

# Living Well in the West Midlands

Lottery Ref No: WB/1/010224195

## BACKGROUND

The West Midlands has a population of around 5.3 million, almost 10% of the UK population, which is rich and diverse. The city of Birmingham - the largest Unitary Authority in Europe - for example, is one of the most youthful cities in the country, with a high rate of 18-24 year olds. It also has an ethnically diverse population and set to be one of the first cities in the United Kingdom with an ethnic majority by as early as 2010. Other parts of the West Midlands, such as Herefordshire, which is largely rural, are characterised by a much older and less culturally diverse population. These areas also have significant pockets of deprivation as well as affluence. Population growth is higher in most of the region's rural areas - average 60% between 1991 and 2002, compared with 1.4% for the region as a whole. These rural areas continue to experience net in-migration both from the urban areas of the region, and from other regions, however, this is balanced with net losses of younger people. Hence, although the region is known mainly by its urban locations of Birmingham and the Black Country, geographically the region is predominantly rural.

The West Midlands has a larger share of England's most deprived areas in terms of unemployment. The majority of these areas are in Birmingham, followed by Stoke on Trent, Sandwell, Coventry and Wolverhampton. These former industrial towns and Cities have, and are, experiencing significant change in employment markets and trends, which have impacted upon the health of local people.

The rural and demographic differences mentioned above, also affect how people access services. If you live in Birmingham, you live within 10 miles of 2 Foundation Trust Hospitals, 2 NHS Acute Hospitals, 2 Specialist Hospitals and within 20 miles of 6 private providers. However if you live in Herefordshire for example; a large rural area, there is only one Acute Hospital that may require a journey in excess of 50 miles. In addition rural Counties have to meet the needs of varying numbers of travellers and seasonal workers that also have different needs in terms of access (**Source Dept of Health**)

Research in the West Midlands into food access has identified that people who need to shop locally due to living in a rural area, mobility or transport difficulties, have fewer choices of food and an even greater cost to pay.

A comprehensive study undertaken by Staffordshire County Council found that in low-income areas, the lowest priced items in local outlets were, on average, 37% more expensive than the equivalent items available in town supermarkets which are difficult to access without a car. A 'healthier diet' could be up to 88% more expensive.

"Tackling the causes of ill health and reducing inequalities are key priorities in the West Midlands, projects that help to create increased use of facilities for leisure and exercise and that raise awareness of ways to make healthier lifestyle choices are needed to make a real contribution to improving public health in the region."

*Dr. Rashmi Shukla, West Midlands Regional Director of Public Health*

### **Obesity - a ticking time bomb**

The West Midlands has some of the highest rates of obesity in relation to the Government Office Regions in the Country. For women it ranks as the highest, men as the fourth, and children the third. If no action is taken the region will be ranked second highest for obese children by 2010.

- 29% of women are obese;
- 31% of women are overweight;
- 23% of men are obese;
- a further 43% of men are overweight; and,
- 15.8% of children are obese.

The main factors associated with these rising levels of obesity, particularly among children, are poor diet and an inactive lifestyle.

### **Life Expectancy**

Life expectancy in the region is significantly lower than the national average. The 2001 National Census showed that 13.5% of the population of the West Midlands was living in the 10% most deprived areas of the country. For example those living in the conurbations of Birmingham, The Black Country, Stoke and Coventry have a life expectancy of 4 years less than those living in the rural parts of the region such as Shropshire, Herefordshire and Worcestershire.

Even within the conurbations there can be a significant difference of life expectancy for example a boy born in Heart of Birmingham Primary Care Trust area will have the lowest life expectancy in the West Midlands at 72.2 years, whilst a boy born in Solihull Primary Care Trust area will have the highest at 76.7 years.

The Chart shown on the next page clearly demonstrates the life expectancy of people living in different wards across the region.

## Life Expectancy by Ward of All Persons for Selected Sections of the West Midlands Rail Network



## **Influence and impact of mental health**

The case for action is based on the relationship between good mental health (which is a worthwhile end in itself), and improved outcomes for:

- physical health
- education
- employment
- parenting
- relationships
- crime
- health behaviors

Many people in the region will have symptoms of mental distress that do not reach clinical levels but would benefit from mental health promotion information and support. Even small improvements in mental well-being contribute to improved physical health, productivity and quality of life, for both clinical and non clinical populations. Self reported health status correlates more closely with life satisfaction than objective health status, suggesting that mental health is an important mediator of overall health. Therefore, addressing mental health difficulties will make a significant contribution to achieving *Choosing Health* targets in all areas. ***Making it Possible Improving Mental Health and Well-being Department of Health/CSIP (2005)***

## **Poverty**

The West Midlands has a larger share of England's most deprived areas with regard to unemployment. The majority of these areas are in Birmingham followed by Stoke-on-Trent, Sandwell, Coventry and Wolverhampton.

Levels of unemployment vary across the region as do those people actively seeking work. There are also a number of 'economically inactive' people, mostly sick and disabled, lone parents and carers who want to work. Our portfolio focuses on significantly increasing the opportunity for volunteers to be actively involved in project delivery; this is recognised as being a first step for many people on the ladder into employment.

Recent figures (***Job Centre Plus***) for people receiving incapacity benefit, show the West Midlands has 245,400 claimants, of which 94,600 are claiming for reasons associated with mental ill-health.

“On almost any measure of vocational and educational attainment, the West Midlands is one of the poorest performing regions in the UK, so anything that can be done to tackle problems which threaten health and well-being must be a good thing. It’s by bringing together the skills of the health, local government, education, voluntary and environment sectors that we can really make the West Midlands a better place to live.”

*Katie Martin, West Midlands Development Manager of Groundwork,.*

## **The Project: Living Well In the West Midlands**

This project includes a portfolio of projects across the West Midlands which offers the opportunity for the BIG Lottery to fund a region-wide initiative which combines the strands of promoting good mental health and preventing mental ill-health, increasing healthy eating and physical activity. These strands will make a significant and long-lasting contribution towards the reduction in regional obesity levels, improved mental health and greater participation in physical activity. The added value flowing from this will be the likely reduction in working-days lost to illness, increased school attendance, fewer appointments with GP surgeries and A&E units.

This will be achieved by the delivery across the entire region of 27 different projects. Led by the 14 Top Tier Local Authorities, the portfolio encompasses a wide range of partnership arrangements including a diverse mix of large and small VSOs, Public Service agencies such as Primary Care Trusts, Police and Fire Service. The project will be directly delivered by 43 Voluntary Sector Organisations (VSOs), the portfolio will directly reach in excess of 600,000 individuals and impact upon many more.

The projects within the portfolio present a range of new and innovative ideas to promote health and wellbeing to a variety of beneficiary groups. These include school children, young Asian girls, employers and employees, mothers and sedentary groups.

An example of a project within the portfolio is the Activator Project proposed by Telford and Wrekin:

This project will deliver a volunteer led community based exercise programme working with women (aged sixteen years and above) to increase participation in physical activity particularly aimed at those living in areas of deprivation. The project will utilize existing community facilities such as community centres, leisure centres, church halls, school facilities and outdoor facilities such as parks, school playing fields and open spaces.

Two part time local people will be recruited into an Activator/Instructor role that will in turn recruit, train and support 4 teams of volunteers (40 women) from the communities within the school and community clusters to deliver a range of multi activity exercise classes for women.

Volunteers will be trained by the local college of further education and obtain a recognised qualification in exercise provision. This will enable them to offer a range of activities including aerobics, walking, running, badminton, gym based activities, dancing.

Portfolio projects working towards similar objectives are being grouped into 'clusters'. These clusters will help to promulgate best practice, share resources and evaluation data to help build the individual capacity of each areas project outputs and outcomes.

<b>Work Area</b>	<b>Project Clusters</b>
Employer initiatives	Birmingham, Worcestershire. Dudley.
Mental Health	Stoke on Trent, Staffordshire, Warwickshire.
Physical Activity	Dudley, Shropshire, Telford & Wrekin
Healthy Eating/ Retail	Dudley, Wolverhampton, Sandwell, Solihull.
Schools	Staffordshire, Herefordshire, Wolverhampton, Staffordshire, Walsall.
Local Neighbourhoods	Dudley, Herefordshire, Sandwell, Warwickshire.

The Regional Assembly will also deliver a discreet regional communication strategy for the entire portfolio. This work will see the development of a programmed media campaign working across area boundaries to promote the messages of the BLF Wellbeing Programme, activities available locally, and the impact that the joined up approach across the region is having.

The Regional Assembly also intends to share data from its monitoring and evaluation programme with other regions delivering the Lottery's Wellbeing programme. It is hoped this will help to provide detailed and robust information that Lottery can use in analysing the impact of the programme across the country.

As part of the development of this portfolio the Regional BLF Steering Group has used a transparent system for ordering individual local projects into a priority order as required by the Lottery. A simple marking scheme; where 1 represents a perfect project fit and 10 represents a poor fit, was used to assess projects on the following criteria:

- Meets BLF desired outcomes
- Deliverability
- Value for money
- Robust risk assessment

A weighting was then applied to the markings with the project fit to BLF outcomes carrying greater weight than (for example) a robust risk assessment.

This process clearly identified Birmingham has having a unique bid, both in terms of its structured approach to commissioning and tendering with an element of competition among VSOs, the number of beneficiaries and the manner in which the programme will be delivered.

It targets 11 key wards of deprivation and as such has to be considered in its own right due to the size of the conurbation and the excellent VSO commissioning model that others can learn from and that can be used as best practice in this field of work. Its project delivery through the compact with VSOs engages them at a very early stage enabling significant up-skilling of VSOs and real potential for mainstreaming through the Birmingham Strategic partnership. Birmingham also brings to the project £600,000 of match funding. The region as a whole will bring in total match funding of £1,436,362 this equates to a 21% of the monies sought from the Lottery.

## **Project Delivery**

One pillar of the Government's current reform agenda is greater plurality of provision. The purpose of cultivating a larger and broader range of providers is to increase capacity, encourage innovation and improve user responsiveness. Voluntary Sector Organisations represent one important set of providers, whose potential the Government is seeking to utilise fully. It is often argued that organisations within the third sector have a better understanding of clients' needs and can often respond to those needs in a more flexible way than organisations in the public or private sectors. It is clear that many third sector organisations are delivering high quality, patient focussed and efficient services. This is supported by the Department of Health report '*Third Sector Mapping – Feb 2007*'

This report contains the results of research commissioned from IFF Research Ltd by the Department of Health to examine the potential contribution that third sector organisations can make to the delivery of health and social care.

The research involved surveys of third sector organisations and local authorities. As can be seen from the individual projects a strong arm of our bid then, is the delivery of this BIG Lottery project by and through VSO's. In the West Midlands the Regional Assembly and Local Authorities are positive about services provided by VSO's and keen to promote their involvement in more local service delivery.

In the region such organisations already provide good value for money, high quality and responsive services. Indeed working with and through VSOs to deliver services to the public and hard to reach groups is deeply embedded within the regions infrastructure. We have longstanding regional networks and our lead umbrella organisation for the VSOs – Regional Action West Midlands (RAWM) is recognised at a national level as leading the field in this area.

The potential and scale of ambition among existing third sector providers is significant. The vast majority of VSO's in the region have the ability to provide more service than they currently do if the funding existed. A successful outcome to this proposal would facilitate capacity building with 270 VSO's and mean that through their ability to talk with hard to reach groups the regions ability to deliver the project and its impact upon beneficiaries will be unrivalled.

In addition the role that the workplace can and will play in the delivery of the bid is significant. This setting is often neglected but represents a unique opportunity for our portfolio to share responsibility for well-being with employers.

Equality and diversity are at the heart of the portfolio, ensuring that the diverse needs of the West Midlands Community are met. To aid the development process we have consulted with "Sporting Equals" the Sports Equity Alliance (SEA.) and will continue to liaise with this unique alliance to better understand the needs of our beneficiary groups and take all of the necessary steps to engage with them.

We are also putting in place mechanisms to ensure that the lessons learned are shared throughout the sport/physical activity sectors, as well as the equality and health sectors.

The project delivery will make use of the current infrastructure for physical activity, mental health and healthy eating, linking programmes to regional, sub regional and local networks already in existence such as the Physical Activity Network, Food Network for the West Midlands and CSIP Mental Health Standard One leads and VCS Networks. At a sub regional level the County Sports Partnerships will be able to provide support to the fourteen local areas physical activity programmes, ensuring that the development of programmes is linked to strategic need and delivery, aiding the aligning of further funding sources and monitoring and evaluation through the delivery system for sport. At a local level the physical activity elements of the programmes will also be linked to the developing Community Sports/Physical Activity Networks across the region, as the local element of the delivery system for sport, which will be hubs to galvanise local action, address local needs and ensure that the programme is linked into a sustainable network to enable participation legacies to be generated. Project delivery around mental health outcomes will link with and contribute to the delivery of local Mental Health Promotion and Suicide Prevention Strategies.

## **Project Need**

A three-pronged approach to determining the health needs of the people of the West Midlands has been utilized in the development of the “Living Well in the West Midlands” portfolio:-

1. A mapping exercise of current provision for physical activity, healthy eating and mental health provided a gap analysis of regional priorities. This was completed using the expertise of regional partners and networks e.g. Regional Food Policy group, the Physical Activity Network for the West Midlands and CSIP Mental Health Standard One leads.

2. Health needs in the West Midlands have been captured and documented in several regional research papers and documents which provide detailed statistical analysis of the regions health. For example:-

- Choosing Health for the West Midlands – sourcing statistical data from the Health Survey for England;
- The West Midlands Regional Health and Lifestyle Survey (2005), including the NIMHE (National Institute for Mental Health in England) annex (WMRO and WMPHO);

- Mapping the contribution of the voluntary and community sector to the economy of the West Midlands (2003);
- IMD 2004 Deprivation Quartile; and,
- Active People Survey (2006.)

3. The fourteen top tier Local Authority areas and their partners have provided details of their needs to enable the alignment of the regional portfolio to meet the needs of our communities in the West Midlands. This enabled us to ensure that the strategic needs of the region were fully aligned to local need as part of the development of this portfolio.

Information from the above combined with continuing research as outlined in the 'Background' section of this paper has helped highlight the following areas which give cause for concern and which this portfolio of projects seeks to address:

#### ***Healthy eating, food access and environment***

- People who need to shop locally due to transport or mobility difficulties have fewer choices of food at a far greater cost;
- Children eat on average only 2 portions of fruit and vegetables each day and those from the lowest social groups tend to eat 50% less than those from the highest social group (NDNS, 2000); and,
- 80.2% of people in the most deprived areas do not eat 5 or more portions of fruit and vegetables per day.

#### ***Health and physical activity***

The statistics from the Health Survey for England 1998 highlighted the low levels of physical activity undertaken in the country. The Active People Survey produced by Sport England (2006) supports these findings and paints a bleak picture of participation in sport and active recreation within the region and the significant impact this has on mental wellbeing, obesity, and time lost at work or school through illness.

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- Only 39% of adults take the recommended level of 30 minutes physical activity at least 5 days per week;
- The region has the lowest participation rate in sport and active recreation (19.3 per cent) compared with all the regions in the country (Active People 2006);

- Older people are less likely to be physically active and nearly one in three of those aged over 75 years say that they are not moderately physically active on even one day per week;
- People living in the most deprived areas are less likely to be active with 18.9% of people reporting that they do not take 30 minutes of moderate physical exercise on any day;
- The region has the lowest participation rate in physical activity in the country 19.3%;
- People from lower socio economic groups are less likely to be active;
- The West Midlands region is below the national average in participation rates for all priority groups (Active People 2006);
- Over 1.25million women and girls (16+) (58.1%) in the region are doing no moderate intensity participation of 30 minutes a week;
- Just over one in 10 (10.5%) of people in the West Midlands undertake the recommended health level of 5 x 30 minutes, through sport and active recreation; and,
- With regard to physical activity, RLS respondents with a mental health problem are significantly less likely to be undertaking recommended levels of moderate activity compared to those without a likely mental health problem.

### ***Health and Obesity***

- The West Midlands has the highest levels of obesity for women (29%) and the fourth highest for men (23%) compared with other English regions;
- The West Midlands ranks third (15.8%) of children in the West Midlands being obese; and,
- Forecasting 2010 suggests the region will have the second highest number of obese boys in the UK if no action is taken.

### **Mental Health**

There is public demand for better mental health in the region. Ensuring a greater focus on mental well-being was the second highest priority identified at the national 'Citizens' summit in Birmingham for the Our Health, Our Care, Our Say consultation in 2005. However, in the West Midlands:

- it is likely that around 70,000 children in the region are experiencing moderate or severe difficulties due to mental illness;

- the rate for suicide and undetermined death is the third highest among English regions;
- People experiencing the poorest mental health, are more likely to be unemployed or long-term sick;
- 94,600 of all those claiming Incapacity Benefit in the West Midlands are claiming it for reasons related to mental ill health;
- Around 45,000 people experience stress, depression or anxiety caused or made worse by their work, resulting in an average sickness absence of almost 6 weeks in a year for each individual affected; and,
- People living in the most deprived areas, women and people from ethnic minority communities are more likely to be associated with poor mental health and poor overall health. With a very high proportion of people from BME backgrounds this fact has a significant impact on the region.

It is clear from the above statistics and messages that the region has considerable need of projects designed to improve wellbeing for its population, but the gloomy statistics fail to portray the many areas of opportunity that exist within the region and its people.

### **The benefits of delivery through the VSO**

Economic advances combined with inner City regeneration and existing projects are beginning to deliver real improvements to peoples lives. Many services are being delivered by local VSOs who have a 'can do' attitude which will greatly enhance the outcomes from this project. Their involvement in this work and Lottery funding will build their ability (and that of other organisations) to deliver more, faster and better. Also evidenced in The Third Sector Market mapping research report (DH 2007)

### **Regional needs and priorities**

A West Midlands Steering group (representing key local stakeholders from across the region including Department of health and Government Office) was formed and has worked to develop this portfolio. The group developed a framework for identifying and determining portfolio priorities, drivers for delivery, key themes and the outcomes, which has helped to deliver aspects of not only national but also regional strategy into the portfolio including;

- The forthcoming Regional Health and Well Being Strategy and the current work programme of the Regional Health Partnership.
- The Regional Sustainable Development Framework has been used in

the development of the portfolio to ensure that sustainability is a major focus from the early stages of project development and delivery.

- The Regional Plan for Sport - “Sign up for Sport” has 88 cross regional commitments to increase participation rates in sport and physical activity, developing the sporting infrastructure to enable mass participation, and support the legacy for the 2012 Olympic games.
- Strategies for the area include Regional Economy, Cultural, spatial and housing, targeting issues including active communities, sustainable development and enhanced well-being.
- The forthcoming West Midlands Charter for Mental Health and Well-being.

As detailed above, all of this takes into account VSO engagement agendas which form the backbone of our bid.

### **Priorities in the Region**

The mapping exercise of current initiatives highlighted priority themes:

- Widening access to opportunities for healthier behaviour and increasing capacity for the provision of appropriate activities at a local level;
- Increasing the capacity of the workforce and community to deliver healthier opportunities; and,
- Campaigning and social marketing of healthier choices;

One of the commonest misperceptions of social marketing is that it simply means social advertising. In fact, social marketing involves thinking about the whole marketing mix - of product, place, price, and promotion – and using it in the best way, to deliver the best benefits, to the target group.

- Monitoring and evaluating to increase the evidence base for specific interventions; and,
- Long-term sustainability

This project will deliver across all sectorial agendas and sit alongside mainstream health initiatives to significantly complement their existing delivery.

Table 1 below summarises the regional priorities under each of the key themes.

<b>Mental Health</b>	<b>Healthy Eating</b>	<b>Physical Activity</b>
Implementing “ <i>Making it possible</i> ” priorities	Increasing awareness of healthy eating messages and changing attitudes. Improving access and availability of healthy eating opportunities	Widening access to appropriate activity opportunities for specific target groups; older people, women and girls, BME groups, people with disabilities, those on low income
Social prescribing and signposting to community resources	Extra Curricular Food in Schools activity	Increasing Active Travel in the region
Reducing mental health related unemployment	Campaigning and Social Marketing	Campaigning and Social marketing
Tackling unemployment and insecure employment	Develop skills to deliver lunch box and cooking sessions in the community	Family activity and extra curricular activity for children and young people
Marketing mental health and well being messages	Community based food and health activity	Developing sport and recreation programmes for older people
Mainstreaming mental health across public health	Promoting workplaces as a role model for healthier Eating	Peer support training and mentoring for people in the community through access to training opportunities
Improving physical care of mental health service users	Increase training opportunities available for people in the community	Increasing activity
Suicide prevention	Increase capacity to strengthen delivery at a local level.	Increasing activity in further and higher education students
Increasing capacity across communities to Promote Mental Health	Promoting 5 a day	Promoting Workplace activity

## **The Portfolio Consultation process**

An extensive local and regional consultation process has taken place to identify project needs and how these align with regional and national priorities. Input was received from key regional steering and stakeholder groups, including;

- the Regional Food Policy Group;
- Standard One Leads of the NSF for Mental health (the implementation of Standard One of the National Service Framework for Mental Health);
- The Physical Activity Network for the West Midlands;
- the six County Sports Partnerships in the region;
- Regional Action West Midlands (RAWM) (the regional VSO umbrella organisation), and;
- Local Strategic Partnerships.

We have ensured that in addition to adding value to already existing programmes, that the proposed three year portfolio will deliver new and innovative projects.

An event held in May 2006 was used to gauge interest from local and regional partners which led to their involvement in developing the bid and establishing a clear way forward including the development of an interim steering group to manage the development of the proposal.

A summary of the meeting was disseminated across the region to each of the 14 Top Tier Local Authority areas and cross regional partners. A follow-up event to discuss the proposals and agree the way in which the portfolio would be developed was held. The fourteen Local Authorities identified Local Communication Leads and completed a template detailing local needs and priorities. Potential delivery programmes to meet the needs and the infrastructure required for delivery at a local level were then produced.

There followed the establishment of local project steering groups which have helped to further formulate and develop local projects and delivery partnerships.

As part of the Stage 2 development grant given by the Lottery a Handbook was produced to guide local projects through Stage 2 and to bring uniformity to project construction across the region. A workshop event with the Local Communication Leads for each project area was held to explain the handbook and the requirements of the Regional Assembly. A copy of the handbook is attached in the appendices.

Following the bid progressing to Stage 2 of the application process each of the 14 Top Tier Local Authorities submitted to the West Midlands Regional Assembly a fully completed local project proposal. These detail yearly budgets, risk analysis, VCOs and other partnership arrangements, sustainability, draft service level agreements and other supporting documentation. Copies of these individual proposals, now adopted as the 'regional portfolio' are shown in full in the supporting folders.

## Project Outputs

The entire portfolio will see 236,384 people benefit from healthy eating interventions during the 3 year lifetime of Lottery funding. The capacity of 90 VSOs will be built, and a further 250 additional organisations will benefit from involvement in project delivery/participation and awareness raising about healthy eating.

Project Year	Individuals	VSOs	Community Organisations	Employers
Year 1	55,000	26	62	46
Year 2	58,000	32	70	48
Year 3	65,384	32	118	50

The programme of mental wellbeing will deliver interventions to 246,629 individuals, 94 VSOs, 180 additional community organisations and 780 employers. This can be broken down as follows:

Project Year	Individuals	VSOs	Community Organisations	Employers
Year 1	75,200	27	50	200
Year 2	90,000	35	70	280
Year 3	81,429	32	60	300

Work to improve the physical activity being undertaken by individuals will be delivered to 125,610 people during the three year project, with capacity building work being delivered to a further 84 VSOs and an additional 565 community groups becoming involved in project delivery/participation.

We will assist 300 employers to adopt and implement strategies to promote physical and mental wellbeing through physical activity and healthy eating.

This represents a significant number of people, however, with 38 local authorities this equates to 833 people per Authority, or 5,310 for each county (**physical activity outcome only.**) Within each local authority and each county we have a massive number of organisations.

With joined up action under Wellbeing in the West Midlands if each organisation i.e. a school, a workplace, a PCT, a sports club, a district council etc increases participation in physical activity by 10 or 5 we will reach our targets with ease.

Project Year	Individuals	VSOs	Community Organisations	Employers
Year 1	39,000	25	165	50
Year 2	45,000	30	200	50
Year 3	41,610	34	200	50

Specific outputs and outcomes for each project are shown on the individual project bids; however as an example of the SMART outputs we will be delivering we show full outputs for Staffordshire below:

- 72 partner organisations will deliver 119 runs of 8 x 3 hours Wellbeing Workshops to 1220 individuals over 3 years including education on the link between physical and mental wellbeing and understanding and access to a range of types of exercise.
- 35% of Wellbeing Workshop beneficiaries (**427**) will participate in at least 30 minutes of moderate intensity sport and active recreation, (including recreational walking) on 5 or more days a week for a period of not less than 3 months.
- A further 15% of Wellbeing Workshop beneficiaries (**183**) will participate in at least 30 minutes of moderate intensity sport and active recreation, (including recreational walking) on not less than 3 or more days a week for a period of not less than 3 months.
- 397 Staffordshire schools are given on-line access to good practice guidance for school grounds development within 12 months of the start of the project (available throughout the 3 year programme period)
- 3 grounds development good practice briefings delivered, each reaching approximately 15 schools in Year 1
- 4 grounds development good practice briefings delivered, each reaching approximately 20 schools in Year 2
- 12 schools, involving 350 people in each school community, directly supported to develop their grounds (**4,200** beneficiaries in total) using best practice approaches over Years 2 and 3.

## **Project Outcomes**

In addition to the 'hard edged' outputs we shall be looking for softer (yet measurable) information to demonstrate the difference Lottery funding is making to health of citizens in the region.

We shall incorporate a number of 'individual journeys' taken by people participating in the programmes, and look to case studies as part of measuring and monitoring outcomes.

Our outcomes will also help to deliver the sustainability of projects reaching out and influencing the hearts and minds of individuals and groups in the long-term helping them to embed a healthier lifestyle and wellbeing into their daily lives.

We will also be feeding evidence from the monitoring and evaluation aspect of the outputs into mainstream organisations, thereby helping them to appreciate the real difference continuing project work can have on improving the health of the region.

"Living Well in the West Midlands" will achieve a number of key outcomes:

- 140,971 people in the West Midlands (of which 124,054 directly as a result of Big Lottery Funding), are more active as a result of exposure to the Well-Being Programme over three years of the programme, contributing to the 1% year on year rise in the sport and active recreation levels in the regions population (as measured by Active People)
- 25,059 people in the West Midlands (of which 22,051 directly as a result of Big Lottery Funding), eating more healthily as a result of exposure to the Well-Being programme over the three years of the programme, contributing to an increase in the % of people reporting eating 5 portions of fruit and vegetables a day in the West Midlands Region (as measured by the Health Survey for England)
- 141,727 people in the West Midlands (of which 124,719 directly as a result of Big Lottery Funding), have improved mental health as a result of exposure to the Well-Being projects over the three years of the programme.

## ***Physical Activity***

For the Physical Activity part of the portfolio our outcomes have been designed in conjunction with Sport England and add value to overarching Government objectives.

The overarching objective is to increase levels of participation in physical activity

at a population level contributing to better health and well being, increasing individuals' aspirations for an improved quality of life and transforming the way communities perceive their wellbeing.

#### Outcomes measured

- **Contribute to** the 1% year on year increase in Sport and Active Recreation levels in adults from priority groups (Active People).
- **Contribute to** increase in walking and cycling levels (DfT & Active People)
- Decrease in % of adult population doing no activity. (Active People)
- **Contribute to** % increase in no. of qualified trainers, coaches and volunteers at population level and from priority groups.
- **Contribute to** % increase in people understanding physical activity messages, its implications and requirements.

The above information will be measured through the data collected by Active People, Department for Transport, programme data and Sport England Volunteering Data and local records.

For outdoor activities we will look at:

- A contribution towards a % increase in use of Parks and Countryside services for physical activity (***Local Parks and Countryside data***)
- A contribution towards increased usage of local community leisure facilities (***Leisure facility records***)

For increased Confidence, efficacy and Well being we will examine and record the % of people feeling more confident as a result of attending programmes.

#### **Mental Health**

**Outcomes** Our ultimate outcome for mental health is to achieve **improved levels of mental health and wellbeing in the region**. As little hard data currently exists to give baseline information we propose the use of the new Warwick Edinburgh Mental Well-being Scale (WEMWBS) to demonstrate baseline data and assess the projects impact post intervention.

As part of the above we will measure:

- A contribution towards a % increase in levels of knowledge and

- understanding of mental health protective factors;
- A contribution towards a % increase in levels of knowledge and understanding of mental ill health; and,
- A contribution towards a % increase in knowledge of mental health and well-being services and how to access them.

As a region we are also looking to **reduce the levels of stigma** faced by people with mental health issues. We will measure:

- % involvement of service users/community members in designing and delivery of projects/programmes; and,
- A contribution towards a % increase in knowledge of and access to mainstream services/activities to improve physical activity levels and healthy eating.

We will also assess the **increase in purposeful activity by people within vulnerable groups**; this might be manifested through employment, education or community volunteering. As proxy indicators we will measure:

- A contribution towards a% increase in take up of education opportunities; and,
- A contribution towards a % increase in take up of volunteering opportunities.

Through the employer initiatives cluster we will measure **improved mental health and well-being at work**. As proxy indicators we will measure

- A contribution towards a% increase in take up of employment opportunities for vulnerable groups;
- A contribution towards a% increase in job retention, job satisfaction and recruitment; and,
- A contribution towards a% reduction in absenteeism and staff turnover.

**Further Potential Outcome indicators will be:**

- **Increased resilience and improved life problem-solving skills** - %increase in individuals skill acquisition to protect their own mental health; and,
- **Improved levels of support within the community** % increase knowledge of and take up of mental health and well-being services/support e.g. self-help, peer support, mentoring and professionally led treatment options/alternative therapies.

We shall also support the development and use of mental health impact

statements that can be used to assess the impact of a range of inter-sectoral initiatives on mental health, in the same way that environmental impact statements are used.

Through the regional communication strategy we shall involve the media in a coordinated, multi-strategic approach by integrating key mental health messages that promote mental health, reduce stigma and encourage early awareness of potential mental ill-health needs.

## **Healthy eating**

The workplace offers a prime opportunity for increasing consumers' awareness of healthy eating. Employers, in both the public and private sectors are in a position to make a major contribution to 'getting the message across' for they have the potential to offer an environment in which to encourage employees to make healthy eating choices.

Part of this portfolio will work with employers to ensure staff canteens provide, to a much greater extent, a selection of foods from which their employees can choose healthily balanced meals. Employers will be encouraged to introduce more widely into workplace vending machines a range of healthy foods.

The Regions Strategic Health Partnership and Regional Assembly recognises it will be impossible to reduce obesity through the combined actions of healthy eating and increased physical activity within the three year scope of this project. What funding will facilitate, however, is a significant slowing down in the rate at which obesity levels are currently growing.

- **Contribute to** an increase in the Number of established cooking clubs in the region;
- **Contribute to** increased knowledge of health eating messages and requirements;
- **Contribute to** a % increase of "5 a day" consumption; and,
- **Contribute to** an Increase in the number of people trained to deliver healthy eating sessions.

## **Project Management**

The West Midlands Regional Assembly was established in 1999. The Assembly's work is funded by central government departments (mainly CLG) along with project related funding from Advantage West Midlands, Forestry Commission, and English Regions Network. The main Assembly consists of 100 nominated Assembly Members: 68 from local authorities, 16 from the business sector, and 16 from other stakeholder groups (trades unions, health, FE, HE, culture, housing associations, environment, parish councils, voluntary and community sector, black and minority ethnic community, disability, gender age - both older and young people and faith communities). Decisions are taken through the Assembly Board.

The Composition and structure of the Regional Assembly is such that there are procedures already in place for managing the legal requirements, service level agreements and employment issues of this project. In particular the Regional Assembly has a staff handbook, which includes policies and procedures for recruitment and selection, training and development, sickness, secondments, equal opportunities, health and safety and many other established management protocols.

The portfolio will be managed by the West Midlands Regional Assembly as the accountable body, supported by a BLF Regional Steering Group of key partners from other policy areas; e.g. Equality and Diversity and Local Area Leads from the voluntary and community sector, PCTs, Health Trusts and Local Authorities. The BLF Steering Group has been formally constituted and a list of members and terms of reference is shown at appendix 7.

The West Midlands Regional Assembly will recruit a "Living Well in the West Midlands" Project Team (three people) to oversee the delivery of the regional portfolio. Part of its remit will be to ensure robust service level agreements are in place, establish clear lines of communication for data and information exchange, co-ordinate regional media activities, regularly ensure projects are delivering agreed outputs and outcomes on time and to budget, liaise and report to BIG Lottery and approve release of funding to identified projects.

This team will comprise of a Programme Director with relevant experience in

large scale programme operations and delivery, also possessing the ability to work strategically with regional and local partners to meet the programme objectives, this will include the ability to problem solve and manage risks. The Programme Director will report directly to the Chief Executive of the Assembly. PRINCE 2 project tools and techniques will be used by the Programme Director and BLF Regional Steering Group to monitor the projects progress along the critical path.

In addition the team will include one Policy Officer, a Support Officer and ancillary support staff who will work across the themes of physical activity, mental health and healthy eating. Job descriptions and person specifications for the project team have now been fully developed and these are shown at appendix 9. As these are new posts they will advertised by the Regional Assembly and be open to competition

The 10% project management costs of the programme include the employment of the posts that make up the Project Team. Anticipated additional Project Management costs will be met by the Regional Assembly, thus ensuring a robust management structure is in place and functioning at an appropriate level.

The core three posts of the project team will be solely dedicated to managing the portfolio.

The Regional Assembly currently operates as a policy making and delivery organisation, however, it is envisaged the project management team will be 'hands on' staff, travelling the region to see for themselves the progress individual project are making and to constantly steer projects towards delivering agreed outcomes and to time and budget.

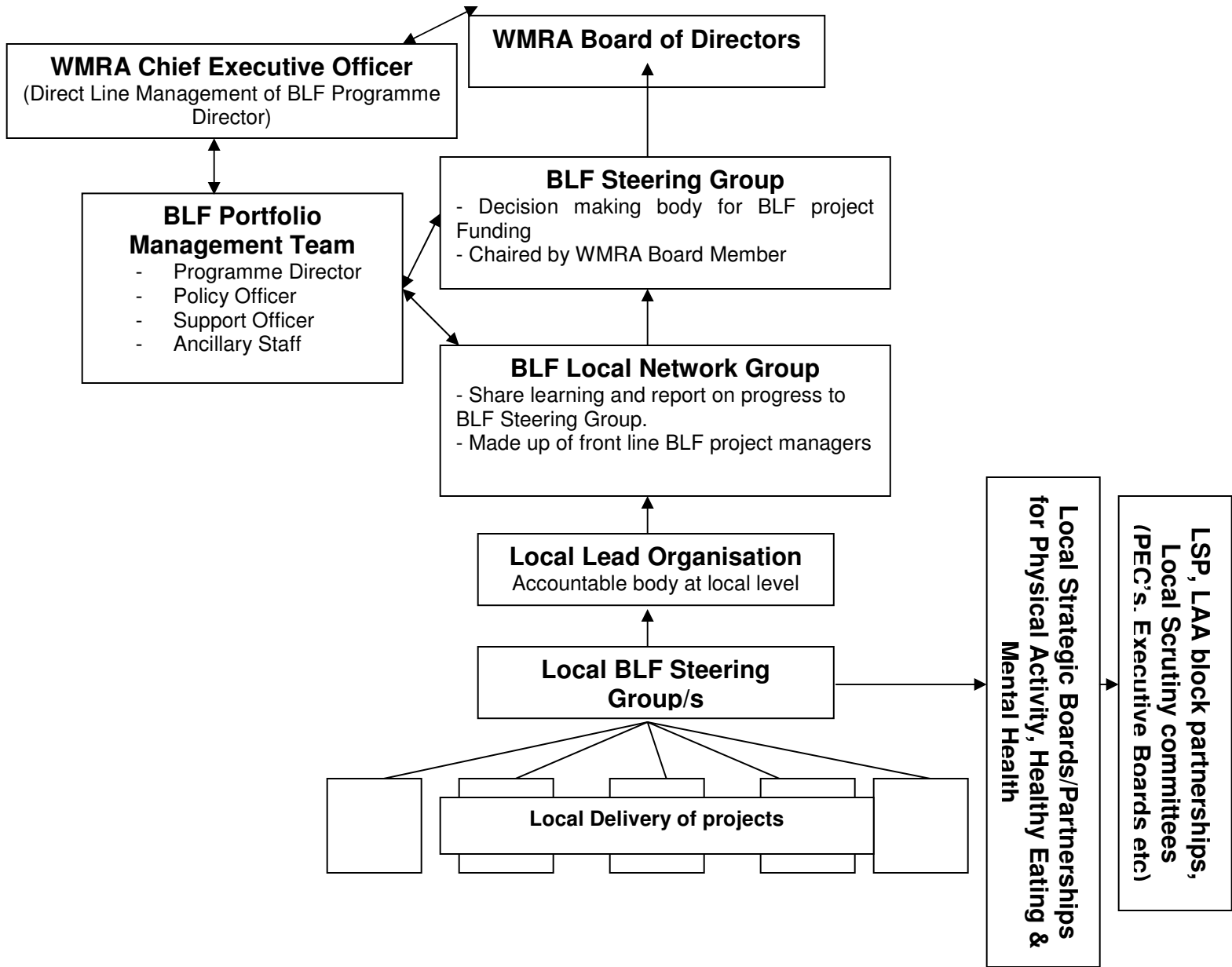
As part of this work will involve visiting projects involving children, the Regional Assembly is putting in place its own child protection policies to safeguard children and staff

The ancillary staff that will assist with financial, legal and administration duties will be provided under a service level agreement with the Local Government Association (The Regional Assemblies employing body) utilising existing staff with the appropriate skills and expertise.

All activities will be managed by the Project Team, supported by the BLF Regional Steering Group and local Project Networks (see diagram 2) A member of the West Midlands Regional Assembly Board chairs the BLF Regional Steering Group with the Programme Director as a deputy.

**Diagram 2: Management Structure**

**The Management Structure for the Living Well in the West Midlands Portfolio**



The BLF Regional Steering Group is already well established through the development process and is the 'decision-making body' for Living Well in the West Midlands. The Group has a clear and transparent remit and is tasked with agreeing funding to local projects, monitoring progress of individual local projects and regional objectives and reporting outcomes to the Big Lottery Fund via the Programme Director who will provide quarterly progress reports to the BLF Steering Group.

A network of Local Communication Lead managers and a network of Regional Co-ordinators have been established and are represented on the BLF Regional Steering Group.

They have worked to develop the bid for this Stage 2 application and subject to success, will provide a local focus for project delivery and will provide quarterly reports to the BLF Regional Steering Group on progress, issues and financial information.

Service Level Agreements will be put into place with each accountable body in the fourteen top tier Authority areas and in turn with organisations delivering the cross regional programmes. These contracts will detail the terms and conditions of the grant being received, ensuring that the funding and delivery of the programme outputs and outcomes is safeguarded.

Individual projects in each Local Authority Area will be managed by a local steering group on behalf of the accountable body. Requests to make significant changes (such as changes in delivery) to individual projects within the portfolio will be proposed to the Regional BLF Steering Group to ratify the changes and liaise with the Big Lottery Fund to ensure that the requests are able to be made within the current portfolio. Similarly, should it become apparent that a local project is failing to deliver or simply not working, the BLF Regional Steering Group would notify the Lottery and explore how monies allocated to that area might be re-focused to deliver, (possibly in the failing area) another project from the portfolio that is working well. This will ensure all Lottery money is used to achieve a real difference to individual lives.

Budgets for the programme have been fully developed by each area using a pro-forma budget toolkit. Copies of each area budgets are included as part of the individual project proposals. These show income and expenditure overviews for each area and in addition the BLF Regional Steering Group have developed a model for the 14 top tier authority areas with timescales for payments over the lifetime of the portfolio.

A separate cost account coding for Living Well in the West Midlands will be provided by the Regional Assembly.

Two signatories will be required for money to be released to individual [projects. The Regional Assembly has four nominated officers authorised to sign cheques and/or authorise BACS payments. These signatories include Olwen Dutton, Chief Executive, West Midlands Regional Assembly and West Midlands Local Government Association, and the Assembly's Finance Director.

Payments will only be made as agreed through Service Level Agreements and contracting procedures. Any interest earned on funds will be added to the fund total and used to support further project delivery.

### **Why is our organisation the best to deliver this portfolio?**

The West Midlands Regional Assembly is a partnership body that brings together representatives from the public, private, voluntary and community sectors. Partnership working is at the centre of Regional Assembly activities.

It has established a network of over 800 organisations enabling working arrangements involving the full spectrum of local authority, social, health, economic and environmental partners.

The West Midlands Regional Concordat provides a framework for partnership working between regional organisations and for the integration of regional strategies. Key partners in respect of this application are the Strategic Health Authority, Government Office and Department of Health. A copy of the Concordat is shown at Appendix 1.

The Assembly has a number of regional strategic partnerships covering areas such as housing, transport and health amongst others. The Regional Health Partnership focuses on developing a health improvement agenda for the region. This includes factors that affect people's health such as physical activity and diet and also looks at broader issues that affect health such as transport, housing and economic regeneration. The Partnership draws on the skills within the Government Office Public Health Group and the Health Impact Assessment Unit, based at The University of Birmingham. It is a multi-sectoral partnership bringing together a variety of public, private and voluntary sector groups and representatives. It promotes work across organisational and local authority boundaries. The Partnership maintains an open and inclusive approach and the Regional Director of Public Health acts as a focal point for advising the Assembly along with the two health representatives. The core functions of the Partnership include focusing on reducing health inequalities in the broadest sense, identifying, measuring and making recommendations in regional policy development, supporting regional research and good evidence policy making and disseminating good models of practice. The structure of the Assembly is shown

at Appendix 1.

Regional and local stakeholders involved in developing this bid were keen that given the Regional Assemblies experience and established partnerships in this area that it became the lead body for this portfolio of regional projects.

The Assembly has significant experience of contracting with various organizations to successfully deliver project work. A copy of the Assembly's Procurement and Tendering policy is shown at Appendix 5 and Guidance for Conduct in Financial Matter at Appendix 6.

The regional Assembly is then the ideal body to deliver this work; being as it is, the only organization with the capacity to manage such a large and diverse portfolio across the entire region. More information about the West Midlands Regional Assembly can be found on their website [www.wmra.gov.uk](http://www.wmra.gov.uk)

A copy of the Assembly's Articles of Association is shown at Appendix 2.

The Directors report and Financial Statements are shown at Appendix 3.

The Assembly's Equal Opportunities Policy is shown at Appendix 4.

## **Monitoring and Evaluation**

Evaluation is recognized as integral to the development of the portfolio and is a significant challenge given that there will be a diverse range of programmes and interventions being delivered. Whilst evaluation will be tailored to local projects, there will be generic health-specific outcomes and indicators that would be used to evaluate the population health impact of the portfolio at a local and regional level and their contribution to the BLF programme (creating healthier lifestyles and improving mental health and well-being).

Monitoring, data collation and reporting will be carried out by each local area and the West Midlands Regional Assembly on a monthly and quarterly basis or as required by the Lottery.

We will carry out formative evaluation and testing during the lifetime of the programme; this will take the form of periodic self-evaluation the trigger for which will be a standing item on the Regional BLF Steering Group agenda and a standing item on each of the Local Project Steering Groups. We will also identify a small virtual panel of critical friends from each project to question and comment on approaches and materials in an ongoing way. Critical friends will be drawn from project beneficiaries, organizations with expertise in health care management, BME networks and fora, and VSOs.

We will also employ participatory methods with focus groups of beneficiaries (citizens and organizations) to enable their views to be taken into account; the formal mechanism for receiving beneficiaries' views through the focus groups will be a standing item at the local project management meetings.

In addition, each project beneficiary will be invited to evaluate the service, including evaluating training sessions; the analysis will be collated and analysed locally and centrally and the results will be published on Local Authority and Regional Assembly websites.

Beneficiaries will be asked to track their confidence in and knowledge of the aspect/s of the programme they have experienced directly or indirectly, as well as their satisfaction with the project, using a personal progress road-mapping technique at individual level.

These results will be fed into the formative evaluation through the individual project meetings and the BLF Steering Group meetings, and into the summative evaluation through the internal and external evaluators.

One of our preferred monitoring tools is the Warwick-Edinburgh Mental Well Being Scale (WEMEBS). This is because it is recognised as having significant improvements over the previous 'Affectometer 2' tool and crucially it's exclusively positive content fits better with lay views on what constitutes positive mental health. A more detailed overview of WEMEBS is shown at Appendix 10. However, we recognise that as the monitoring and evaluation aspect of this portfolio is to be offered for tender that whoever expresses interest may put forward alternative models.

An ***outcome-based evaluation*** process will be used to examine the portfolio's impacts, benefits and changes to the target beneficiaries. Whilst the outcomes evaluation will focus on short and intermediate change, a longer-term follow up six months after funding has ceased will be included to assess programme sustainability. It must be emphasised that the evaluation will be ongoing (but flexible) throughout the entire programme duration. All of which will be included in the Service Level Agreements agreed between the lead body and each partner.

Our vision is to see all projects in our portfolio deliver agreed outputs and outcomes to as many local people as possible. Whilst we appreciate the need and requirement for monitoring of beneficiaries we do not wish to overburden projects with paperwork or put off potential participants. We shall therefore take a wholly balanced view, looking at sampling models as one option to obtain and record data.

### **Outcome Evaluation Framework**

Three main components in outcomes evaluation will be used:

1. **Portfolio outcomes:** these indicate the actual impact/benefit for participants during and after the programme;
2. **Outcome targets:** specifically how much of our outcome we hope to achieve and by when.
3. **Outcome indicators:** observable and measurable milestones towards the outcome targets.

We will appoint an external evaluator to produce generic methods for data capture at a local level, and methodologies for assimilating and analysing information at a regional level. This appointment will be made through an external tendering process. The draft tender document is shown at Appendix 16. Whoever is appointed will advise on the development of baseline material and conduct of the formative and summative evaluations, and externally validate the results of the summative evaluation with partners, critical friends and beneficiaries.

### **Engagement of stakeholders**

This will be delivered through the 14 Top Tier Regional Communications Leads and Service Level Agreements to ensure that key groups are effectively consulted and engaged.

### **Data Collection**

Data collection procedures will be managed by Service Level Agreement criteria and will comply with Data Protection and Research Governance legislation, so that each project will apply a routine data collection process for central monitoring.

### **Analysis and dissemination**

Findings and good practice will be identified and disseminated to key partners and stakeholders, including Regional and Local Network Groups (physical activity/healthy eating) and utilizing e-mail networks, blogs, pod casts and websites. The development of Toolkits, local seminars and conferences will provide opportunities for data sharing and best practice promotion. An important part of this bid is that evaluation material will not merely be used to inform the BIG Lottery, data will be shared with Department of health and the Strategic Health Partnership to guide their future service delivery and help to mainstream many of the projects in this portfolio.

Links to other existing and developing partnerships will be made during the projects lifetime. This will enable us to disseminate learning from the project to a wide audience via web sites, blogs and pod casts. Such communication will help to assist the integration of VSO organisations with new partners to continue and develop the projects work in new and innovative directions following Lottery funding coming to an end.

Crucially practices and methodologies available to, and used by VSO (and other) organisations as part of this project which are seen to be good will provide models that can be rolled out.

Through the project many VSOs will be 'up-skilled' thus enabling them to have in place appropriate governance and delivery mechanisms that will enable them to go on, in a sustainable manner to deliver other projects (using this projects toolkits) thereby ensuring a further legacy from BLF funded work.

The underpinning philosophy of our evaluation will be a community action research empowering paradigm, designed to foreground the silent voice/s within target groups and to promote community empowerment on improving health and well-being in local areas.

### **Equal opportunities in our portfolio**

The portfolio recognises equality of opportunity for all participants and project employees and embraces the rich diversity present in the West Midlands.

Equality and Diversity is an important issue to the Regional Assembly and the development of Service Level Agreements will include the need to take account of equal opportunities. All groups/organizations will be required to provide policies and procedures relating to;

- Health and Safety;
- Child Protection;
- Risk Assessment;
- Vulnerable Adults;
- Equal Opportunities; and,
- Diversity

In line with the recommendations of the Strategic Review, the West Midlands Regional Assembly established a Regional Strategic Partnership for Equality and Diversity.

The membership of this Partnership reflects key inequality areas, such as age, disability, religion and belief, sexual orientation, transgender, women and men, race, as well as the business, statutory and voluntary and community sectors and

also Government for the West Midlands and Regional Development Agency. It holds the lead policy responsibility for addressing Equality and Diversity, Community Cohesion and Social Inclusion issues within the region and is responsible for advising the West Midlands Regional Assembly on these matters.

The Partnership also works closely with central government in the development and delivery of government objectives, such as the regional presence for the new Commission for Equality and Human Rights which is due to come into being in October 2007. Further details of the Partnership's work can be found on [www.wmra.gov.uk/equalities](http://www.wmra.gov.uk/equalities)

The Regional Health Partnership fulfils its purpose through collective commitment and resources of its members and is committed to equality, diversity and social inclusion. As part of the development of the proposal for the West Midlands portfolio, a set of values were developed which included the need for a fair and transparent decision-making process and the process to develop the bid to date has reflected this.

The West Midlands Regional Assembly is a signatory to the Regional Concordat and aspires to the principles therein, in particular;

- Commitment to reducing inequalities in the region;
- Meeting the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion and creating equal opportunities for all;
- Actively promoting effective, participative systems of governance in all levels of society, engaging people's creativity, energy and diversity; and,
- Ensuring a strong healthy and just society.

The Regional Assembly's approach to equality and diversity and identifying how regional partners should work together to address common priorities, has been subject to a strategic review. The Review follows the publication of the Department of Trade and Industry's White Paper, Fairness for All, which proposed a single Commission for Equality and Human Rights with a presence in each region. The identification of needs within the West Midlands has enabled this agenda to be taken forward over the last 12 months effectively, which included numerous consultations with key stakeholders from across the region as well as a regional leaders summit in January 2007 at which Meg Munn MP, Minister with this responsibility for CLG, was the keynote speaker.

In addition to the above, each of our local projects contained in the regional Well

Being portfolio will meet the BIG Key Equality Principles in the following ways:

The programmes will Promote Accessibility by physically locating project delivery in community locations and in areas where we know the majority of beneficiaries will reside. We will ensure this is done with regard to local sensitivities in areas where certain wards are associated with particular ethnic groups.

By offering wellbeing promotional services online we will reach a wider audience, and we will do this by linking in with local ICT initiatives and existing and emerging communications gateways and pathways used by different sections of the community.

The programmes will Value Cultural Diversity by recruiting paid and volunteer project workers and critical friends from local communities. We will also achieve this by translating material into community languages and ensuring that we address language and cultural diversity issues in the development and delivery of training.

The programmes will Promote Participation by drawing members of steering groups from the local community to steer the development of the projects. We will also include marginalized groups e.g., smaller BME VCOs, women and men within groups, and new sections of the community as well as more established "voiced" sections of the community. This will involve innovative working methods in order to be able to include some sections of the community.

The programmes will Promote Equality of Opportunity by ensuring that paid and volunteer staff recruitment, selection, training and development takes place in line with good practice in human resources management.

**Regional Milestones**

Milestones for the first year	Outcomes
In the first six months we will have:	
Advertised for Project manager and Regional Assembly staff	1,2,3
Appointed Project manager and staff	1,2,3
Tendered and appointed an external evaluator	1,2,3
Implemented generic data capture/monitoring information	1,2,3
Detailed project delivery plan agreed and signed off using Prince 2 project management methodologies	1,2,3
Put in place a regional work breakdown structure	1,2,3
Held LCL meeting to detail project reporting requirements	1,2,3
Signed off SLAs with each Local area	1,2,3
Regional media launch of Lottery funded regional Wellbeing programme	1,2,3
Commenced delivery on 10 of the 14 projects	1,2,3
Held first and second regional Steering Group meetings	1,2,3
Established regional critical friends panel	1,2,3
Held first regional critical friends meeting	1,2,3
Reviewed project risk assessment	1,2,3
Rolled out project web site/blog	1,2,3

In the second six months we will have:	
Reviewed first six months of operations	1,2,3
Produced an interim report for stakeholders and Lottery	1,2,3
Commenced delivery on remaining 4 projects	1,2,3
Reviewed anticipated expenditure against actual expenditure of all projects after 6 months of operations	1,2,3
Reviewed progress of delivery of agreed outputs and outcomes as detailed in SLAs and this project portfolio	1,2,3
Held second meeting of regional critical friends	1,2,3
Held a gateway review with each of the local projects	
Held review meeting with local project leads	1,2,3
Held 3 <sup>rd</sup> and 4 <sup>th</sup> Regional Steering Group meetings	1,2,3
Held the first regional Wellbeing conference	1,2,3
Produced end of year report	1,2,3

<b>Milestones for the second year</b>	<b>Outcomes</b>
<b>In the first six months we will have:</b>	
Reviewed the first year of operations	1,2,3
Evaluated first years data	1,2,3
Begun to feed data to regional partnerships to inform future sustainability by building projects into mainstream	1,2,3
Held 5 <sup>th</sup> and 6 <sup>th</sup> Regional Steering Group meetings	1,2,3
Reviewed and renewed SLAs where appropriate	1,2,3
Held third meeting of regional critical friends	1,2,3
Held review meeting with Local project leads	1,2,3
Updated project website/blog	1,2,3
<b>In the second six months we will have:</b>	
Reviewed last six months of operations	1,2,3
Produced an interim report for stakeholders and Lottery	1,2,3
Held a Gateway review with each local project	1,2,3
Reviewed anticipated expenditure against actual expenditure of all projects after 18 months of operations	1,2,3
Reviewed progress of delivery of agreed outputs and outcomes as detailed in SLAs and this project portfolio	1,2,3
Held fourth meeting of regional critical friends	1,2,3
Held review meeting with local project	1,2,3

leads	
Held 7th and 8th Regional Steering Group meetings	1,2,3
Held the second regional Wellbeing conference	1,2,3
Produced end of year report	1,2,3

<b>Milestones for the third year</b>	<b>Outcomes</b>
<b>In the first six months we will have:</b>	
Reviewed the second year of operations	1,2,3
Evaluated second years data	1,2,3
Continued to feed data to regional partnerships to inform future sustainability by building projects into mainstream	1,2,3
Held 9 <sup>th</sup> and 10 <sup>th</sup> Regional Steering Group meetings	1,2,3
Reviewed and renewed SLAs where appropriate	1,2,3
Held fifth meeting of regional critical friends	1,2,3
Held review meeting with Local project leads	1,2,3
Updated project website/blog	1,2,3
<b>In the second six months we will have:</b>	
Held a final Gateway review with each local project	1,2,3
Held final Regional Steering Group meetings (1 and 12)	1,2,3
Linked ongoing projects into mainstream delivery	1,2,3
Considered redundancy for project staff	1,2,3
Post implementation project review conducted	1,2,3
Produced end of project report	1,2,3
Project ends	1,2,3

