport & storage’ workforce.

Sector employment:

In the West Midlands, 14.4% of Other ethnic group are employed in ‘manufacturing’, followed by ‘human health & social work’ (13.2%) and then ‘transport & storage’ (11.7%). Comparatively, in England 15% Other ethnic group are employed in ‘human health & social work’ sector, followed by ‘wholesale & retail’ (11.6%) and then ‘accommodation and food services’ (10.6%).

Employment rate:

Please see ‘Other’ ethnic group: Chinese, any other Asian background and Arab above.

³ ‘Other ethnic group’: Includes Arab ethnicity and any other ethnic group which is NOT White, Mixed, Asian or Black ((ONS ethnic group classifications <https://www.ethnicity-facts-figures.service.gov.uk/ethnic-groups>)

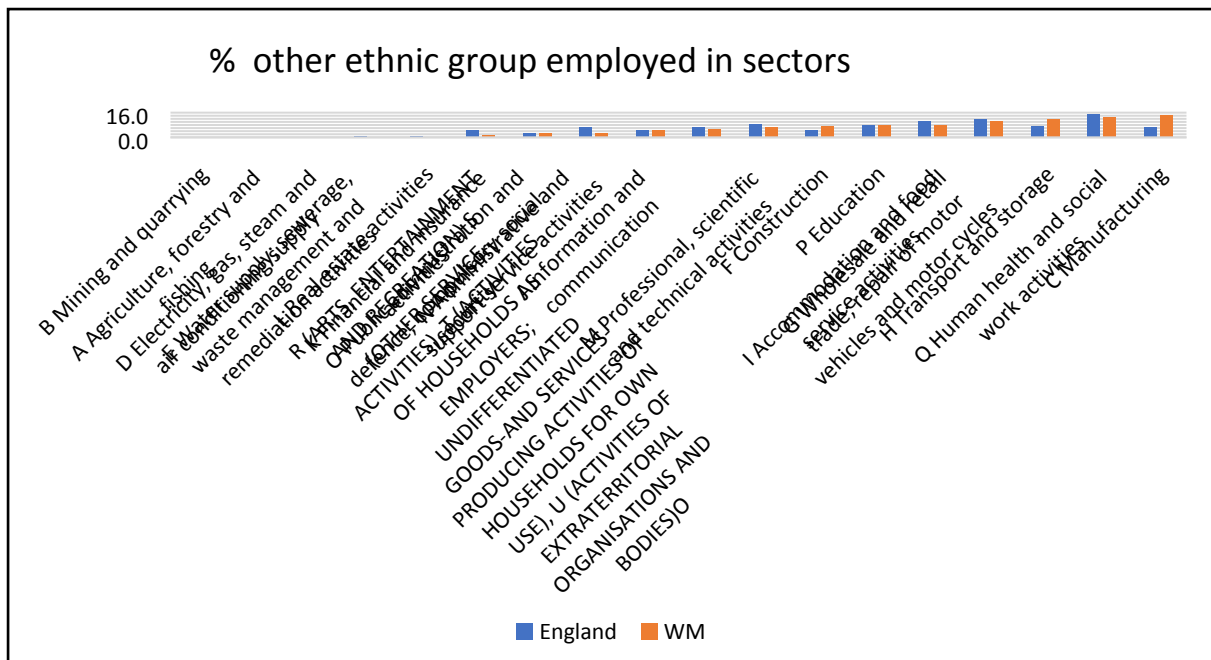


Figure 12

White ethnic group for comparison:

% employees within sectors from White ethnic group:

The white ethnic group account for 83% of workers the West Midlands workforce and 77.4% of ‘human health & social work’ workforce. Comparatively, in England this group account for slightly more of the workforce at 85.9% and 80.8% of ‘human health & social work’ workforce.

Sector employment:

In the West Midlands, 13.3% of White ethnic group are employed in ‘wholesale & retail trade’, followed by ‘human health & social work’ (13.2%) and then ‘manufacturing’ (12.7%). Comparatively, in England 12.4% of White ethnic group are employed in ‘wholesale & retail trade’, followed by ‘human health & social work’ (12.3%) and then ‘education (11%)’.

Employment rate:

Working age population employment rate is 76.6% in the West Midlands and 72.9% in WMCA, both lower than national average of 77.7%. Male employment rate is 79.8% in the West Midlands and 75.9% in WMCA, both lower than the national average of 81.3%. Female employment rate is lower than male and is 73.4% in the West and 70% in WMCA. Both lower than national average of 74.1%.

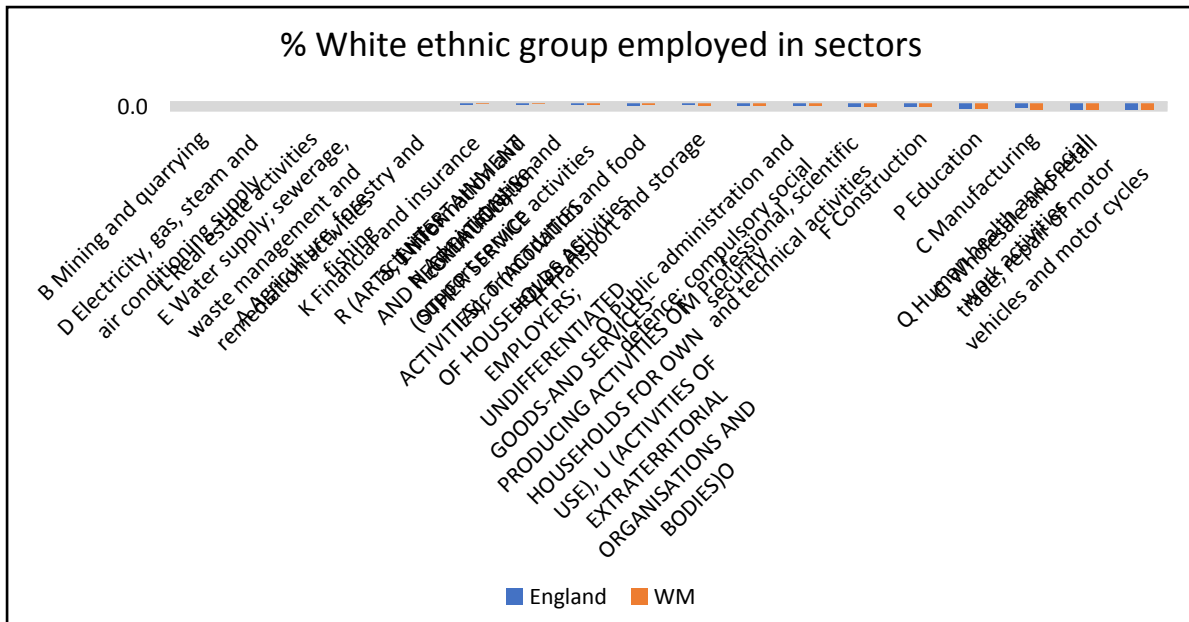


Figure 13

Employment rate gender gap summary:

The employment rate gender gap for the West Midlands is 9.6% and for WMCA area this is 11.2%, both greater than national average of 8.9%. In the West Midlands Pakistani ethnic group has largest employment rate gap (41.8%) and this is the same for WMCA (41.8%) and national average (35.9%). This is followed by 'other ethnic group' which has a gap of 30.8% in the West Midlands and 33.6% in WMCA, this is much greater than national average of 15.9%.

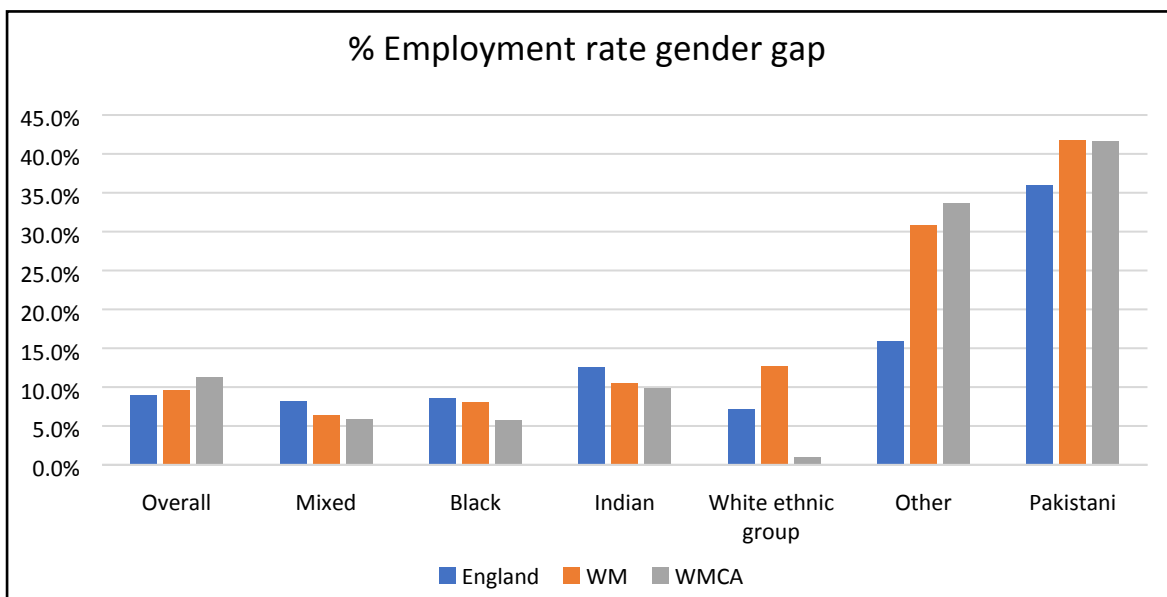


Figure 14

Data source:

The ONS Annual Population Survey 2019 is a household sample based survey and provides figures for April 2018 to March 2019

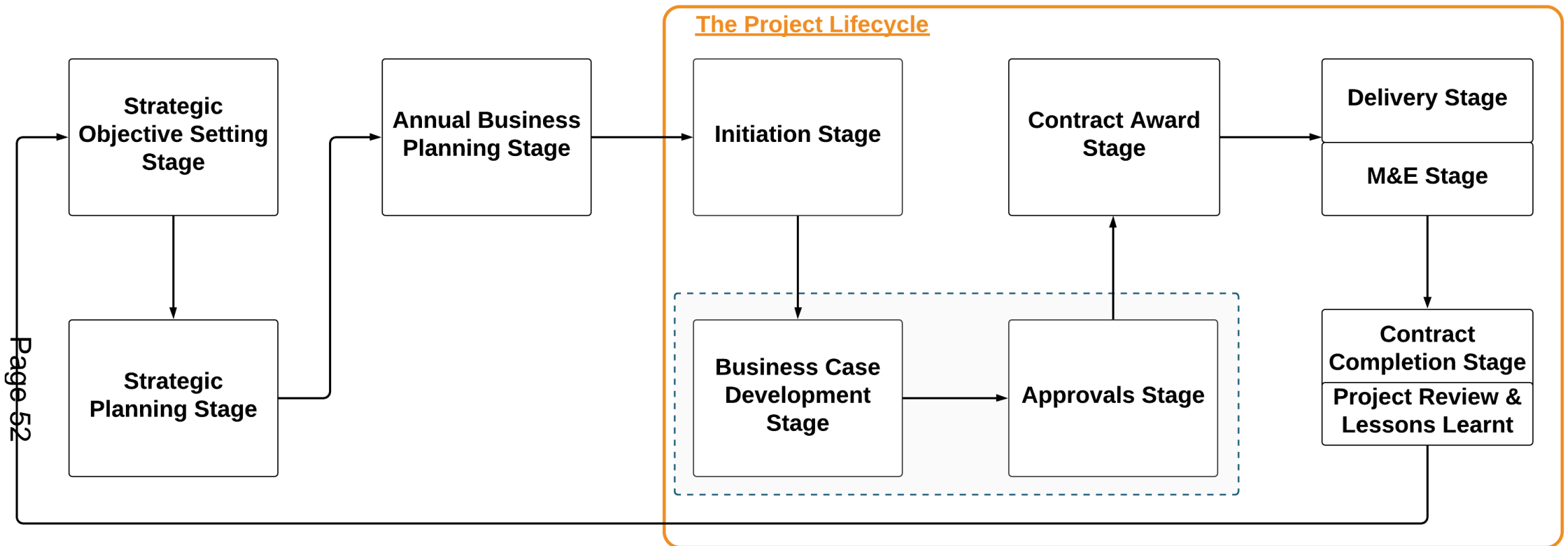
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Single Assurance Framework

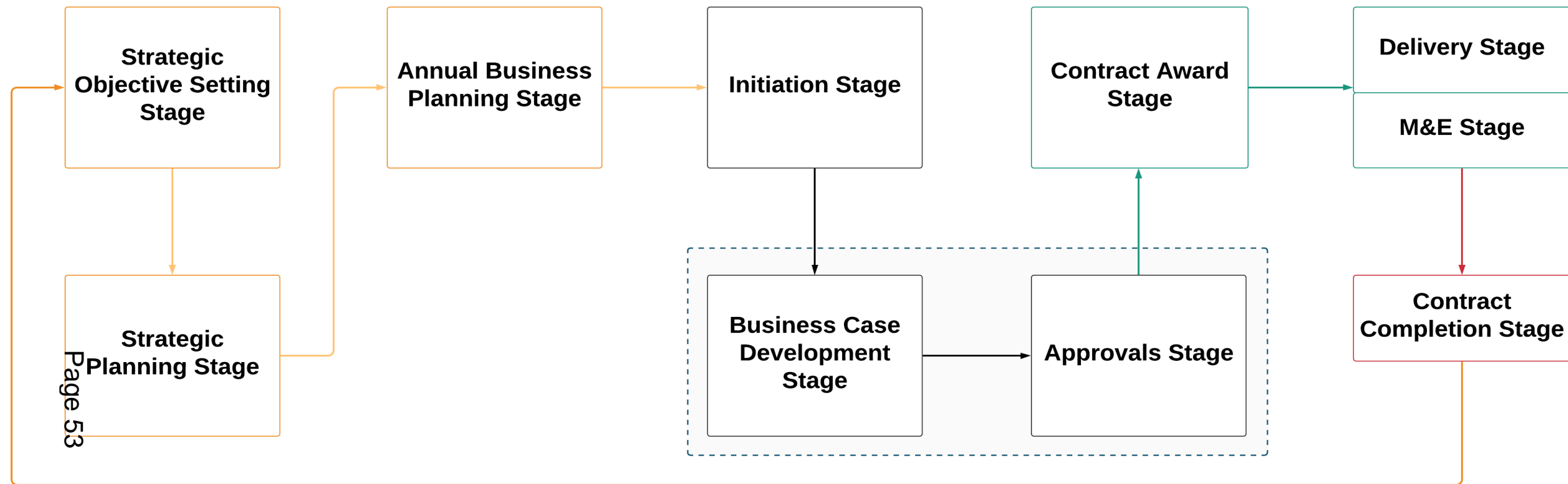
The Strategic Hub



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What is the Assurance Framework?

- The Assurance Framework is a set of processes, protocols and systems designed to provide an evidence-based and independent assessment of the governance, risk management and control mechanisms of an organisation.
- It is applied to the development, delivery and evaluation of all projects and programmes that place a financial liability on the WMCA.
- Its purpose is to set out how the WMCA will use public funds responsibly, openly, transparently and achieve value for money in its activities.
- It determines the process, standards and considerations that need to take place in the development of projects.



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PURPOSE OF THE ASSURANCE FRAMEWORK

1. Provide financial and governance protections for stewardship of public funds
2. Improve standards of project initiation, development, delivery and oversight
3. Trust and empower our officer expertise
4. Provide consistency, controls and clarity to deliver confidence in WMCAs decision-making and ability to deliver
5. Embed appropriate assurance and lines of defence within project initiation, development and decision-making
6. Manage political and reputational risks
7. Support securing additional funding for the region



PURPOSE OF THE ASSURANCE FRAMEWORK

The Single Assurance Framework will provide a single, consistent and standards driven approach to all projects from all funding pots that will:

- respond to the required drivers for change
- deliver National standards compliance
- satisfy our accountability requirements
- deliver, monitor and evaluate our strategic objectives
- provide clarity to project sponsors and applicants
- effectively manage projects and programmes
- ensure decisions are made by appropriate Officers and Members
- better inform our decision-makers

What does this mean for Thematic Boards?

The Single Assurance Framework has implications for Thematic Boards, it requires each Thematic Board to undertake a set of core roles. The intention of the core roles is to provide a consistent role, purpose and approach across all the Boards to help drive effective, clear and accountable decision-making, ensure appropriate political oversight and support for Portfolio Leads and to support the intent to deliver a 'Golden Thread' from strategic objective through initiation, development, delivery and evaluation within the WMCA.

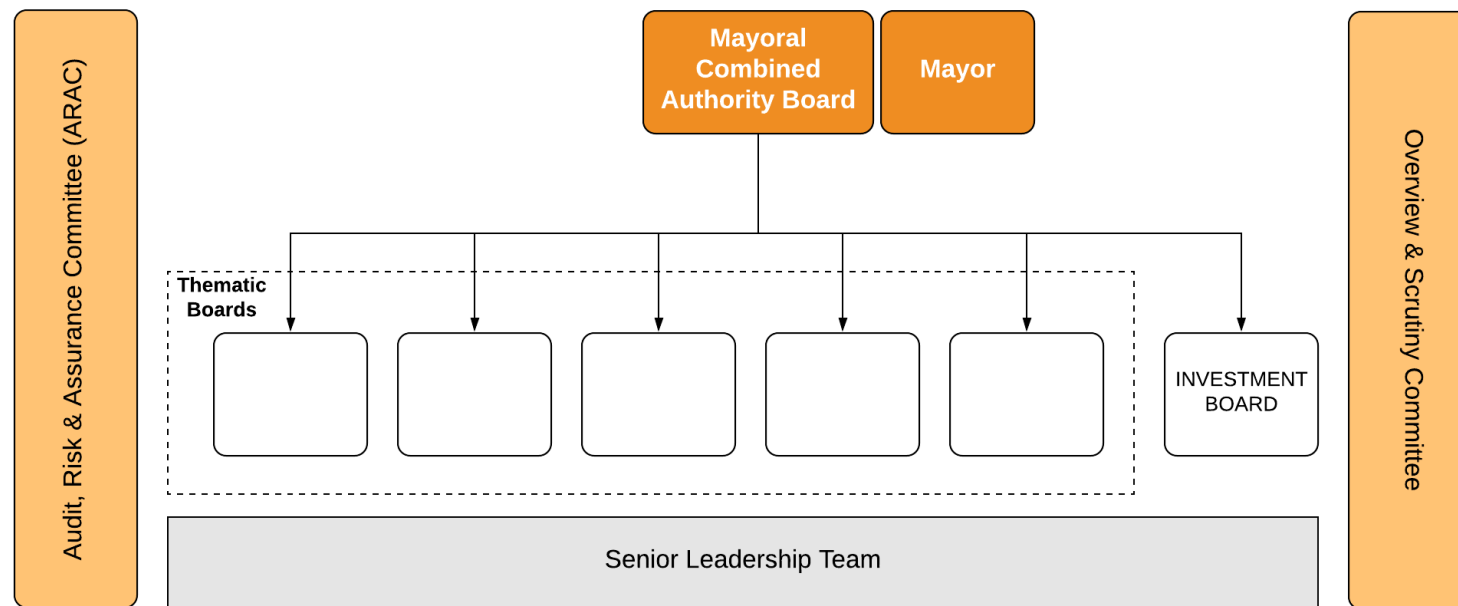
The proposed core roles are as follows:

- i. Play a key role in developing and approve the Portfolio Annual Business Plan - ensuring that it demonstrates a clear 'golden thread' to the WMCA Annual Plan and strategic objectives, highlighting prioritisation considerations where appropriate and then supporting and challenging delivery.
- ii. Provide oversight of the Portfolio Project Pipeline - taking ownership of supporting and challenging the Lead Member on the pipeline and monitoring its content, providing feedback to Business Areas (but not instruction) and performance managing bids and project development to ensure delivery of the golden thread.
- iii. Advise on major policy change within Portfolio - Consider and advise upon major policy change within their thematic area, delivering expert stakeholder engagement and ensuring ownership and accountability.
- iv. Performance manage Portfolio project delivery - at thematic level (below strategic), ensuring effective and appropriate challenge to the delivery of projects and programmes, ensuring the continued delivery of the golden thread

Work is currently underway to develop how the SAF Core Roles will be delivered at each Thematic Board, this will involve engagement with Thematic Boards, WMCA Portfolio Leads and the Mayor.

Work is also underway to examine how improvements can be made to the consistent approach, operation and outputs of Thematic Boards, this will involve reviewing the purpose, functions, membership and operation of meetings.

The Wellbeing Board is invited to ask questions and provide feedback on the operation of the Board and what improvements could be made.





WMCA Wellbeing Board

Date	17 th July 2020
Report title	Review of Thrive - #ThriveWM2031
Portfolio Lead	Cllr Izzi Seccombe -Wellbeing
Accountable Chief Executive	Deborah Cadman -WMCA
Accountable Employee	Sean Russell Head of Wellbeing Sean.russell@wmca.org.uk
Report has been considered by	Ed Cox PSR Director

Recommendation(s) for action or decision:

1. To consider the report
2. Approve the approach going forward

1. Purpose

1.1. This report is to provide a high-level overview of the proposed review of the Mental Health Commission Thrive programme and the creation of a new strategic approach #ThriveWM2031. It seeks to set out the overarching ambition for a new focused work and health approach and the need to engage partners, stakeholders and the citizens of the West Midlands. The paper is being circulated through the board for early consultation with Wellbeing lead Members, Health and Public Health partners before establishing the final approach to the review.

2. Background

2.1. In January 2017, WMCA launched the Mental Health Commission chaired by Rt. Hon Sir Norman Lamb. The programme outlined twenty-one actions which have reported to the board over the last three years. The biggest outcomes achieved by the programme have been within the work and health arena, mental health awareness and citizen engagement projects.

2.2. The action plan initiated the implementation of a number of mental health programmes operating as a set of individual pilots. During the life of the programme a number have seen a level of positive effect i.e. Thrive at work recruiting 400 businesses and reaching

a possible 232,000 employees, Thrive into Work placing 520 employees into work and Mental Health First Aid training 43,000 people in the region.

2.3. However, the COVID 19 pandemic and the scale of the health inequalities in the region prior to this require a shift in activity to generate a layer of added value within the realms of the WMCA strategic objectives.

2.4. This report seeks to create a new narrative for generating action by reconvening and refreshing the Mental Health Commission Action Plan and creating a ten-year plan to tackle the challenges posed by poor mental health in the workplace. The proposed strategy seeks to align current work streams and approaches within Local Authorities, Public Health and wider health and business economy to enable the existing programmes to continue and ensure they are amplified across the region.

2.5. The ten-year plan will seek to operate in three waves:

2.5.1. **Wave 1** – *July 2020 to March 2021*. This period will seek to reconvene the Mental Health Commission and refresh the strategy. It will ensure all the existing programmes of work are reviewed through a Public Service Reform, Health Inequalities and Covid 19 Lens. It will seek to establish the agreed vision and strategy with the Cabinet lead and formally launch in April 2021.

2.5.2. **Wave 2** – *April 2021 to March 2023*. This period will identify new programmes of work in line with the proposed strategy. It will seek to develop Thrive at Work into a self-sustaining funded programme and integrate the IPS programme into the NHS Long Term Plan. It will also seek opportunities to amplify the mental health agenda through the Commonwealth Games as a sustainable legacy benefit.

2.5.3. **Wave 3** – *April 2023 – March 2031*. The Mental Health Commission will be reconvened, and the strategy reviewed. Delivery will continue or refresh to meet the overarching strategic objectives.

2.6. The overarching framework for wave 1 and 2 seeks to refresh the programme into 3 key pillars:

2.6.1. **Thrive into work** – driving improved employment opportunities for people living with poor physical and mental health through the Individual Placement and Support (IPS) programme – recognising that this approach is outlined in the NHS Long Term Plan and maximising the role that WMCA has in convening and supporting the productivity, skills and economic recovery of the citizens and businesses. Seeking to support 3000 people with poor physical and mental health into work.

2.6.2. **Thrive at work** – creating an environment which supports everyone to make better healthy lifestyle choices and improves the productivity of the region by reducing the number of work-related sickness days by 2% over ten years.

2.6.3. **Mental health Awareness** – supporting organisations to roll out of a number of mental health awareness programmes; Mental Health First Aid, Every Minds Matters and This is Me with the ambition that 500,000 people will be trained in mental health awareness. Linking mental health awareness to workplaces will seek to reduce the stigma attached to poor mental health and promote positive work places where people can thrive.

- 2.7. The aim of this approach is to align these three key work streams into a coherent programme which will create step change across the WMCA regional workspaces (appendix 1).
- 2.8. The Combined Authority is uniquely placed to drive and support activity at a regional level and create leverage and influence that is not available on a local place level.

3. Next Steps

- 3.1. The Mental Health Commission will be reconvened as a task and finish group and a new action plan will be developed in light of the Pandemic. The original members will be contacted, and it is proposed that a number of new participants are included to maximise the opportunities across the region. The group will consist of representative partners, stakeholders across the broader system and ensure the most up to date evidence and interventions are examined.
- 3.2. The existing staffing levels will be reviewed to align the grant funded posts; Thrive at Work (Midlands Engine funded) and IPS (Work and Health Unit funded) with the existing fee-based roles to create a more coherent team. The proposal is to establish a new Head of Thrive role to oversee the strategic development and reconfigure the existing vacant posts to include a Head of Partnership and Engagement to drive the awareness raising approach.
- 3.3. It is also proposed that the Thrive programmes will work more closely with the Productivity and Skills team and Transport for West Midlands and seek to create a portfolio offer of products that WMCA can offer businesses / employees across the region, reducing multiple contacts with businesses.
- 3.4. *Proposed Timeline –*
 - 3.4.1. The draft framework is being shared with the Wellbeing board on 17th July 2020
 - 3.4.2. The Mental Health Commission Task and Finish Group will commence in September and work through 4 meetings until December 2020.
 - 3.4.3. Final draft plan will to be presented to the Wellbeing Board in January 2021.

4. Conclusion

- 4.1. This draft proposal is intended to spark a debate and create a framework for action. It is intending to make the significant change in our region by reducing the burden that poor workplace wellbeing is causing.

5. Financial Implications

- 5.1. The existing staffing budget for Thrive is £432,317.92 in year 2020/21 with an existing fee-based external consultancy budget funding of £131,000.
- 5.2. The proposed new model for #ThriveWM2031 going forward will see an increase in staffing resource and reshaping of the existing resource, creating a proposed uplift of £49,300. This will raise the programme staffing budget to £481,600.
- 5.3. It is proposed that the existing fee-based funding for external consultancy of £131,000 will reduce to £90,000 from 2021 to enable the programme to meet the core objectives.
- 5.4. The new staffing resource budget will be reconciled by using the reduction of £40,000 from the external advice budget and a review of new posts through the job evaluation

framework. Funding for the resources to construct the proposed framework and support the consultation are therefore to be met from the existing wellbeing budget.

5.5. Grant funded programmes (Individual Placement and Support (IPS) and Midlands Engine funding) have ring fenced budgets and will operate in line with their terms and conditions and work is ongoing to secure these programmes post their end dates.

6. Legal Implications

6.1. No issues at this stage. This will be reviewed post consultation

7. Equalities Implications

7.1. It is recognised that there are growing inequalities, with the prevalence of poor mental health in the workplace costing the UK economy £42bn per year through absenteeism and presenteeism. There are currently over 70,000 people out of work in the region with poor physical and mental health conditions and the pandemic has shown that between 30-36% of employees are feeling anxious. It is also recognised that the healthy life expectancy across the region is growing and employees are likely to be working with long term conditions for a significant number of years until they retire or leave the workplace through poor health. This refresh will seek to address these issues and focus on reducing the inequality gap.

8. Inclusive Growth Implications

8.1. There is an opportunity to test innovative interventions in the inclusive growth arena and work with the population intelligence hub and inclusive growth dashboard to tackle the rising inequalities. It is proposed that this framework supports the Inclusive Growth programme.

9. Geographical Area of Report's Implications

9.1. The framework is a whole system approach and any decision to test interventions or propose action will be considered within the Mental Health Commission proposed strategy and provide regular update to the Wellbeing Board.

8. Other Implications

None

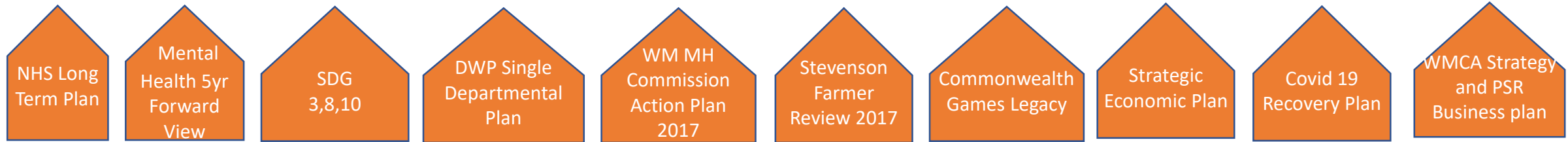
10. Schedule of Background Papers

10.1. Appendix 1 - "PowerPoint #Thrive2031.

#ThriveWM2031

Sean Russell

Head of Wellbeing and Mental Health



#Thrive 2031

Vision - We will work collaboratively to deliver a step change across the WMCA region for work place wellbeing so the regions businesses and employers feel the productivity improvement of investing in health and wellbeing. Bridging the gap between health and good work will reduce the health inequalities and build a more prosperous society.

Outcomes –

1. We will reduce the number of sick days lost through poor mental health in the region
2. We will reduce the number of people out of work with poor mental health
3. We will create employment opportunities for vulnerable people
4. We will raise the awareness and understanding of work place wellbeing with citizens
5. We will bridge the gap between work and health to reduce health inequalities
5. We will celebrate best practice and share learning across the region

Delivery

1. Thrive at work
2. Thrive into work
3. Skills and citizen engagement
4. Develop agreed vision and reconvene and refresh Thrive MH Commission
5. Access to services – taking opportunities to innovate and joining up the dots

1. Thrive at work
2. Thrive into work
3. Skills and citizen engagement

Move to one overarching programme Thriving Workplaces linking better with PSR / TFWM and Productivity and Skills

TIW – 10yr plan to get 3000 people with poor Mental and physical health into work in region

TAW – 10yr plan to reduce sickness absence in region by 2%

Mental Health Awareness – support the providers in the region to reach 500,000 people trained in Mental health awareness

Wave 1 – June 2020- March 2021

Wave 2 – April 2021 – March 2023

Wave 3 – April 2023 – March 2031

Reconvene and refresh Mental Health Commission in line with Health Inequalities and Post COVID 19 Lens- March 21

April 2031

Thrive into Work

Mental Health Awareness

Thrive at Work

1. Establish expansion of pilot until July 2021
2. Conduct review of evidence
3. Develop IPS Skills Academy
4. Develop pipeline for sustainable future delivery

1. Support roll out of MHFA
2. Support role out of EMM
3. Amplify This is me
4. Develop BAME Thrive (Work focused)
5. Develop MH Star Awards to sponsor led event
6. Develop MH and CWG

1. Midlands Engine pilot drives activity to June 2022
2. Develop new website
3. Develop pipeline for sustainable future delivery post Pilot.

- Outputs**
1. 360 referrals into programme yr1
 2. 126 Job starts yr1
 3. 66 individuals retained in work post 13 weeks
 4. 30 individuals trained in IPS skills
 5. 100% businesses with Job starts sign up to Thrive at Work

- Outputs**
1. MHFA 45,000 by 2022 -
 2. Every Mind Matters 400,000 by 2027
 3. 400 businesses sign up -This is Me
 4. Annual MH Star Awards
 5. MH sport symposium held yearly
 6. 80% CWG construction partners and volunteers trained in MH awareness

- Outputs**
1. Recruit 842 new businesses by June 2022
 2. 50% complete foundation level
 3. 20% complete Bronze
 4. 5% complete Silver
 5. 1% completed Gold

1. Identify new programmes of work in line with refreshed MH Commission
2. Seek to identify core funding opportunities for new areas of business
3. Thrive into work now embed in NHS Long Term plan though Local STP work streams
4. Thrive at Work becoming a self sustaining programme – potentially a Social Impact Company from WMCA
5. Mental Health and Work is embedded across the system as a key component of reducing health inequalities.
6. CWG legacy work will continue to drive a focus on Work Place mental Health with key focus on Sport / Construction / Transport
7. Align to the #2041 Climate Action Plan
8. Amplifying the learning from the Midlands Engine Pilot seek to establish Midlands What works centre for wellbeing to build research and delivery

1. Maintain literacy programme to reach 500,000 by 2027 and develop next gen approach
2. Drive output of 300 vulnerable people into good work per year through IPS
3. Maintain growth of Thrive at Work programme with Thrive embedded in 400 new businesses per year 20% Bronze, 5% silver 1% gold.
4. Develop Social Climate approach – building emotional and mental health resilience and strengthening social ties and collective efficacy

So what does good look like?

Our region will be healthier, happier, greener and more productive.

Businesses and employers will have the tools to keep their staff well in workplace and confident to recruit / retain people with poor physical and mental health conditions.

Our region will be a place of choice to come to live and work because we are seen as a beacon of supportive and empowering workplaces

Creation of Thriving Workplaces

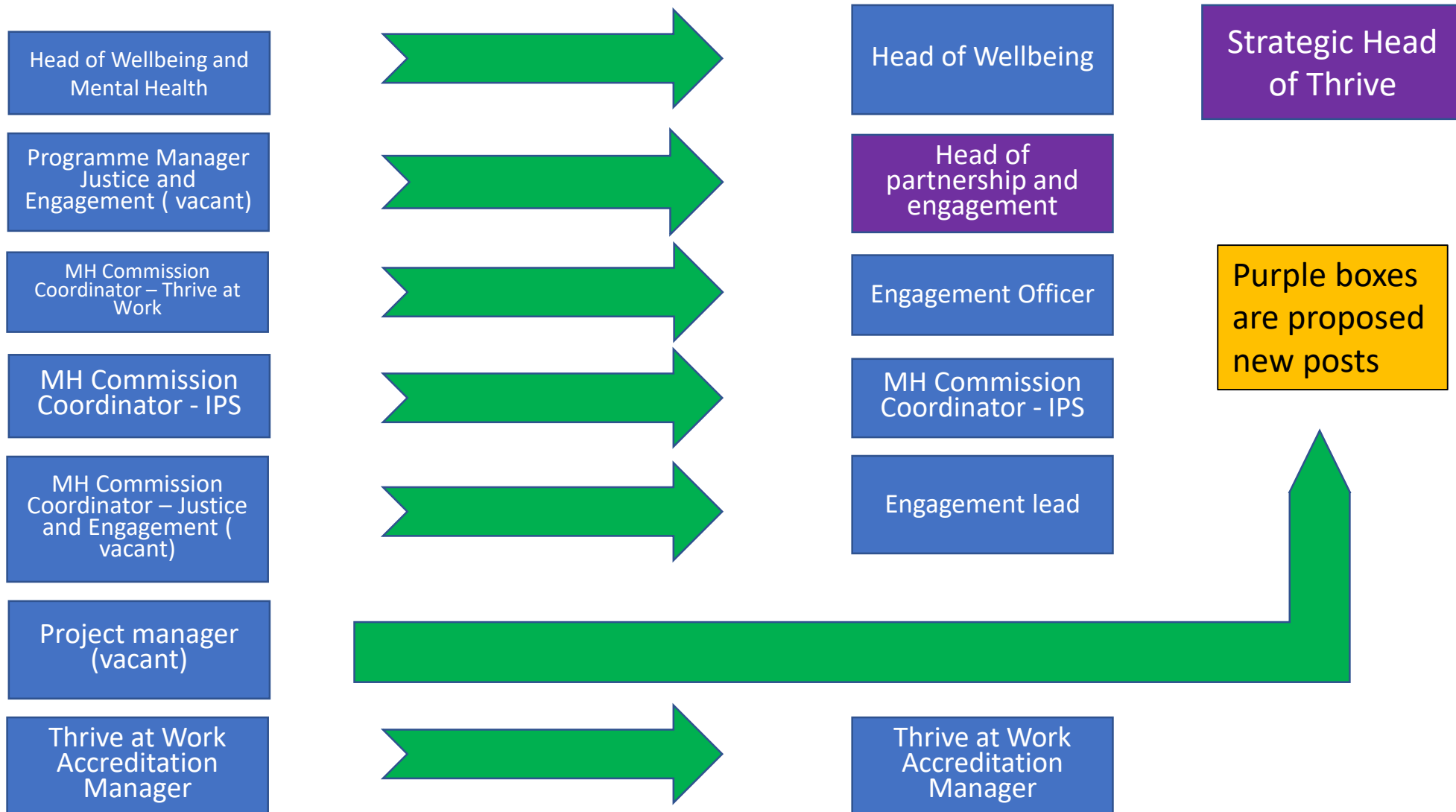
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Wave 1 – June 2020 – March 2021

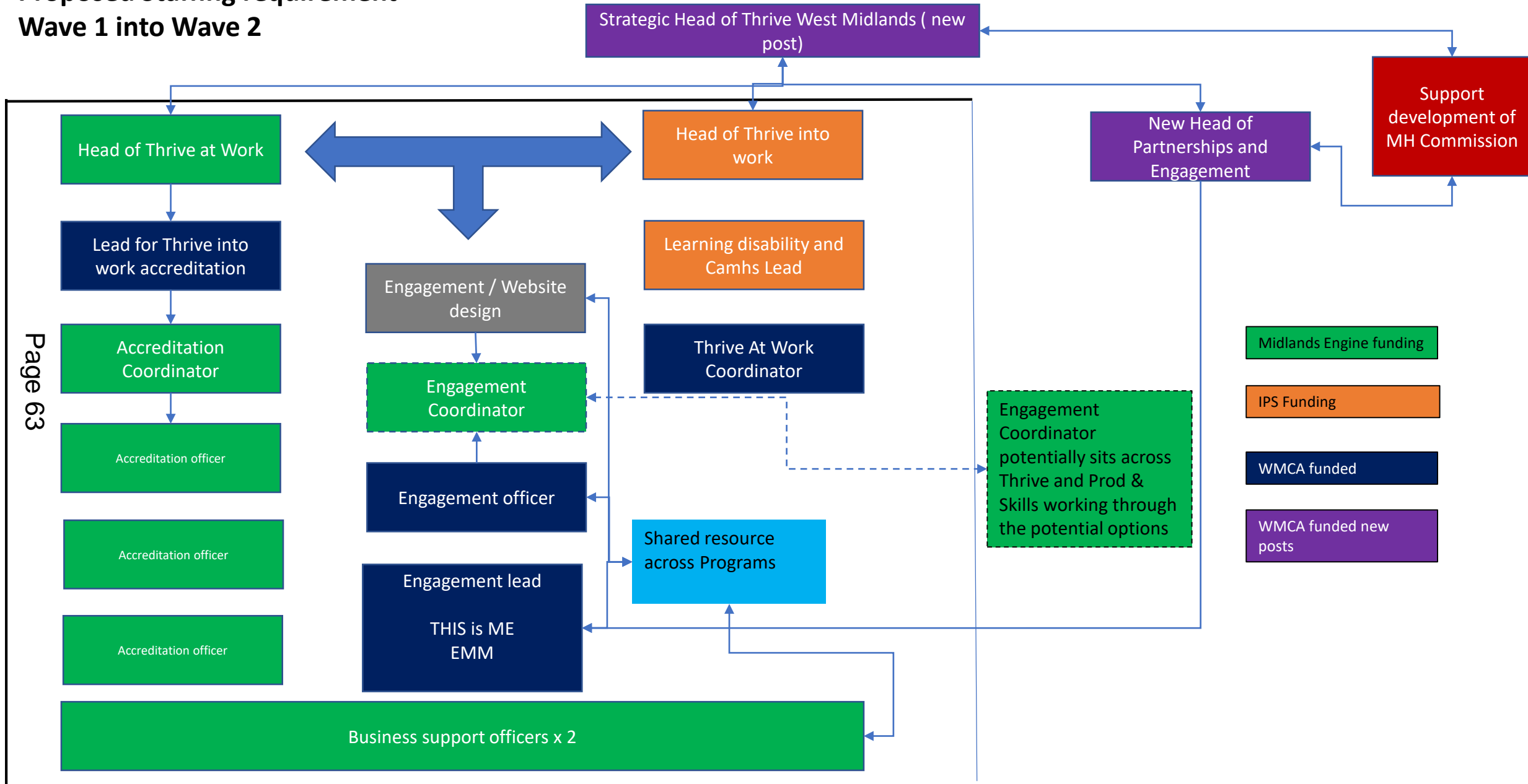
1. Reconvene the MH Commission and refresh the strategy going forward #Thrive2031
 1. Proposed 3 / 4 meetings to provide: -
 1. An update on progress to date
 2. Discussion around Covid 19 and the next steps implications for the region
 3. Prepare an action plan for what is needed within; WMCA, broader system and developments in MH awareness
 2. Align programme with a full PSR, Health Inequalities and Covid 19 lens
 3. Establish an agreed vision and strategy with Wellbeing Cabinet lead and partners across the region for Launch April 2021
 4. Align Thrive at Work and Thrive into Work as core work related programmes – support the resource to become one team rather than a set of individual partners. (slide 4 and 5)
 5. Align Engagement role with Productivity and Skills to ensure one voice to the employers of the region (slide 5)
 6. Establish road map for programme for wave 2 and pipeline for extending funding for existing projects:-
 1. Thrive into work – funding until July 2021
 2. Thrive at work – Funding until June 2022
 7. Establish work place mental health at work and wellbeing metrics to use as baseline for year 1.
 8. Establish team to fulfil operational model to end of funding round
 9. Shift CSTR management into the LCJB through NHS England.

Existing staffing Level WMCA fees based posts and proposed changes in the review

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Proposed Staffing requirement Wave 1 into Wave 2



Wave 2 – April 2021 – March 2023

1. Identify new programmes of work in line with **refreshed MH Commission**
 1. **Work, Public Awareness**, linking to **Inclusive Communities and Inclusive Growth and Prevention**
 2. **Strengthen links with DWP / NHS / PHE / LA DsPH and DAS / LEPs / Businesses / Voluntary Sector**
2. Seek to Identify core funding opportunities for new areas of business
3. **Thrive into work now embed in NHS Long Term plan** though Local STP work streams
4. Thrive at Work developed into a **self sustaining** programme – potentially a Social Impact Company spun out from WMCA
5. Amplify the learning from the Midlands Engine MHP Pilot and seek opportunities to develop a **Midlands What works Centre** for Wellbeing and work to build academic knowledge.
6. **CWG legacy** work will continue to drive a focus on Work Place mental Health with key focus on Sport / Construction / Transport

Wave 3 April 2023 – March 2031

1. Reconvene MH Commission and ensure strategy is still fit for purpose.
 1. If not, develop new strategy and new set of interventions
2. Thrive at Work is a sustainable product and has a clear work place strategy and business model going forward.
3. Delivery will be set to meet the ambition and outcomes



So what does good look like within the first few years?

- Our region will be healthier, happier, greener and more productive.
- Businesses and employers will have the tools to keep their staff well in workplace and confident to recruit / retain people with poor physical and mental health conditions.
- Our region will be a place of choice to come to live and work because we are seen as a beacon of supportive and empowering workplaces and communities
- We have -
 1. Supported partners to maintain the suite of awareness programmes to reach 300,000 people by 2023. Ensure there is a developed next gen approach to amplify the message to meet the ambition of 500,000 by 2027.
 2. % increase in vulnerable people in sustained work
 3. Maintain growth of Thrive at Work programme with Thrive embedded in 400 new businesses per year 20% Bronze, 5% silver 1% gold.
 4. Develop resilience approaches to build a strong social climate –community level emotional resilience and mental health driving social ties and collectively efficacy

Budget 2020/ 2021

Job Title	Emp No	Note	Grand Total	Establishment	Secondment
MH Commission:					
Programme Director	SEC01			-	1.00
Programme Manager - Justice & Community	15091			1.00	
Corporate Support Officer - MH Commission	99998			1.00	
Corporate Support Officer - MH Commission	15058			1.00	
Corporate Support Officer - MH Commission	15059			1.00	
Project Manager	99997			1.00	
Group Manager	99999			1.00	
Grand Total			432,317.92	6.00	1.00

GVA30 WMCA Fees		External advice and support budget £131,000	
date	What		Amount
Sep-20	MHFA		10,000
Jan-21	Thrive Awards		10,000
Jan-21	This is Me		10,000
Sep-20	Citizen IAP		10,000
Jul-20	Veterans		10,000
Jul20- Mar21	Development of MH Commission		40,000

- Current proposed committed funds for 2020/21 external advice
- Short term vacancy GVA funding (April, May and June) being used to contribute to population intelligence hub staff £43k

Proposed fee based Establishment 21/22 and 22/23

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Head of Wellbeing
New Head of Partnerships and Engagement
 Engagment Lead
 TIW Coordinator

 Engagement Officer
New - Strategy Head of Thrive WM
 Lead TIW Accreditation

Grand Total	Establishment
	1.00
	1.00
	1.00
	1.00
	1.00
	1.00
	1.00
481, 577.92	7.00

- Additional £49k for new posts following restructure will come from a reduction of external advice budget £131,000 to £90,000 and alignment of proposed new roles following job evaluation
- The two **new posts** create additional capacity to reduce the spend on external consultancy

Grant funded programmes – IPS and Midlands Engine

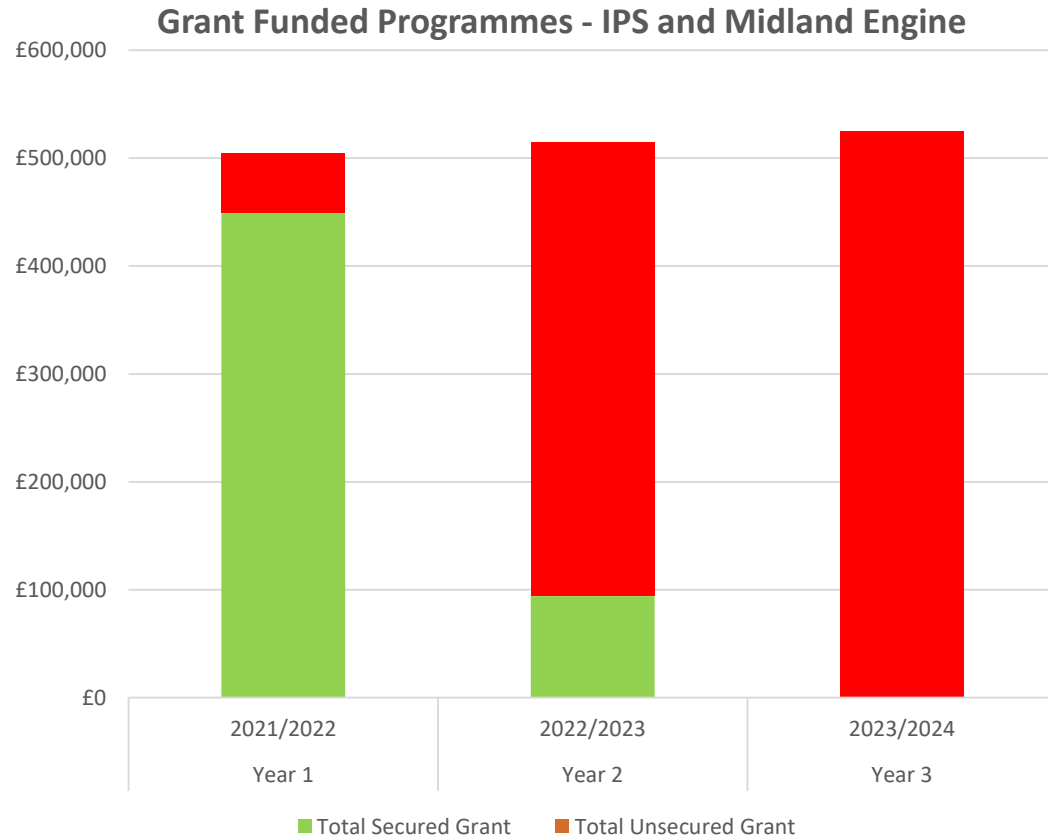
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Per year	IPS – Thrive into Work – Work and Health Unit Grant funded – July 2021 **	Thrive at Work - Midlands Engine – funding ends June 2022
	£150,000	£378,000
Existing staff	2 FTE	6 FTE
current vacancies in year 2020/21 Expect to fill posts following the review		4 FTE £172,268.56

**** Extension proposal for current IPS programme from July 2020 – October 2021- Funding stream GVA 71 – proposal currently with Work and Health Unit for decision on 14th July 2020**

	Programme delivery	Resources	Funding
WHU proposed Grant	£500,000	Programme team	£130,000 (underspend Yr. 3 (20/21))
IPS Underspend	£250,000	IPS Academy programme- 2 consultants commissioned	£100,000 (Yr. 1&2 Underspend)

Grant funded programmes financial position to 2023



Grant Funded Programmes - IPS and Midland Engine			
	Year 1	Year 2	Year 3
	2021/2022	2022/2023	2023/2024
Total Secured Grant	£449,121	£94,070	£0
Total Unsecured Grant	£55,400	£420,541	£524,903
Total Staffing Budget	£504,521	£514,611	£524,903

Resource requirements June 2020 – June 2022

- Midlands Engine current staff are extended until end of the Programme June 2022. – Midlands Engine Budget
- Midlands Engine Engagement lead role is redeveloped into a coordinator post across Productivity and Skills and Midlands Engine to coordinate one single business ask and offer – **working with productivity and Skills to develop this this further.**
- Recruitment of Midlands Engine resources x5 (Head of Thrive at work maternity cover, Accrediting / Engagement officers) to drive the ambition- Midlands Engine Budget
- Recruitment of Head of Partnership and Engagement role once agreed
- Retain staff in place for the extension of Thrive into work team until October 2021 and potentially March 2022 to drive policy and system change.
- Recruitment for Head of Wellbeing and Mental health – WMCA Fees budget (currently being recruited)
- Recruit Strategic Head of Thrive (New post)

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WMCA Wellbeing Board

Date	17 July 2020
Report title	Physical Activity Review
Portfolio Lead	Cllr Izzi Seccombe – Wellbeing Board Chair
Accountable Chief Executive	Deborah Cadman OBE, West Midlands Combined Authority email: Deborah.cadman@wmca.org.uk Tel: (0121) 214 7800
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, WMCA

Recommendation(s) for action or decision:

The WMCA Wellbeing Board is recommended to:

- 1. Consider the proposed purpose and priorities for the WMCA’s physical activity strategy review and proposals for consultation set out in this report.**
- 2. Bring forward the Physical Activity Strategy action plan for approval at its next meeting.**
- 3. Develop the detailed case for a WM Physical Activity Commissioner for consideration at its next meeting.**

1. Purpose

- 1.1 At the last January 2020, the Board approved the start of a review of the WMCA’s Physical Activity Strategic Framework 2017-30, this paper sets out its proposed future direction informed by the learning from the lockdown and looking forward to Birmingham Commonwealth Games in 2022.

4. Background

- 2.1 The number of people who are physically active in England is measured by Government and Sport England's Active Lives Survey. The survey indicates that the WM has the highest levels of physical inactivity in England with an estimated 93,000 additional adults needed to do some activity to get to England average levels of physical inactivity. The WMCA sees this as the "physical inactivity gap". Lockdown and the Commonwealth Games provide a significant challenge and opportunity to addressing this gap. In late Autumn, Sport England will be releasing this year's funding.

Lockdown Impact

- 2.1 With the implementation of Government's lockdown, despite the guidance on undertaking one form of exercise a day, the majority of sport and exercise became impossible overnight. Generally, physical activity levels have remained intact, with around of a third of adults nationally being active. The lack of traffic has also made walking and cycling more accessible and safer.
- 2.2 The agility of the physical activity sector has shown with the repurposing of leisure venues to foodbanks and medical centres and the rise of online exercise by many personalities and service providers. Many services have adapted focusing on providing the essential community services such as befriending and volunteering. Lockdown has also meant that my venues and community sport organisations remain shut, with staff furloughed or redundant.
- 2.3 The inequalities that already existed in those who take part has been exasperated. The whole population has been affected, but not equally.
- 2.4 The WMCA's physical activity 2020/21 work programme have either halted, refocused or new priorities have emerged to respond to issues and opportunities. For example, the WMCA, working with Local Authorities has been successful in gaining just under £3m Department for Transport funding for an 8-week emergency active travel programme. In response to need, refocusing its digital physical activity bootcamp programme to focus on addressing digital exclusion and convening 2 Communities of Practice involving over 40 stakeholders on what we have learnt and what we should jointly as part of the recovery. Any stopping of projects has been done in consultation with delivery partners and funders such as Local Authorities and Sport England.

Birmingham Commonwealth Games

- 2.5 The 2022 Commonwealth Games along with the 2021 City of Culture provides some of the catalysts for the WM community and economic recovery and this includes how the Games can deliver a physical activity legacy.

- 2.6 The WMCA has been working with B2022 and physical activity stakeholders to determine where our collective purpose and priorities should be and what role each organisation should play.
- 2.7 The recovery and Birmingham 2022 provide the catalysts for change for the West Midlands and for the WMCA on how our physical activity priorities focus on getting more people active by addressing inequalities in those who take part. A West Midlands commitment has the potential to deliver a long-term impact on community and the economy.
- 3. Draft WMCA Physical Activity Strategy Review (please view accompanying slide deck)**
- 3.1 The problem the Physical Activity Strategy review is aiming to solve how does the WM deliver a long-term physical activity legacy which makes a significant contribution in reducing the inequalities in those who take part. What is needed to co-ordinate effort and energy across the WM? How can we lever influence, better collaboration and investment to deliver long term change?
- 3.2 To achieve this, the Strategy review proposes 5 priorities:
- **Walking and Cycling** – Working alongside TfWM in increasing the number of people who actively travel and for PSR/IG leading work with the health and physical activity sector to deliver a robust inclusive approach including activation campaigns to reduce inequalities in those who walk and cycle.
 - **Active environments** – co-ordinated work which delivers a network of active streets, neighbourhoods, green and blue spaces working alongside communities. Developing and influencing policy and investment. This builds on our work on the Housing Design Charter and Public Space Design.
 - **Workforce and volunteers** – Building on our Include Me West Midlands movement to increase the diversity and inclusivity of the. Working with West Midlands stakeholders to enable the sector to grow during and post recovery and growing the work the WMCA is doing to address digital exclusion and increase the digital skills of the WM applying the learning from lockdown and the WMCA's Physical Activity digital bootcamp programme.
 - **Games Venue legacy** – how the WMCA can work with venues to deliver a more inclusive long-term approach to community sport and physical activity delivery.
 - **Children and young people** –potentially how our Thrive and physical activity work can improve mental wellbeing and levels of physical activity in young people.
- 3.3 There is emergency consensus for these priorities and work is beginning to shape the detailed proposals linked to B2022 legacy. Getting the consensus in what we work on and how we work leading to and beyond the Games is paramount. The WMCA acknowledges that this is a difficult space given local through to West Midlands and national priorities and resources. The WMCA was convening a collaborative engagement programme, which was paused during lockdown and moved to providing the WM community of practice, looking at the opportunities and issues about physical

activity during the lockdown. Overwhelmingly the biggest issue is how lockdown has grown the gap in inequalities in those who take part.

4. Next Steps

- 4.1 Work has started to review existing programmes in response to recovery and how they can contribute to “**halting the gap**” in 2020/21 and work jointly with partners to “**bridge the gap**” delivering actions the year before and immediate years beyond the Games and then planning long term to go “**beyond the gap**” to ensure that there is a long term legacy and commitment to getting more people active.
- 4.2 Reconvening the WMCA and Sport England jointly funded “collaborative engagement” programme to focus on how the WM can be the best it can to deliver a long-lasting physical activity legacy.
- 4.3 As plans emerge, following the clarity on the WMCA function, the levers the WMCA can pull and bring as well as capturing the added value that working at WM level brings and resources it can attract. 2020/21 expenditure and 2021/22 projections are set out in the slide deck.
- 4.4 Given the challenges and opportunities that reducing inequalities and delivering a long-lasting legacy brings, consideration is been given to appointing a “WM Physical Activity Commissioner” to oversee the development of this work both delivery and collaboration and to inform and influence policy and direction.

5. Financial Implications

- 5.1 The 2020/21 expenditure set out in the slide deck is in line with existing budgets. Indicative budgets for 2021/22 are subject to business cases and approval by the WMCA. The ability for the WMCA to attract additional funding is also subject to approvals.

6 Legal Implications

- 6.1 There are no additional legal implications.

7. Equalities Implications

- 7.1 This paper marks a shift from reducing levels of physical inactivity to reducing inequalities in those who take part in line with available data and insight and the WMCA’s Recovery Plan. The development of all priority action plans set out in the strategy will be subject to an Equality Impact Assessment and be monitored to demonstrate impact.

8. Inclusive Growth Implications

- 8.1 The focus on inequalities is aligned to the inclusive growth purpose and direction.

9. Geographical Area of Report’s Implications

9.1 The focus is agreeing on common priorities with geographical areas and strengthening the collaborative work across the WM to deliver a long lasting legacy.

10 Other Implications

None

11. Schedule of Background Papers

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Delivering a Long term Physical Activity Legacy Framework to 2031

The WM problems to be solved?

What are the common priorities and actions needed to ensure the WM delivers a long term physical activity legacy which makes a significant contribution to the West Midlands recovery by removing the 93k physical inactivity gap by reducing the inequalities in those who take part? What is needed to co-ordinate effort and energy across the WM how we lever influence, collaboration and investment to deliver long term change.

Strategic Context	WMCA	Govt	Sport England	Bham 2022	Health	Local/Sub-Reg
	SEP. Movement for growth Strategy & PSR Bus. Plan. Housing Design Charter, Environment Strategy, MH Commission. Co-vid 19 Recovery Plan	Sporting Futures Transport Covid 19 guidance	Shaping Our Future Local Delivery Pilots	Legacy Framework PA & WB legacy Framework Rapid Review	NHS Long term Plan STP Plans	Bham CC Physical Activity Recovery review BC Legacy Strategy

Vision – Leading a WM legacy which delivers active communities and citizenship is the dynamo for a greener, healthier, better connected, inclusive and prosperous WM.

Outcomes
 More people active
 Improving physical and mental wellbeing
 Improved social and economic development
 Improve how it feels to live and work in the West Midlands.
 Improved environment
 Improved connectivity
 High quality & inclusive workforce
 Increased co-design, production & evaluation
 Greater PA collaboration

Priorities
 Getting more people especially from our most deprived communities **walking and cycling**.
 Improving the range of locally accessible, **inclusive community active environments**
 Energising a **diverse workforce and active citizenship**, using the B2022, growing capacity and skills
 Maximising the opportunities for our communities by providing a B2022 **venues legacy**.
 Working with communities to get more **children and young people** in our most deprived areas active

WMCA Deliverables
 Working alongside TfWM on a co-ordinated **walking and cycling infrastructure and activation programme** and PSR championing work with Health & Environment.
 Leading the delivery of the **community active environments programme**
Lead the Include Me WM campaign to get more venues and services to commit to inclusive delivery & customer centre approach.
Accelerate digital inclusion and skills programme

Integrated co-owned Framework and 10 year Plan to:
 Getting 60k more people from our more deprived communities active.
 Create 150 new community active environments.
 2k community volunteers & more diverse & quality workforce
 More inclusive and community based leisure provision
 80% of children in deprived areas active

PSR/Inclusive Growth role – influencing policy, convening the WM work; securing investment, strengthen governance and accountability, advocacy, sharing learning & impact

To support this, WMCA should:

- **Give consideration to establishing a WM Physical Activity Commissioner** to strengthen collaboration, accountability and national and WMCA advocate and influence the impact physical activity is having in recovery.
- **Refocus** the WMCA and Sport England jointly funded **collaborative leadership and evaluating impact programme** to inform the collaborative cultures, values, learning and accountability to enable the delivery of long term legacy.
- Work with B2022 and Birmingham CC to develop **the structure and governance for delivering the long term physical activity legacy post games**.

Active Environments

A WM wide co-ordinated programme delivering a network of outdoor community active spaces and places and active citizenship

Applying the learning through lockdown and best practice in Public Space Design, Active Streets, Parks, green and blue spaces e.g. CRT to influence behavior and system change.

Reclaiming and repurposing environments which are easy to find and use, enjoyable, social, accessible and inclusive, getting more people active and improving wellbeing.

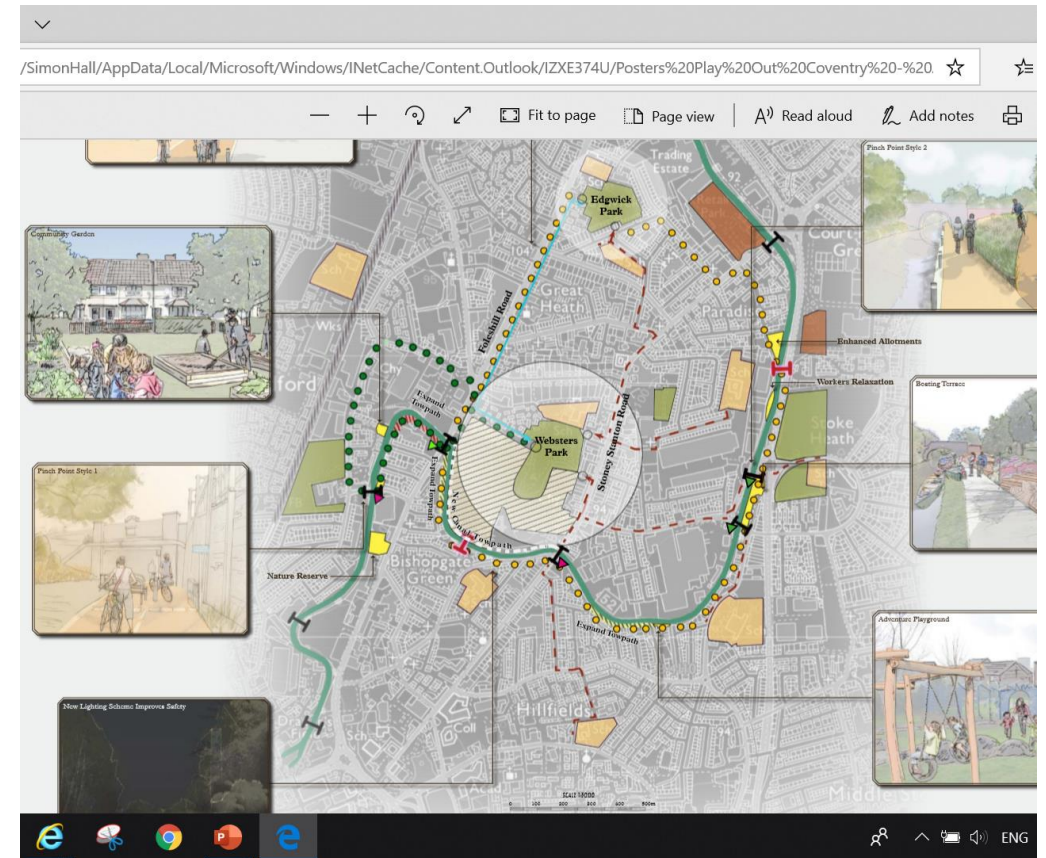
Working with the WM most deprived areas and communities to ensure these sites are more accessible, inclusive & community led .

Utilizing and raising the capacity, digital, skills and active citizenship including Community Games. **WMCA role will be to lead work to develop a co-ordinated approach to delivery, campaigns, project pipeline, work with partners to develop policy which ensures an inclusive approach, investment, impact and protection.**

Alignment

WM recovery plan: Regional Recovery Priorities – WM 2041. Health and Wellbeing. Active travel and Housing Design Charter

WMCA lead role



Sample: Foleshill Coventry Public Space Corridor Proposal-Birmingham City Univ. 2020

Workforce and Volunteering

Our workforce has become more adaptable during the lockdown having had to diversify their offer, especially digital and repurpose facilities. Many working in the physical activity sector have been furloughed or become unemployed. We have seen a massive increase in people volunteering in their community and a reliance on volunteers in some of our most deprived communities. Digital use has increased substantially is a key part of our recovery.

Collectively, we need to sustain, develop and diversify our voluntary and paid workforce to get more people active, and more often and reduce inequalities using the recovery and B2022 to deliver long term change. **WMCA focus will be on developing a more inclusive and disabled customer led approach to delivery, the development of a more diverse workforce & digital inclusion & addressing digital skill gaps and shortages in the sector.**

Alignment

WM Recovery Plan: regional recovery priorities, supporting leisure and culture sector workforce and community cohesion. Links to active environments and Cycling programme.



Walking and Cycling

WMCA role to convene the collaborative work with Transport, Physical Activity, Health & Environment stakeholders as to work together with communities getting more people walking and cycling; making it easier, safer and more enjoyable, accessible.

This will set the tone and the approach for the region moving forward aligning infrastructure and activation.

Alongside TfWM collaborative work is with transport stakeholders, PSR focus will be working with Environment, Health and Physical Activity such as the NHS, Government, STPs and sport and physical activity providers to deliver shared priorities and working to address inequalities.

Applying the learning we have gained from lockdown on behavior change with more people walking and cycling on one hand, but widening the inequalities of those who have access and the ability to cycle and access to safe and enjoyable places.

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Alignment

WM recovery plan: Regional Recovery Priorities – WM 2041, Transport



Venue Legacy



Work with all Games partners to maximise the impact on local and regional communities, from the CWG main new venues of the Alexander Stadium, Sandwell Aquatics Centre, and Cannock Chase as well as the other sport specific sites.

To do this in a collaborative way with the PAWB Legacy framework and approach to addressing inequalities at the centre of the work.

To use this approach to set the tone for other venues across the region that are currently seen as 'no go settings' to more inactive groups.

WMCA role to integrate Include Me WM as the legacy movement for a more inclusive and customer focused approach to delivery.

Alignment

WM recovery plan: Regional Recovery Priorities around Physical and Mental health, and tackling inequalities, the economy and place making . Addressing inequalities

Tbc

Design of Birmingham
Aquatics Centre, Sandwell

Children and Young People Activation

Often the first and most equal opportunities that children and young people have access to - which shape their relationship with movement for the rest of their lives – are felt to be low priority for many schools. This would be the catalyst along side the current limited (due to Covid 19) PE and sport based offer in school settings, to get school children moving in a safe environment

Children and young people activation involves partners such as through the DfE, Sport England, Youth Sport Trust and Living Streets. It also connects to all other priorities such as active environments.

WMCA role to be agreed

Alignment

WM recovery plan: Regional Recovery Priorities around Physical and Mental health, tackling inequalities, active travel and Children, young people and families.



Commissioner & embedding Collaborative Cultures

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WMCA establishes the **first Physical Activity Commissioner** to ensure that people in the West Midlands are given the best chance to adopt an active lifestyle.

Extending **WMCA collaborative leadership programme** with WM Physical Activity sector. Our ambition is to make the WM the best it can be in working together to get more people active by focusing on reducing the inequalities in those who take part.

Embedding learning from across the WM on collaborative communities e.g. Sport England LDP & WMCA & Disability Rights UK on engagement, co-production & evaluation.

Delivering common priorities and working towards shared accountability in the successful delivery of the WM Recovery plan, B'ham 2022 PAWB Legacy and Sport England's Strategic priorities. A WMCA administered/supported WM legacy activation fund jointly with an allocation of Sport England's Small Grants programme.

Alignment:

WMCA Recovery Plan: regional recovery priorities

Halting the Gap – June 20– March 2021

1. Working with the PA Legacy Lead to get stakeholder buy in and Games and WMCA approval the long term legacy framework & WMCA and B2022 roles.
2. Developing the business case propositions for each priority working with stakeholders, clarifying WMCA role and building into the Games Legacy plan by Dec 20.
3. Delivery of the 4 Public Spaces and using the trial development and learning to influence Housing Design charter policy, Environment and as the bed rock of the Active Environments programme to get over 350 people active.
4. Refocusing delivery of targeted investment projects such as Include Me WM (Disability) and Black Country Place Based Pilot as part of the recovery to get over 750 people active and 500 additional volunteers. Applying learning to future priority delivery. Getting over 100 organisations committed to Include ME WM pledge.
5. Delivery of the joint Walking and cycling programme including the Emergency Active Travel Fund supporting measures e.g inclusive bikes, social prescribing and get more people walking, influencing future activation investment including B2022 Free Bikes for deprived communities programme. To get over 1000 more people active.
6. Delivery of digital inclusion priorities including bootcamp for targeted 40 physical activity organisations & a sector digital skills audit to identify priorities and Swift Transport behaviour change trial helping people to get to places to be active, getting 250 more people active.
7. Delivery of mental health and inclusivity training for the sport workforce leading to 3000 more people upskilled
8. Completion of stage 1 of the WM collaborative leadership programme creating the conditions for better collaboration across stakeholders to deliver the long term legacy plan.
9. Subject to WMCA approval, plan the appointment of a Physical Activity Commissioner and convene the WM Physical Activity Executive Group to collaborate in the delivery of the long term legacy
10. Establish investment plans and source funding for high priorities

Halting the Gap WMCA Programmes 2020/21

Programme & (Project Period)	Objective	WMCA role & Budget	Delivery Partners	Co-vid Recovery Status	How will it be sustained?
Black Country Place Pilot (2019/22)	Determine barriers & opps to get people in inclusive growth areas active. Community activation	Enable & Accountable £150k SE grant £10k =£160K BCC Ltd	BCC Ltd & 4 LAs, BC Together	On Hold roll over into 2021/23	Learning informs future delivery
PA Digital Incl. Bootcamp & Audit (20/21)	Digital support for targeted PA orgs in immediate need, digital audit of sector	Jt. Skills & PSR lead, £40k SE & £2.9k Income =£42.9k	Tech Talent Academy	Delivering	2021/22 indicative & aiming for Full Cost Recovery
Public Space Trial(19/21)	Delivery & learning from co-designed approach to dev. Com. Active spaces	Lead £10k & £5k Wolv & £40k SE =£55K	Wal, Sand, Wolv & Cov LAs, Bham City U	Prep. Work following com. Consult. Delivery 2021/22	2021/22 indicative & com owned sites
Goodgym (18/20)	Getting more active by delivering community tasks e.g befriending	Lead £57.5k & £48 LA = £105K	Goodgym, Cov, Sol, Warks Las, CSWSport	Delivering & adapting	Self sustaining
Include Me WM Pledge & Campaign (19/21)	WM movement getting PA orgs to change to a more inclusive & citizen led approach	Lead & deliver £5.8k & £14.5k SE= £20.3k	65 WM organisations	Under revision cont. in 2021/22	Self sustaining
Inclusivity & Mental. Health training (20/21)	Respond to the above, raising skills & understanding in PA sector & annual symposium	Lead £3k & £13k SE= £16,000	6 Active Partnerships (Aps), B&S MHT	Mental Health training conts. 21/12	Built into SE contract with APs
Swift Public Transport trial (20/22)	Disabled Citizen behav. Change trial in using pub.transport , to go to active places	Lead & Deliver £12k & £52k SE = £64k	Wolv, Cov & Bham LAs, WMT	Planned for Dec/April trial & learning	WMCA adopts
Disabled Citizens Panel (19/22)	Co-design & evaluation of PA delivery	Lead £6k & £44k SE=£50k	tbc	On Hold conts. 21/22	2021/22 indicative & SE additional funding
Health & Social Care (20/22)	Upskilling prof to refer dis. Citizens to activity e.g social prescribers/social work	Lead £12k SE	tbc	On hold conts. 21/22	tbc
Emergency Active Travel Fund (2020)	8 week activation delivery to get more people walking & cycling.	Lead £75k DfT	Midland Mencap, BCC ltd	Draft grant letter	Tranche 2 Sept-March 20
Collab. Leadership, value & Impact (20/22)	Dev. Of WM PA common priorities, cultures, values & embed learning & value	Lead £52k & £45k SE - £97k	Leadership Centre LAs, APs, PHEWM, SE	Delivering & revising focus & conts 21/22	2021/22 indicative

Bridging the Gap – April 2021 – March 2023

1. Appointment of WM Physical Activity Commissioner and deliver stage 2 of collaborative leadership to embed collaborative cultures.
2. Legacy priorities embedded in the recovery plan and stakeholder plans and priorities.
3. Seek to identify core and external funding for new areas of business.
4. Reducing the inequalities in those who take part in physical activity embedding practice in WMCA housing, transport, mental health and environment priorities. Ensuring active travel and walking and cycling for exercise are on an equal policy footing.
5. Delivery of a media campaign to get more people active as the Games approaches and gearing to continue getting active post games.
6. Apply the learning from the “Halting the Gap” stage to embed approaches and delivery of priority work programmes e.g acceleration of active environment.
7. Align to the **#2041 Climate Action Plan, Housing Design and Active Travel** to seek joint opportunities to transform the WM as a place to live and work.
8. Contribute to the successful delivery of the games and ensure robust governance and collaboration to realise a long term legacy post 2022.
9. With WMCA approval, agree the transition from Games time B2022 legacy to long term benefits including staffing, resources and equipment

Moving Beyond the Gap- April 2023 – March 2031

1. Maintain the delivery of priority programmes working with our most deprived communities to get active and sustain levels of activity.
2. Set out how the learning from the Games will inform future WM delivery.
3. Maintain the volunteer and workforce base post games supporting the greater diversity and skills of the workforce which in turn are getting more people active
4. Embed active environments and walking and cycling infrastructure and activation as the bedrock of our housing, mental health, transport and environment priorities
5. Annually capture the value and impact of the legacy to inform future planning and delivery.

WMCA Budget 2020/21

Work Stream	2020/21 Available Spend				
	WMCA £	SE[ii] £	Other	Total £	Potential 21/22 SE
Staffing	171,000	27,500		198,500	10,500
Sub-Total	171,000	27,500		198,500	10,500
Delivery (£59k)					
Goodgym	650			500	0
Collaborative Leadership & evaluating impact	25,000	34,000		59,000	23,000
Public Space Design Fund	7,000	40,000	5,000	52,000	0
Digital Active Bootcamp		40,000	2,900	42,900	0
		145,000			
Black Country Place Based Pilot*		0	10,000	155,000	0
Include Me WM Pledge	1,000	8,000		9,000	2,000
Swift Public transport Disability Trial	12,000	52,000		64,000	0
Inclusive & Mental health skills training (payment against schedule)	3,000	9,000		12,000	0
Health and Social Care referral (to be contracted)		7,000		7,000	5,000
Disabled Citizens Physical Activity Panel	3,000	25,000		28,000	10,000
Contingency	7,350			7,500	
Sub-Total	59,000	360,000	17,900	436,900	40,000
		387,500			
Total Budget	157,000	0	17,900	562,400	50,500

[i] Total budget allocated for the initiative across financial years
 [ii] SE Sport England
 * Paid against grant agreement

Indicative 2021/22

Indicative Budget 2020/21			
	Staffing	Delivery	Total
External funding 19/20 cfwd	10,500	40,000	50,500
WMCA fees if standstill	112,850	72,000	184,850
proposed WMCA Ask	37,000	141,000	178,000
External funding sought	29,000	387,000	416,000
Total	189,350	640,000	829,350