



## Wellbeing Board

**Date:** Friday 16 October 2020

**Time:** 10.00 am **Public meeting** Yes

**Venue:** This meeting is being held entirely held by video conference facilities  
[Click here to view the meeting](#)

### 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](mailto: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 (to include intro to new Head of Wellbeing & Prevention )	Chair	None
4.	Minutes of the last meeting	Chair	1 - 6
5.	Matters Arising	Chair	None
6.	Regional Health Impacts of Covid-19 Discussion Paper	Lina Martino/Mubasshir Ajaz	7 - 12
7.	Preparedness	Alison Tonge	None
8.	Thrive Update	Sean Russell	None
9.	Physical Activity Strategy & Physical Activity Commissioner Proposal	Simon Hall	13 - 24
10.	Single Assurance Framework - Impact on thematic board terms of reference	Jodie Townsend	25 - 30
11.	Forward Plan	Chair	None
12.	Date of Next Meeting - 22 January 2021		None



## **Wellbeing Board**

**Friday 17 July 2020 at 10.00 am**

### **Minutes**

#### **Present**

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 Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Jasbir Jaspal	City of Wolverhampton Council
Lola Abudu	Public Health England
Paul Maubach	STP Systems Leader NHS
Lina Martino	Public Health England
Sean Russell	Director of Implementation for Mental Health, Wellbeing and Radical Prevention
Steve Vincent	West Midlands Fire Service

#### **In Attendance**

Lynne Bowers	New NHA Alliance
Rob Davies	Public Health England
Ed Cox	West Midlands Combined Authority
Simon Hall	West Midlands Combined Authority

#### **Item No. Title**

##### **1. Apologies for Absence**

Apologies for absence were received from Councillor Les Caborn, Councillor Stephen Craddock, Councillor Farut Shaheen, Wayne Brown, Guy Daly, Sue Ibbotson and Alison Tongue.

##### **2. Nomination of Substitutes**

The following substitutes had been received:

Lola Abudu for Sue Ibbotson and Steve Vincent for Wayne Brown.

##### **3. Chair's Remarks**

The Chair reported that the last few months had been tough for the region and it was likely that Covid-19 would be around for some time to come. The Chair noted the impact of the Coronavirus on people's mental health and the role this board had in supporting partners to help communities.

**4. Introduction Ed Cox and the new Head of Wellbeing**

The Chair introduced Ed Cox to the Board who had recently taken over the role of Director of Inclusive Growth and Public Service Reform from Henry Kippin.

Ed Cox reported that wellbeing was an important strand of his work area and he was seeking to develop a fairer, greener and healthier West Midlands. He also informed the board of the new appointment to the post of Head of Wellbeing, Dr Mussahir Ajaz who would be joined the WMCA within the next few months.

**5. To note the schedule of meetings for 2020-2021**

The committee noted the schedule of meetings for 2020/21 as set below:

16 October 2020

22 January 2021

26 March 2021

All meetings are scheduled from 10.00am-12.00pm

**6. Minutes of the last meeting**

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

**7. Population Intelligence Hub Update including Wellbeing Dashboard and health in all policies approach**

Councillor Grinsell, WMCA Wellbeing Board sponsor for the Population Intelligence Hub, introduced the report and reminded colleagues of the importance of good data and good intelligence that are needed to influence the work programmes.

The report provided an update on the current position of the Population Intelligence Hub including progress on intelligence projects, changes to the work plan for the current financial year and new additions to the work plan due to the Covid-19 pandemic and shifting priorities.

Lina Martino, PHE/WMCA Consultant in Public Health, outlined the changes to the work programme that had been revised to take account of the regional impact of Covid-19 and conveyed her thanks to Grace Scrivens, PHE who had undertaken the PHE intelligence analysis and had adapted the work programme accordingly.

Lina Martino along with Rob Davies, PHE also reported on key priority areas notably, the 'refresh' of the Wellbeing Dashboard, the development of the logic model to support the Inclusive Growth Unit and the health in all policies approach. The health in all policies approach would examine how policies impact on mental and physical health, both directly and indirectly learning from the experiences of Transport for the West Midlands.

Paul Maubach, STP Lead for the Black Country and West Birmingham STP, reported that this was fantastic work and was supportive of what is proposed and he undertook to liaise with Lina Martino and Rob Davies for the STP Support Units to connect in with this work.

The Chair reported that she looked forward to receiving further updates on progress at future meetings.

Resolved:

1. That progress against the Population Intelligence Hub workplan for 2020/21 and the changes made in the light of the Coronavirus (Covid-19) pandemic be noted and
2. That changes in relation to the wider WMCA approach to response and recovery be endorsed.

#### **8. Regional Health Impact of Covid-19 Task and Finish Group**

The Director of Public Service Reform and Inclusive Growth, Ed Cox reported on the recent establishment of a Covid-19 Task and Finish Group to look at the regional health impacts of the Coronavirus including health inequalities.

Ed Cox advised the board that the task force would work partners across arrange of sectors from Directors of Public Health, STPs and universities to seek to produce one version of the truth on the health impacts of Covid-19 for the region.

It was noted that an interim report on the health of the region was expected to be published late September/early October and the final report would feed into Government policy on health/health inequalities.

The Director of Public Service Reform and Inclusive Growth reported of the need to hear the voices of people impacted by Covid-19 and there would be a call for evidence from everyone effected by the Coronavirus that required the support of local authorities to assist in obtaining the views of their communities/ residents.

The Chair reported of the importance of understanding the impact of Covid-19 on communities in order to identify where help is required.

The Vice-Chair, reported that Covid-19 had had a devastating impact on certain communities and emphasised the importance of the task and finish group having access to all local people, the need to involve Black and Asian communities and to engage with local authority Cabinet Members.

Councillor Caan concurred with the Vice-Chair regarding the need to ensure a wide range of views from communities are captured, to utilise local councillors and the need to be mindful of literacy issues.

The Director of Public Service Reform and Inclusive Growth thanked

Councillor Hamilton and Caan for their comments and undertook to fully engage with local communities. He added that the interim of the task and finish group would be submitted to the next meeting of this board in October for consideration in advance of its submission to the WMCA Board.

Resolved:

1. That the establishment of a task and finish group to focus on the regional health impact of Covid-19 be noted and
2. That the interim report of the task and finish group be submitted to the next meeting on 16 October 2020 be noted.

#### **9. Physical Activity Review**

Councillor Caan, Wellbeing Board Physical Activity Champion introduced the report that informed the board of work being undertaken in reviewing the WMCA's Physical Activity Strategy.

Simon Hall, Physical Activity Policy and Delivery Lead, outlined the report and presented details of how the impact of the Covid-19 lockdown and the opportunities relating to the Birmingham Commonwealth Games have shaped the priorities for the strategy review. The five priorities identified related to walking and cycling, active environments, work force and volunteers, Commonwealth Games venue legacy and, children and young people.

Councillor Grinsell reported that she fully supported the proposals especially the need to focus on getting people active through other means such as volunteering and expressed her appreciation to GoodGym for their work and the hope that this could be championed and expanded into other areas.

Resolved:

1. That the proposed purpose and priorities for the WMCA's Physical Activity Strategy review and proposals for consultation as set out in the report be noted;
2. That the Physical Activity Strategy Action Plan be submitted to the next meeting for approval and
3. That a detailed case for a West Midlands Physical Activity Commissioner be developed for consideration at the next meeting.

#### **10. Single Assurance Framework**

Sean Russell presented an overview of the Single Assurance Framework on behalf of the author, Jodie Townsend who was unable to attend the meeting.

Sean Russell referred to the PowerPoint slides that had been circulated prior to the meeting that set out the purpose of the Single Assurance Framework and the proposed core roles for all of the WMCA's thematic boards.

It was noted that the core roles, that are in the process of being developed, would put in place a consistent approach for all thematic boards with regards to the operation, outputs, purpose, functions, membership and operations of meetings.

The Chair asked that a further update be submitted to the next meeting of the board.

Resolved:

1. That work on the Single Assurance Framework and its implications for the future operation of this board be noted and
2. That an update on the Single Assurance Framework be submitted to the next meeting.

#### **11. Thrive #2031 Strategy Review**

The Director of Implementation for Mental Health, Wellbeing and Radical Prevention, Sean Russell, presented a report that set out a high-level overview of the proposed review of the Mental Health Commission 'Thrive' programme and the creation of a new strategic approach and ten year-plan, #ThriveWM203,1 to tackle the challenges of poor mental health .

Sean Russell outlined the proposed three wave approach for the ten- year plan that would firstly seek to reconvene the Mental Health Commission to review and refresh the strategy, taking account health inequalities and the impact of Covid-19.

It was noted that following the strategy review by March 2021, the new agreed vision and strategy would be launched in April 2021 and the work programmes identified would follow, building on the success of the previous Thrive into Work, Thrive at Work and Thrive at Home (launched at the start of the Covid-19 pandemic) programmes.

The board fully endorsed the approach to the strategy review noting that mental health was more important than before due to the impacts of Covid-19.

Resolved:

1. That the report be noted and
2. That the approach to Thrive going forward be approved

#### **12. Date of next meeting -16 October**

The meeting ended at 11.34 am.

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## WMCA Wellbeing Board

<b>Date</b>	16 October 2020
<b>Report title</b>	Regional Impact of Covid-19 (RHIC) Discussion Paper
<b>Portfolio Lead</b>	Cllr Izzi Seccombe – Wellbeing Board Chair
<b>Accountable Chief Executive</b>	Deborah Cadman OBE, West Midlands Combined Authority email: <a href="mailto:Deborah.cadman@wmca.org.uk">Deborah.cadman@wmca.org.uk</a> Tel: (0121) 214 7800
<b>Accountable Employee</b>	Mubasshir Ajaz, Head of Wellbeing and Prevention Email: <a href="mailto:mubasshir.ajaz@wmca.org.uk">mubasshir.ajaz@wmca.org.uk</a> Tel: 07919 237517
<b>Report has been considered by</b>	Ed Cox, Director of Public Service Reform, WMCA

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

#### The WMCA Wellbeing Board is recommended to:

1. Consider the outline of the Health of the Region report set out in this paper.
2. Support the WMCA in gaining Commitments to Action from local and regional partners.
3. Discuss the potential recommendations to Central Government on the basis of the findings in the report.

#### 1. Purpose

- 1.1 The Health of the Region report is due to be published by the WMCA in November 2020. The Regional Health Impact of Covid-19 (RHIC) Task and Finish group is drafting this report and will be presenting emerging findings to the Board today. This paper will outline some of the findings and next steps for discussion by the Board.

## 2. Background

- 2.1. Public Health England published two key reports on the impact of Covid-19 in June, 2020. These reports highlighted the disproportionate impact of Covid-19 on vulnerable groups. As a result of these reports, the WMCA will be publishing a Health of the Region report to reflect on the implications of COVID-19 in relation to inequalities in health and wellbeing across the West Midlands region.
- 2.2. **Interim Report:** An interim report was published in August, 2020 which found similar inequalities to the national report for the West Midlands Region. This included worse outcomes in terms of infection and death for people living in socioeconomically deprived areas, people from Black and South Asian ethnic backgrounds, people in public facing employment like healthcare workers, those in the hospitality or transportation industry, and people who have underlying health conditions like diabetes or are carrying excess weight. It was evident from the interim report that more information was needed regarding the nature of these inequalities within the WMCA region with particular attention given to the cumulative impact of the inequalities over the life course.
- 2.3. **RHIC:** It was decided to formulate a Task and Finish Group, with representation from local authorities, NHS, PHE and the voluntary sector to understand the Regional Health Impact of Covid-19. The RHIC group worked with community partners to understand community priorities around health inequalities and also utilised the work of the WMCA Citizen Panel and worked with the WMCA BAME and Faith Group to consult on the next steps in mitigating the disproportionate impacts experienced by these communities. The work also identified a number of opportunities, both in current and longer term, to address some of the challenges on existing and exacerbated health inequalities (Table 1).

Current Opportunities	Long Term Opportunities
Renewed public focus on health inequalities, including national strategy for tackling obesity	Health in all Policies approach to embed consideration of physical and mental health across all WMCA policy areas
Increased awareness of infection control	Using Thrive model to improve workforce health and wellbeing
Reframe physical activity outside the healthy weight realm	Maximising 2022 Commonwealth Games potential to drive down inequalities
Maximise use of technology	Supporting even more regional collaborations on tackling health inequalities in vulnerable groups like homeless and migrant populations
Changes to local health and care delivery models to meet emerging population needs	Working with communities and other partners to improve recording of demographic data for improved regional monitoring
Enhanced role of communities	Supporting local governments to protect and improve local lives and work with them to ensure adequate funding for the crucial public health function

- 2.4. **Call for Evidence:** A call for evidence was issued to work with communities and other local and regional partners to further explore the above issues and to formulate a plan of action for change in the region. This was in recognition that there were many existing

pieces of work being carried out by individual agencies that look to address these issues through a focus on prevention and reduction in health inequalities. It was also an opportunity to learn more about local experiences of the impacts of Covid-19, including challenges and barriers for citizens, communities and organisations, as well as examples of good practice and any support needs. The RHIC group wanted to ensure this was captured before any final findings or recommendations could be made through the Health of the Region report.

### 3. Health of the Region Report

3.1. The Health of the Region report will be divided into three sections to describe the extent of health inequalities in the WMCA region and opportunities for action, considering the relationship between health and wealth and the impacts of the COVID-19 pandemic. It would be important to consider this report alongside the State of the Region report by the ODA, which focuses on the economy and growth.

3.1.1. The first part of the report will describe the **health of the people who live in the West Midlands**. It will use local and national intelligence data to identify where change was needed even before COVID-19, for example poor deprivation scores, lower life expectancy, infant mortality and mortality from preventable causes, levels of obesity (including childhood obesity) and overall poorer health outcomes, and how existing inequalities have been exposed and exacerbated by the pandemic, especially for certain groups. This part will also show the underlying causes behind the poorer outcomes and inequalities, which lie in upstream factors, like the wider determinants of health like housing and employment as well as structural inequalities.

3.1.2. The second part will discuss **how change can happen to build community resilience and embed prevention** across all we do. This part will embed the evidence presented through the call for evidence and empirical work carried out with stakeholders to underscore a new approach, which focuses on a system-wide prevention while recognising the two-way relationship between health and wealth on both individual and population level. This approach to tackling inequalities will take full advantage of the many opportunities presented by a Combined Authority – and emerging opportunities following the COVID-19 pandemic.

3.1.3. The final part will set out priority areas for action that have emerged from the analysis, namely:

- **Improving outcomes for BAME communities**

- It was clear from the PHE reports that BAME communities have perhaps suffered the most from the pandemic. This has also held true for the West Midlands region, where there are higher than national average numbers of people from BAME communities. The reasons for the negative impact is multi-fold and many issues like underlying health concerns, living conditions, deprivation and areas of employment combine to have a cumulative negative impact. Certainly, issues related to structural racism have also been identified, with a need to better understand the complexities and nuances within BAME communities through culturally competent services and improved representation in decision making, which will eventually lead to improved outcomes for our BAME citizens.

- **People-powered health**

- The pandemic has shone a light on the importance of maintaining one's own health and mental wellbeing, when allowed by supportive circumstances. The benefits of exercise and healthy diet, access to and use of green space and nature, as well as community cohesion

are key to optimum health. This approach of people-powered health puts people and prevention first and proposes to maximise benefits from initiatives like safer streets, active travel, tackling food poverty and planning the legacy of the Commonwealth Games, all through co-development with the communities we serve.

- **Widening access to health and care**
  - There are clear inequalities in the access to quality healthcare for vulnerable groups and especially for poorly managed conditions, including cancer and mental health. This of course has not been helped by the pandemic and the lockdown, leading to a backlog that risks increasing the number of avoidable deaths. Service delivery that focuses on integration and inclusion with supportive technology can help improve access.
- **Tackling the wider determinants of health**
  - Ill-health is an end result of a multitude of factors, majority of which are in domains not necessarily associated directly with health. This is about getting to the causes of the causes of ill-health, factors such as getting a good start in life, educational attainment, better employment and better income, homes and living conditions, friendships and community connectedness. By taking a prevention focused approach of health in all policies and using Marmot principles, we can widen the sphere of influence to every public agency to consider the health implications of every decision.

3.1.4. The final part will also include potential next steps as a response to these challenges, with a series of commitments for action from key partners and recommendations for Government.

3.2. **Commitments for Action:** While the recommendations to central government will be key to unlock change in the region, the commitments to action will enable the proposed recommendations to be successfully implemented. We understand that our partners in the region are already committed to prioritise and address health inequalities, but these commitments to action are a means to showcase those priorities collectively. These commitments are essentially activities that we know key stakeholders in the region are either undertaking currently or are planning to undertake to address the challenges that have been identified.

3.2.1. There is a need to align these actions along the four big challenges and indeed to challenge ourselves to potentially do more to address them. Setting these actions as commitments both in the short and the longer term puts the onus on other regional and national partners, especially in central government to reciprocate with policies and support that will enable their delivery.

3.2.2. The WMCA will work with regional stakeholders to ensure their initiatives are accounted for and assist wherever needed for a coordinated approach to reduce health and structural inequalities, deliver integrated services which are inclusive and culturally competent, have a focus on prevention and wider determinants of health, and supported by policies which are economically inclusive and sustainable.

#### 4. **Financial Implications**

4.1 There are no direct financial implications although the report will serve as a reminder to invest in prevention to improve long-term health of the region.

**5 Legal Implications**

5.1 There are no additional legal implications.

**6. Equalities Implications**

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

**7. Inclusive Growth Implications**

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

**8. Geographical Area of Report's Implications**

8.1 The focus is agreeing on common priorities with geographical areas and strengthening the collaborative work across the WM to deliver long lasting and sustainable change.

**10 Other Implications**

None

**11. Schedule of Background Papers**

None

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## WMCA Wellbeing Board

<b>Date</b>	16 October 2020
<b>Report title</b>	Physical Activity Strategy Implementation & Physical Activity Commissioner Proposal
<b>Portfolio Lead</b>	Cllr Izzi Seccombe – Wellbeing Board Chair
<b>Accountable Chief Executive</b>	Deborah Cadman OBE, West Midlands Combined Authority email: <a href="mailto:Deborah.cadman@wmca.org.uk">Deborah.cadman@wmca.org.uk</a> Tel: (0121) 214 7800
<b>Accountable Employee</b>	Simon Hall Physical Activity Strategic Lead Email: <a href="mailto:simon.hall@wmca.org.uk">simon.hall@wmca.org.uk</a>
<b>Report has been considered by</b>	Mubasshir Ajaz, Head of Wellbeing Sean Russell, Thrive Implementation Director Anna Sirmoglou – Equalities and Diversity Manager

### Recommendations for action and decision:

#### The Wellbeing Board is asked to:

1. Approve the “Halting the Gap” Physical Activity Implementation Plan 2020/21 set out in the report.

#### 1. Purpose

- 1.1 At its July 2020 meeting, the Wellbeing Board discussed the future direction of the WMCA’s West Midlands on the Move Strategic Framework.

## 2. Background

### Lockdown Impact

- 2.1 People can go outside more than once a day for exercise alone or with their household, with up to 5 people outside their household providing they observe social distancing. Most sport facilities and gyms can re-open if they feel they are ready to do so and able to safely meet government guidelines. Team sports have started where their Governing Body of Sport has met the Government's restart proposals, who have shown they have stringent plans in place.
- 2.2 There has been a massive disruption in the physical activity behaviours of adults and children. According to Sport England data<sup>i</sup> 31% of adults did more and 41% of adults did less physical activity in the last week compared to before restrictions.
- 2.3. 62% of adults believe that it is more important to be active in response to the pandemic and 67% are getting active to improve their physical and mental wellbeing. 53% of adults have been encouraged to be active by Government guidelines.
- 2.4 As we know, Co-vid 19 has had a profound effect on certain communities for example, BAME, disability, older age. This has broadened the inequalities and inequity (including those who are active that existed pre-lockdown. Consultation with partners through the WMCA's Communities of Practice, agreed that energy needs to be focused on encouraging more people to active as part of a pre and rehabilitation programme working with those communities most impacted by Co-vid.

### Birmingham Commonwealth Games

- 2.5 WMCA is working with B2022 and physical activity stakeholders to develop the Physical Activity legacy priorities and the collaborative stewardship needed to ensure a long-lasting legacy post Games. These emerging legacy priorities are reflected in the WMCA Physical Activity Strategy implementation plans, focusing on those areas where the WMCA can make the greatest impact.

## 3. Draft Physical Activity Implementation Plan 2020/21

- 3.1 This draft plan is set out in **Appendix A** outlining priority work streams, where through consultation how the WMCA functions within the WM physical activity ecosystem<sup>ii</sup> and in delivering the RHIC priorities.

RHIC Priorities	Examples of PA work programmes & projects
BAME & Vulnerable People	<ul style="list-style-type: none"><li>• <b>Include Me WM</b> – a work programme encouraging a more inclusive and customer centred approach to sport &amp; physical activity delivery targeting work to get more disabled citizens<sup>iii</sup> active.</li><li>• <b>Black Country Place based project</b> – WMCA secured the funding to enable the BCC Ltd to gain insight, respond to the barriers to &amp; opportunities identified through consultation to get more people from identified deprived communities active.</li></ul>

	<ul style="list-style-type: none"> <li>• <b>Public Space Design</b> – WMCA leads &amp; funds work with the 3 local authorities alongside BAME and vulnerable communities in Foleshill, Willenhall &amp; Prince’s End to create new community active spaces.</li> </ul>
People Powered Health	<ul style="list-style-type: none"> <li>• <b>Parkride</b> – secured funding to extend the Midland Mencap’s Parkride which has got 223 new disabled citizens active over the last 8 weeks</li> <li>• <b>Include Me WM facebook</b> led by the WMCA with other 150 members offers self help getting active and online exercises and keeping people connected.</li> <li>• <b>Walking app activation</b> -encourage people to walk and explore their neighbourhoods, capturing exercise, nature and history (linked to UNESCO sites in the Black Country).</li> <li>• <b>Goodgym</b> -getting people active by doing community deeds helping those communities who most need help – prescriptions collection, helping foodbanks &amp; befriending.</li> </ul>
Wider Determinants	<ul style="list-style-type: none"> <li>• <b>Collaborative leadership</b> -joint investment to strengthen joint working across the WM to address inequalities and unblock the issues, policies and practices that prevent people getting active.</li> <li>• <b>Public Space Design</b> – using the learning to influence the delivery of the WMCA’s Housing Design Charter.</li> <li>• <b>Walking and cycling</b> – ensuring addressing health inequalities are designed into future walking and cycling infrastructure &amp; an inclusive approach to revenue supporting measures working with the health system.</li> </ul>
Access to health & care services	<ul style="list-style-type: none"> <li>• <b>Social prescribing walking and cycling</b> – Black Country pilot working with GPs to enable vulnerable communities e.g. pre-diabetic &amp; recent migrant communities to access health and care and community support.</li> <li>• <b>IMWM Health and Social Care training</b> in response to disabled citizens consultation the development of training and guidance to get more GPs &amp; health and care specialists to refer disabled citizens to physical activity.</li> </ul>

3.2. In response to RHIC and physical activity evidence, the WMCA’s Comprehensive Spending Review includes 2 physical activity funding asks, which would enable the WMCA with local authorities, health system and Active Partnerships to apply the learning from this and other projects to help more BAME and vulnerable people and communities to get active.

3.3 These asks are for:

- Radical Prevention Fund – ringfenced **Inclusive Physical Activity Fund** working with communities as part of a pre and rehabilitation programme to strengthen resilience. The focus is on co-design and delivery of community initiatives and to support the Commonwealth Games physical activity legacy.
- **Social Prescribing Walking and Cycling Region** -the Government’s “Gear Change” Strategy<sup>iv</sup> set out plans to pilot social prescribing of walking and cycling in a local authority area. The WMCA wants to apply the learning from the Department for Transport funded Black Country and subject to Government approval Birmingham Social Prescribing walking and cycling projects across the WMCA geography. This pilot will look the impact of different incentives to get

more BAME and vulnerable communities walking and cycling on their physical and mental wellbeing.

The outcome will be known later in the year.

3.4 The Board is asked to approve the draft implementation plan.

#### **4. Financial Implications**

4.1 The funding set out in the implementation plan is allocated in the WMCA's 2020/21 budget.

4.2 The WMCA is awaiting the outcome of its submission of its Emergency Active Travel Funding Tranche 2 bid, which includes the extension of the social prescribing and "Park ride"<sup>v</sup> schemes. If funding is not secured, the WMCA will work with partners to scope potential funding for these schemes.

4.3 The WMCA is awaiting the outcome of its Comprehensive Spending Review submission and if the 2 Physical Activity proposals are unsuccessful (Inclusive Physical Activity Fund and Social Prescribing walking and cycling region), the WMCA will work with partners to source alternative funding.

#### **5. Legal Implications**

5.1 There are no additional legal implications.

#### **6. Equalities Implications**

6.1 Inequalities in physical activity are well documented and the region is one of the most inactive in the country. The following groups are more likely to be inactive – women, people from lower socio-economic groups, older adults, disabled people or people with long term conditions and people from BAME communities. Initial evidence suggests that the gap has further widened for these groups as a result of Covid-19.

6.2 The implementation plan evidences that delivery is focused on these communities where evidence suggests that there are inequalities in those who take part and those most impacted by Co-vid 19. Measures will be regularly monitored, and learning will inform future delivery.

#### **7.0 Inclusive Growth Implications**

7.1 The implementation plan prioritises getting more people active and addressing the inequalities and the barriers to participation in a more active and healthier lifestyle. Through collaboration, the WMCA is working alongside partners and stakeholders to deliver lasting and sustainable changes to deliver good outcomes for people living in the WMCA area.

#### **8. Geographical Area of Report's Implications**

8.1 The physical activity geographical delivery is set out in the implementation and reflects a collaborative approach to trialling and testing and where appropriate delivery at scale. All

collaborative projects are subject to approval from the Local Authorities or for example Active Partnerships through their own governance.

## 9 Other Implications

None

## 10. Schedule of Background Papers

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<sup>i</sup> <https://www.sportengland.org/know-your-audience/demographic-knowledge/coronavirus>

ii. WM physical activity ecosystem defined as a complex interconnected network of organisations and physical environments, often working co-operatively in similar directions.

iii The Include Me WM approach recognises the interconnected nature of social categorisations such as race, class, disability and gender as to they apply to an individual or group, creating overlapping and interdependent discrimination or disadvantage (intersectionality) .

<sup>iv</sup> <https://www.gov.uk/government/publications/cycling-and-walking-plan-for-england>

<sup>v</sup> Park ride – free accessible and inclusive cycling programme <https://midlandmencap.org.uk/parkride/>

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# WMCA Physical Activity Implementation Plan 2020/21

October 2020

This Implementation Plan provides the headline physical activity deliverables and actions led by the WMCA. Many of the deliverables are achieved by working collaboratively with Local Authorities and other partners, who are best placed to implement. This is core to the WMCA's work.

## Section 1 – Background to the Delivery Plan

<b>Description</b> <i>(Brief description of what the plan covers)</i>	The Plan covers the priority physical activity work areas for the WMCA where it is using its resources to enable, influence and deliver (through partners) to reduce the inequalities in those who are active as part of a collective “prehab” and “rehab” approach to support those mist impacted by Co-vid 19. It is also focuses on strengthening the collaborative working across the West Midlands to have a greater impact and contribute to ensuring that there is a long lasting Commonwealth Games physical activity legacy by working with and for our communities.		
<b>WMCA Portfolio</b>	PSR & Inclusive Growth	<b>Key contact</b>	Simon Hall
<b>Dependencies</b> <i>(Any external factors upon which this plan is dependent)</i>	<ul style="list-style-type: none"> <li>• Collaborative working across stakeholders in the WM;</li> <li>• Using and applying learning to advocate and influence change.</li> <li>• B2022 Legacy Plans</li> <li>• National and local strategy and actions</li> </ul>	<b>Other contributors and internal stakeholders</b>	Teanay Cope, Mark Fosbrook Mubasshir Ajaz, Sean Russell, Claire Williams (Head of Walking and Cycling TfWM), Matt Lewis (Head of Swift TfWM); Helen Kershaw (Head of Com Games Delivery WMCA)
<b>Top 3 risks</b>	<ul style="list-style-type: none"> <li>• Limited resources</li> <li>• Stakeholder engagement</li> <li>• Impact of Co-vid 19 restrictions in pausing or repurposing delivery</li> </ul>	<b>Key external stakeholders</b>	Local Authorities 3 Active Partnerships Sport England, Active Wellbeing Society Activity Alliance, Streetgames Birmingham 2022

Section 2 – Deliverables and Milestones

<b>Deliverables</b>	<b>Lead</b>	<b>Description</b>	<b>Start date</b>	<b>End date</b>	<b>£</b>	<b>Issues to consider</b>
<b>Collaborative Leadership</b> <i>A WM sport &amp; pa sector working strongly together to deliver shared priorities to address inequalities in those who take part, embedding learning, working to agreed values and principles and shared accountability.</i>	Simon Hall	During lockdown the WMCA paused the collaborative leadership programme, this has been repurposed to share practice, learning and agree priorities moving forward. Also, to inform the long term B2022 legacy. This includes: <ul style="list-style-type: none"> <li>• Delivery of a <b>collaborative leadership &amp; evaluating impact programme</b> including 4 <b>Communities of Practice</b> events to share learning, cultures, values and actions</li> <li>• Completion of <b>Digital Skills and Physical activity sector audit</b> and analysis &amp; provision of <b>training</b></li> <li>• Chairing the <b>West Midlands Violence Reduction Unit’s Sport Board</b> &amp; member of the Executive Group influencing whole system approach to using sport to prevent and encourage positive outcomes for those impacted or involved in violence.</li> <li>• <b>Development &amp; delivery of Inclusive Physical Activity Fund</b> applying the learning from existing practice targeting communities as part of a rehab and prehab Cov-19 intervention.</li> </ul>	Nov 20	June 21	£40k	<ul style="list-style-type: none"> <li>• Co-vid 19 impact on time commitment of partners.</li> <li>• Evidencing the value and impact of WM work.</li> <li>• Subject to outcome of Govt. WMCA CSR approval.</li> </ul>
			Nov 20	Feb 21	£15k	
			Oct 20	June 21		
			Nov 20	March 22	tbc	
<b>Active Environments</b> <i>Starting the development of a network of new spaces for people to get active, getting better insight into active lifestyles &amp; responding to need &amp; getting people active by delivering community tasks</i>	Simon Hall	Access to Green and open spaces have become increasing important to communities impacted by Co-vid 19. Understanding the barriers to and opportunities for people getting active in targeted communities. This will be achieved by: <ul style="list-style-type: none"> <li>• Creating 4 new inclusive community led active spaces and using the learning to influence housing Design Charter and #wm2041 policy &amp; practice WM wide (<b>Coventry, Walsall, Sandwell and Wolverhampton</b>)</li> <li>• delivery of a <b>Black Country Place based programme</b> in inclusive growth corridors to understand the barriers &amp; opportunities to get more people active and the appointment of local community connectors to respond to need, connecting to Coventry and Bham and Solihull Local Delivery work.</li> <li>• Delivery and sustainability of the <b>Goodgym Solihull, Coventry and Warwick &amp; Leamington Spa</b> programmes inspiring people to be active by doing community deeds.</li> </ul>	Ongoing	Sept 21	£45k	<ul style="list-style-type: none"> <li>• Co-vid 19 impact delaying community engagement and potentially delivery.</li> <li>• Projects are being repurposed and designed beyond existing scope to reflect Co-vid 19</li> </ul>
			Ongoing	March 22	£150k	
			Ongoing	March 22	£100k	
<b>Walking and Cycling</b> <i>Improving community voice in EATF decisions and impact; social prescribing walking &amp; cycling targeted in specific areas and communities e.g. pre-diabetic &amp; migrant communities &amp; more disabled citizens cycling.</i>	Simon Hall	Getting more people walking & cycling key to helping people getting around & improving their wellbeing. Working alongside TfWM, to develop a more inclusive & health and transport connected approach to policy and delivery to get more people walking and cycling for active travel. <ul style="list-style-type: none"> <li>• Co-leading the delivery of a <b>citizen focus groups</b> to understand the impact of lockdown on walking and cycling, the emergency active travel fund measures, taking citizens’ recommendations to future investment.</li> <li>• Delivery of <b>3 DfT Emergency Active Funded programmes</b> aimed at getting more inclusive approach to walking and cycling: social prescribing Black Country &amp; potentially B’ham pilot; Midland Mencap “ WM Parkride” inclusive cycling programme; &amp; Digital Walking app aimed to get more people walking in local neighbourhoods in the Black Country.</li> </ul>	Ongoing	Nov 21	£10k	<ul style="list-style-type: none"> <li>• Impact of Initial Tranche 1 funded programme, for example 233 new disabled cyclists.</li> <li>• **Subject to DfT decision on Tranche 2 EATF which will see the increase in funding and wider delivery until March 21.</li> </ul>
			Ongoing	Oct 21**	£75k	

		<ul style="list-style-type: none"> <li>Development of WM CSR proposal with partners to be a pilot “<b>social prescribing walking and cycling region</b>” in response to Government’s “Gear Change” Strategy.</li> </ul>	Oct 20	March 21	TBC	<ul style="list-style-type: none"> <li>Subject to Government approval for WMCA’s CSR ask</li> </ul>
<p><b>Inclusive Venues &amp; Programmes (Include Me WM)</b></p> <p>A whole system approach to getting over 400 more disabled people active, over 900 people trained in inclusivity and 500 citizens engaged.</p>	Mark Fosbrook	<p><b>WM Disabled Citizens Physical Activity Network and Panel</b> – Using the Disability Rights UK “Moving the WM Forward” Citizens engagement report to:</p> <ul style="list-style-type: none"> <li>establish a local-regional disabled citizens network to co-design, influence and inform the delivery of sport and physical activity with Include Me WM (IMWM) supporters.</li> <li>continue to grow the IMWM Facebook page to engage especially those who are isolated or shielding to encourage them to be active. Currently 154 members.</li> <li>establish an IMWM Citizen Panel to co-design WMCA workstreams, capture value and identify and address blockages.</li> </ul> <p><b>Include Me WM Supporters:</b> A social movement working towards a more inclusive and citizen focused approach to the delivery of sport &amp; PA. Currently 65 IMWM Supporters. Work will focus on:</p> <ul style="list-style-type: none"> <li>reviewing all Supporter commitments in response to Co-vid and identified support</li> <li>An indepth capture of the value and impact of IMWM with 10 supporters.</li> <li>Delivery of an IMWM Supporters campaign to encourage more supporters &amp; disabled citizens to access Supporters Provision.</li> </ul> <p><b>Inclusive Training programme:</b> Disabled people said that health professionals provided a lot of support and are trusted sources, however not all of these individuals spoke to people about the benefits of being active. In response, the WM will:</p> <ul style="list-style-type: none"> <li>With partners develop &amp; test the delivery of a health &amp; social care disability &amp; physical activity elearning programme.</li> <li>Based on the elearning evaluation, seek course accreditation</li> <li>By investing in the 6 Active Partnerships, provide local inclusivity, disability awareness and mental wellbeing training &amp; awareness to supporters</li> </ul> <p><b>Public Transport Trial</b> -Many disabled citizens now feel more isolated and less confident in using public transport. As public transport system resets need to help build confidence in using pub. Transport to get to places to be active. This will be achieved by:</p> <ul style="list-style-type: none"> <li>With TfWM &amp; Sport England, deliver and evaluate the impact of the Swift app trial to encourage positive behavior change in a group of disabled citizens to get to places to be active in Birmingham, Coventry and Wolverhampton involving over 40 citizens.</li> <li>To apply the learning to develop the business case to deliver across the WMCA geography</li> <li>Development and delivery of inclusive cycling offer</li> </ul>	Oct 20	June 21	£34K	<ul style="list-style-type: none"> <li>Building trust in citizen engagement, lack of knowledge of WMCA</li> <li>Expertise needed to build capacity &amp; connect the system</li> <li>Continued impact of Co-vid</li> </ul>
		Oct 20	June 21	£22k	<ul style="list-style-type: none"> <li>Many supporters have been impacted by Co-vid and not delivering programmes &amp; opportunities</li> <li>Lockdown led to disconnect with many supporters</li> </ul>	
		Oct 20	May 21	£22k	<ul style="list-style-type: none"> <li>Lack of elearning inclusive training in sport and physical activity</li> <li>Need for Professional accreditation in health and social care.</li> </ul>	
		Oct 20	March 21	£62k	<ul style="list-style-type: none"> <li>Lack of Health awareness of sport</li> <li>Impact of Co-vid 19</li> <li>Other similar apps on the market.</li> </ul>	

<p><b>WMCA's contribution to the B2022 Physical Activity legacy</b></p> <p><i>As a Games partner working together to ensure that there is a realistic, long lasting and inclusive games legacy.</i></p> <p><i>Physical Activity and Wellbeing (PAWB)</i></p>	Simon Hall	<p>The WMCA is working alongside physical activity partners to implement a legacy framework to use the Games and targeted activity to reduce inequalities in those who take part and improve mental wellbeing by:</p> <ul style="list-style-type: none"> <li>• Developing the PA &amp; WB element of the <b>Games Legacy Plan</b> as a member of the PAWB legacy group and Accessibility Forum &amp; subsequent securing of funding for implementation.</li> <li>• Chairing the PAWB legacy group's Active Environment (SH) and Walking and Cycling Task and Finish Groups (Claire Williams) to determine priority projects and secure funding.</li> <li>• Leading the <b>collaborative stewardship</b> programme on how partners will work together to ensure that there is a long-lasting Physical activity and wellbeing legacy.</li> <li>• Convening the mental health collaboration to develop legacy priority actions to use the games as a catalyst to reduce the stigma of mental health to build into the legacy plan</li> </ul>	Oct 20	Jan 21	£15k	<ul style="list-style-type: none"> <li>• Impact of Co-vid 19 in timing and delivery of legacy.</li> <li>• Subject to approval from the Games Legacy governance.</li> <li>• Subject to securing additional funding</li> </ul>
	Mark Fosbrook		Ongoing	Nov 20		
			Oct 20	Dec 20		
			Oct 20	Jan 21		

**October to December 2020 WMCA Priorities**

1. Delivery of the collaborative stewardship and communities of practice programme
2. Subject to Government funding, delivery of the Emergency Active Travel Fund Tranche 2 programmes
3. Subject to Government approval, development of the Inclusive Physical Activity Fund and Social Prescribing WM pilot implementation plans with partners
4. Establishment of the WM Disabled Citizen's Physical Activity Network and Panel.
5. Start of the Swift Public Transport Trial pilot
6. With partners, development of the draft physical activity and wellbeing legacy plan.

## Section 3- Risk Register

ID	Date Added	Risk Title	Impact	Evidenced in which Project/Programme?	Person Assigned to	Action Log		Control Measure	Status	RAG
		Risk Description				Date	Update			
1	17/09/2020	<b>Engagement and communication with stakeholders affecting project ownership</b>	High	Digital skills, IMWM (supporters due to COVID), Public Space (More so the Local Authorities than WMCA as they cannot consult with their stakeholders in expected way due to COVID 19), Swift (disabled citizens may not be comfortable with going on public transport at this time so there is a risk they may not engage with the trial), Collaborative Leadership	All	17-Sep	Introduced monthly sessions with LAs and APs, six week meetings on PS, IMWM contacting supporters, Swift paused	Extension of project timelines	Open	
		Lack of consistency in speaking to/ engaging with our project partners and other stakeholders may make it difficult for them to own the work								
2	17/09/2020	<b>The scale of change or scope of work required for continuation is beyond current programme remit or available funding</b>	High	Digital Skills, IMWM, Public Space (budget only)	All	17-Sep	Set out that this work is a starting point and will trial approaches. The evaluation will determine whether work has been impactful and scalable. Working towards funding plan to carry work forward	Contract extension to be granted where possible for SE funded work	Open	
		Initial project or programme findings highlight that the scale of change or scope required to continue to drive work forward is more than originally anticipated. There may not be funding available to drive the new scope forward								
3	17/09/2020	<b>Stakeholder Capacity</b> The working capacity of our stakeholders and project partners to deliver required work especially given COVID19	High	All	All	17-Sep	Finding that we are having to reschedule meetings	Extension of project timelines	Open	
4	17/09/2020	<b>Project Delays</b> Delays to projects timelines. This risk is heightened due to COVID19	High	Evidenced in all projects but most prevalent in IMWM, Public space, Collaborative Leadership and Swift	All	17-Sep	Collaborative leadership repurposed as a community of practice	Contract extension to be granted where possible for SE funded work	Open	
5	17/09/2020	<b>Permissions</b> Ensuring we have the senior officer permissions to take work forward	High	All	All	17-Sep	Business cases are submitted to governance for new project proposals. Project plans are also created which form the baseline for implementation. Updates on the physical activity workstream are given at each Wellbeing Board.	The changes to project life cycles and processes proposed in the SAF will be introduced this year. We will need to ensure that our project approach transitions to align with the SAF once it is implemented.	Open	
6	17/09/2020	<b>Financial</b> Not being able to spend the money we have this year, due to COVID	High	All	All	17-Sep		Monitor budget and spend	Open	
7	17-Sep	<b>Raising the profile of our work</b> Ensuring that leaders and partners are aware of what we are doing and why	High	All	All	17-Sep		We have created a comms and media briefing template for exercise which should help enable us to identify, generate and promote stories from our work.	Open	

Simon Hall  
Physical Activity Strategic Lead  
Dr Mark Fosbrook  
Include Me WM Manager (Secondment)  
Teanay Cope  
Graduate Project Manager  
02 October 2020

## WELLBEING BOARD

Date	16 October 2020
Report title	Single Assurance Framework - Impact on Thematic Board Terms of Reference and Role
Portfolio Lead	Councillor Izzi Seccombe – Portfolio Lead for Wellbeing Warwickshire County Council
Accountable Chief Executive	Deborah Cadman, West Midlands Combined Authority email: <a href="mailto:deborah.cadman@wmca.org.uk">deborah.cadman@wmca.org.uk</a> tel: (0121) 214 7200
Accountable Employees	Ed Cox, Executive Director of Inclusive Growth & Public Service Reform Julia Goldsworthy, Executive Director of Strategy Tim Martin, Head of Governance & Monitoring Officer

Recommendation(s) for action or decision:

The Wellbeing Board is recommended to:

- (1) Consider the Single Assurance Framework requirements for Thematic boards
- (2) Consider proposed Portfolio improvements for the Wellbeing Board
- (3) Endorse the amended Terms of Reference as set out in Appendix A

### 1. Purpose

- 1.1 On 24 July 2020 the WMCA Board adopted a revised 'Single' Assurance Framework following an internal review. The Assurance Framework sets out how the West Midlands Combined Authority (WMCA) will use public money responsibly, both openly and transparently, and achieve best value for money. The intent of the review undertaken was to streamline and improve decision-making, driving best practice and consistency.
- 1.2 The purpose of the Single Assurance Framework is to deliver the following:
  - Deliver consistency and accountability within decision-making
  - Ensure ability to develop projects at speed whilst maintaining required development standards
  - Provide WMCA with Financial and Governance Protections for stewardship of public funds
  - Improve standards of project initiation, development, delivery and oversight
  - Ensure that there is alignment between organisational objectives and outputs - "the Golden Thread"

### 2. Single Assurance Framework – Implications for Thematic Boards

- 2.1 The Single Assurance Framework (SAF) 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 ensure that Thematic Boards are applying the appropriate oversight, support and portfolio development roles required to support the key principles and application of the SAF.

- 2.2 The proposed core roles for each Thematic Board are as follows:
- i. **Play a key role in developing and approving 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
- 2.3 In order to support delivery of these core roles each Portfolio will be required to produce a Project Pipeline that sets out all bids, developing projects and projects in delivery within that Portfolio. The Pipeline will be expected to include key details about the project, the stage that it is at and be open for review, challenge and support through the relevant Thematic board.
- 2.4 Each Project Pipeline will be regularly updated and will be available to view by its Thematic Board. Each Project Pipeline will also feed into the WMCA Activity Register which is a new central register of all WMCA activity.

### 3. Thematic Board – Portfolio Improvements

- 3.1 As part of the work undertaken through the Single Assurance Framework Project, further review of Thematic Boards took place as part of the response to the Internal Project Governance Review which had highlighted inconsistent practices and approaches being taken by Thematic Boards and the negative impact this inconsistency has, alongside consensus opinion at a senior officer level that Thematic Boards were not contributing to the delivery of outputs and strategic objectives.
- 3.2 As a result the Senior Leadership Team tasked the Single Assurance Framework Project with developing proposals for a consistent role, purpose and approach to Thematic 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.
- 3.3 This work was in addition to the developing SAF core roles that would be required to be delivered at each Thematic Board.
- 3.4 This work has led to the drafting of a standardised Terms of Reference for Thematic Boards that is intended to deliver a consistent approach to Thematic Boards across the WMCA as well as support the Single Assurance Framework core role requirements.
- 3.5 The work undertaken to provide a more consistent approach across Thematic Boards and therefore deliver consistent application of standards recommends the following:
- Each Thematic Board to play a key role in the oversight and management of the development and delivery of Portfolio projects, ensuring that they are contributing to the delivery of WMCA Strategic Objectives.
  - Relevant Portfolio Lead to chair each Thematic Board
  - Membership to consist of relevant Council representatives, preferably the relevant Cabinet Member for each Constituent Authority

- Membership to consist of 1 non-con council representative per county area (Warwickshire, Shropshire, Worcestershire, Staffordshire) and for the representative to be a relevant Cabinet Member where possible
- Membership to consist of representative from each LEP (3 members)
- Membership to consist of additional portfolio specific membership dependent on each Thematic area
- Minimum of 4 Thematic Board meetings per year in order to ensure consistent quarterly review of Portfolio Project Pipeline
- Quorum of Portfolio Lead + a third of voting members

- 3.6 As stated above the intention of the proposed consistencies and the SAF core roles is to provide a consistent role, purpose and approach across all the Thematic 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.
- 3.7 Engagement has taken place with the Executive Director of Public Service Reform & Inclusive Growth in developing the SAF and the Thematic Board consistency approach as set out above. In addition, this engagement has covered Portfolio specific opportunities to improve the application of the Wellbeing Board and its role.
- 3.8 A key role for each Thematic board is to provide support to the Portfolio Lead, engagement with the Executive Director has help develop an amended list of functions for inclusion in the Terms of Reference to provide this support.
- 3.9 All of the requirements set out in this report, the SAF core roles, the consistency improvements and the developments to better support Portfolio Leads have resulted in an amended term of reference for the Wellbeing Board being proposed for endorsement. These Terms of Reference are detailed in **APPENDIX A**.
- 3.10 The Wellbeing Board is asked to consider the content of this report and endorse the Terms of Reference proposed in Appendix A.

#### **4. Financial Implications**

- 4.1 There are no direct spend or budgetary implications as a result of the recommendations within this report. The assurance frameworks and delegated approval structures detailed within this report are considered to be appropriately designed to ensure WMCA deliver value for money against all its investments and that the financial controls and checks required to deliver those investments are robust.

#### **5. Legal Implications**

- 5.1 It is a statutory requirement that the Combined Authority has an assurance framework in place.  
There are also statutory duties on the Authority in relation to best value and securing the best use of public money in terms of projects and spending. Failure to have a robust assurance framework in place would result in action by the Authority's internal and external auditors and would affect the value for money judgement provided on an annual basis. It could also result in action being taken by the WMCA Statutory Officers

#### **6. Equalities Implications**

- 6.1 There are no specific equalities implications arising out of this report.

#### **7. Inclusive Growth Implications**

7.1 The WMCA has developed its own standards that it wishes to drive through its projects and programmes, one of which is consideration and development of Inclusive Growth. Continued regional inequalities and the impact of Covid-19 on some groups reinforces the need for the WMCA to continue to develop processes and initiatives to drive inclusive growth.

## **8. Geographical Area of Report's Implications**

8.1 The Assurance Framework applies to any relevant activity across both Constituent and Non-constituent areas.

## **9. Other Implications**

9.1 None.

## **10. Schedule of Background Papers**

10.1 ARAC September 2019

10.2 ARAC November 2019

10.3 ARAC July 2020

10.4 WMCA Board July 2020

## **11. Appendices**

11.1 Appendix A – Proposed Terms of Reference for Wellbeing Board

## APPENDIX A



## WELLBEING BOARD Terms of Reference

<p>Purpose:</p>	<p>The Board will play a key role in the oversight and management of the development and delivery of Portfolio programmes and projects, ensuring that they are contributing to the delivery of WMCA Strategic Objectives and the Annual Business Plan.</p> <p>The Board will be responsible for the oversight of delivery of the <b>Wellbeing Plan</b>, contributing to its development and monitoring its delivery.</p> <p>The Board will be responsible for advising on Wellbeing strategy and policy and developing a Wellbeing Programme to be presented through the Annual Business Plan that contributes to delivery of WMCA's strategic objectives.</p>
<p>Accountable to:</p>	<p>WMCA Board</p>
<p>Membership:</p>	<p><u>Voting Members:</u></p> <ul style="list-style-type: none"> <li>○ Chaired by WMCA Portfolio Holder</li> <li>○ Constituent Members – Relevant Cabinet Member as determined by each Constituent Council</li> <li>○ Non-Constituent Members – 1 Representative per county area (Warwickshire, Shropshire, Worcestershire, Staffordshire) Representative to be a relevant Cabinet Member where possible</li> <li>○ LEPs – Representative from each LEP Area</li> </ul> <p><u>Non-Voting Members:</u> The following subject specific guests will be invited to Board meetings as appropriate:</p> <ul style="list-style-type: none"> <li>○ ? Any to add?</li> </ul>
<p>Chair:</p>	<p>The Chair will be the Portfolio Lead for Wellbeing</p>
<p>Functions:</p>	<ul style="list-style-type: none"> <li>• To review, monitor and approve the Wellbeing Annual Business Plan, ensuring that it demonstrates a clear golden thread to the WMCA Strategic Objectives, highlighting prioritisation considerations where appropriate and supporting and challenging delivery of the Plan.</li> <li>• Consider the Wellbeing aspect of the Inclusive Growth &amp; public Service Reform Portfolio Project Pipeline in order to monitor its content, providing feedback to the Business Area and performance managing project development</li> <li>• To consider and advise upon major policy change within the Wellbeing Portfolio</li> <li>• To performance manage the delivery of projects detailed within the Wellbeing Portfolio Project Pipeline at Portfolio level, ensuring effective and appropriate challenge to the Business Area and stakeholders</li> <li>• To provide co-ordination and direction on strategic matters relating to the portfolio to needs of the region.</li> </ul>

	<ul style="list-style-type: none"> <li>• To provide the forum for facilitating strategic conversations between the local authorities, stakeholders and WMCA</li> </ul> <p>Support Wellbeing Portfolio Holder by:</p> <ul style="list-style-type: none"> <li>• Providing advice and support to WMCA activity</li> <li>• Helping engage with wider stakeholder networks and activity</li> <li>• Identify and scale up existing good practice within the WMCA area</li> <li>• Identify and secure resources to deliver new opportunities</li> <li>• To provide co-ordination and direction on strategic policy and delivery matters relating to the wellbeing development needs of the region.</li> <li>• To provide the forum for facilitating strategic conversations between the WMCA and local authorities on developing wellbeing improvements for the West Midlands</li> <li>• To ensure alignment with other WMCA-led strategies and programmes</li> <li>• To recommend and endorse bids for government funding to the WMCA Board.</li> <li>• To collaborate with those external organisations that also have responsibility for wellbeing delivery and policy.</li> <li>• On behalf of the WMCA, to lead dialogue with the Government on the West Midlands wellbeing agenda, and as part of devolution negotiations with Government, to lead on developing propositions and asks that relate to wellbeing policy and delivery.</li> <li>• To understand and influence the interdependent health and social care system within the West Midlands.</li> <li>• To influence NHS spend in West Midlands in pursuit of West Midland priorities</li> <li>• To provide a focus on total public sector commitment to population health commitments.</li> <li>• To provide political leadership for major system reform.</li> <li>• To influence and hold to account new national bodies which will have commissioning roles and play a major role in wellbeing in the West Midlands.</li> </ul>
Voting:	<p>All Members will have one vote each.</p> <p>The Chair will have a casting vote if required.</p>
Quorum:	WMCA Portfolio Lead + Third of Voting Members
Frequency:	Minimum of 4 times a year or more frequently as required to discharge its responsibilities