

## Agenda Item 13 - For Information

# West Midlands Regional Assembly

## WEST MIDLANDS REGIONAL ASSEMBLY Board of Directors – 24 September 2008

### Living Well West Midlands Update report September 2008

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#### **1. Purpose of Report**

- 1.1 This report has been prepared to update the Assembly Board on the work and progress to date within the portfolio. The report contains an update on the progress of each project (appendix 1) as well as overall progress to date.

#### **2. Recommendation**

- 2.1 That Board notes the report

#### **3. Progress to date**

- 3.1 We continue to meet the previously notified portfolio project milestones to time and within budget. The Quarter 3 monitoring and evaluation report backed by the beginning of Gateway reviews has given the project management team real confidence that overall the portfolio is delivering as previously agreed. Over half of the projects are now delivering services to beneficiaries (18 of the 29 included in this quarter's monitoring). Moreover, if we look at the projects delivering against their total funding allocation, this also gives a figure of around 50% delivering services by funding allocation.

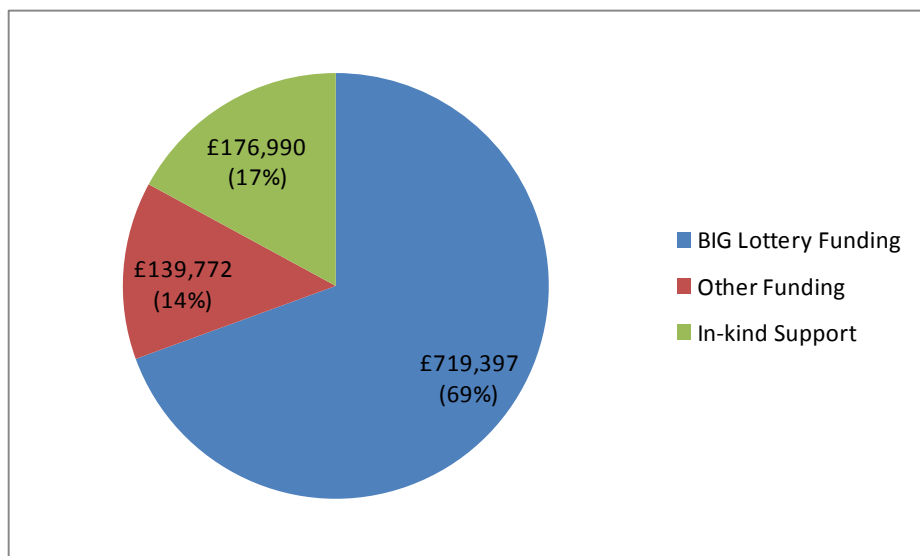
#### Total Inputs

Figure 2.1 (below) shows the total inputs (Big Lottery funding, other funding and in-kind support) of all projects to date. The grand total is around £1,036,160, of which £859,169 (over 80%) is cash spending <sup>1</sup> and £176,990 is estimated in-kind support <sup>2</sup>.

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<sup>1</sup> There is a discrepancy in the reporting of 'other' funding spent, with some projects reporting less of this type of spend for this quarter than for last. This means that there was over-reporting last quarter (which we know to be the case for some projects) and / or under-reporting this quarter.

**Figure 2.1: Total Inputs**



**There are several points of note in relation to Portfolio-level inputs:**

- Total inputs (total cash funding + in-kind support for this quarter) vary by project from £206,326 (Birmingham) to £0 (Happy and Healthy in Dudley). The mean amount was £77,252;
- In terms of the amount of BIG funding spent, this quarter's position represents an increase of £287,584 (nearly 70%) on spending last quarter;
- The total amount of BIG funding spent to date (£719,397) represents around 13% of the total allocation to projects (£5,600,869)<sup>3</sup>; and,
- If we allow for the amount of BIG funding spent to date and apply this quarter's rate of spend to the remaining nine quarters this gives us a total figure of £4,605,714 – just over 80% of the total allocated to projects.

#### **4. Outputs and Outcomes to date**

4.1 **In total there have been 3,003 beneficiaries.**

##### **Activities undertaken:**

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<sup>2</sup> The total for in-kind support was arrived at by summing last quarter's figure with the one for this quarter. We do not have an exact figure for Q1; so, assuming that this figure would be similar as for Q2 and Q3, we used an average for these two quarters.

<sup>3</sup> This figure is the total allocation for the Portfolio, minus central costs, such as the programme team, PR and the evaluation

Based on project returns it appears that there have been around:

- 855 physical activity sessions held;
- 202 mental wellbeing sessions;
- 175 healthy eating sessions;
- 85 professionals engaged in training activity;
- 44 partner organisations engaged (including 19 schools);
- 41 sessions relating to consultation / research and scoping activities; and,
- 24 volunteers recruited and / or trained.

- 4.2 These figures are most likely to be somewhat underestimated, given that projects have only reported against selected indicators, rather than on the whole of their activity. This is perhaps the most problematic element in terms of aggregating data across projects.
- 4.3 Around 31 Full-Time Equivalent positions have been created to date by the Portfolio to support the delivery of services commissioned.
- 4.4 The level of resources discharged by the Portfolio has increased significantly from the last quarter. Making projections based on current rates of spend suggests that around 80% of allocated funding will be spent. We would expect this to increase again next quarter;
- 4.5 The level of in-kind support levered in to the Portfolio is significant. We estimate it to be around 17% of total inputs to date: nearly £177,000. This is arguably attributable to having a high degree of voluntary sector involvement;
- 4.6 Over half of projects are now delivering services to beneficiaries. We would expect that this would rise to 100% by the next quarter's return;
- 4.7 Across the Portfolio, projects are slightly behind schedule with their implementation. However, some projects are well into delivery; in one notable case there is a waiting list for services. This begins to present issues of opportunity cost and some resources may be allocated to greater effect elsewhere within the Portfolio;

- 4.8 There have been just over 3,000 beneficiaries to date. The majority are female; there also appears to be a high proportion of young beneficiaries. White British is the most represented ethnic group, with Asian or Asian British being the next most represented category;
- 4.9 A wide range of activity has been undertaken, with over 1,200 sessions being delivered; sessions relating to physical activity were most common; and,
- 4.10 Importantly, projects are generating learning that will be of value both within projects and the Portfolio – but also to mainstream services.
- 4.11 No changes are planned for the forthcoming quarter.

## **5. Emerging Lessons**

### **5.1 Change can't be forced.**

The mindset of the beneficiary is critical to achieving outcomes: they have to be in a position to commit themselves to change, rather than having another person (professional or carer for example) decide that change is needed. From the perspective of providing a service to support change, the key issue therefore becomes one of achieving appropriate referrals. Forms to gather information pre-referral are important, but one project is also calling beneficiaries to fill in gaps where referral information is not clear and to inform the potential beneficiary of the levels of commitment needed from them. This is especially important for this project as demand for the service exceeds supply: taking beneficiaries who are not committed to change may therefore deprive someone who is committed of a service.

### **5.2 Change may take time.**

It can take a number of weeks for a relationship between beneficiary and professionals to become established such that the beneficiary feels ready to take up all services offered. It may be that, for these beneficiaries, 'short-sharp' interventions will not be effective;

### **5.3 Progression is important for beneficiaries.**

Having an established route for progression seems to be important for projects with an established programme: where do beneficiaries go when they have finished? One project has established a 'Next Steps' group to address this issue, which has led to sustained social links, e.g. beneficiaries playing sport together after meeting on the programme. On a similar point, another project has found that having a structured programme of activities has been important in working with adults with learning

disabilities: having a set route for walking, for example, has enabled the group to become more confident and also to see their own progression in terms of the distance and intensity of the walk;

**5.4 Commissioning can be used to build capacity.**

One project cited the need to offer training as part of a commissioning process where third sector organisations are being targeted as possible providers;

**5.5 Really defining the problem takes time.**

There is a risk in thinking that projects understand the problem they are seeking to address, when there might be much more complexity than first appears. One project in particular has undertaken extensive research and scoping work before deciding upon the most appropriate intervention; it found that what at first appeared like a 'simple' problem – a neighbourhood with low-levels of fruit and vegetable consumption – in fact masked large differences in in-take, which were in turn driven by a host of complex reasons: reasons which no single intervention could address. The project has used this knowledge to develop a range of interventions which will tackle the problem from both the supply-side (e.g. poor offer in local shops) and the demand-side (e.g. 'fussy' eaters; barriers of costs; barriers of knowledge; expense of travel). Another project has faced the same issue in providing physical activity sessions for adults with learning difficulties: the range of ability in the group is much greater than expected - the project will therefore be running sub-groups and providing more tailored activities. Lastly, another project – that is working with employers – consider that setting out to understand the problem (facing individual employers in this case) in detail has been vital: that a quick-fix or blanket approach may be quicker, but is less likely to have an effect;

**5.6 Partnerships can save and lever resources.**

Several projects are using partnership working to pool resources and gain economies of scale. One project has used links with partner organisations to pool resources where there are similar aims: in this case linking with a project that is providing walk leaders training for volunteers. This has saved duplication and the Living Well project is simply referring its volunteers to this training. Another project has pooled resources amongst its own partners: working to agree a common safeguarding policy; this is now being transferred to other projects within other partnership-based projects in the area. Finally, one project has identified its steering group as being key to its sustainability: they are addressing this by bringing partners together at an away-day to promote maximum buy-in to the concept the project is testing;

**5.7 Mainstream providers may learn something!**

There may be effects of using Lottery funding to expose mainstream services to alternative ways of working. One project used BIG funding to take a group of vulnerable pupils on a woodland visit; the observed change in some of these children led to the Headteacher seeking funding for such trips in future (both children, parents and teachers cited benefits to this work). Similarly, another project has brokered a partnership between schools and some local farms - which will provide ongoing links for the schools involved;

**5.8 Scoping may generate learning.**

In some cases the development phase of projects has provided further information about the supply of and demand for services. For example, one project's application process revealed a high level of demand from schools for grounds refurbishment. Another project's scoping work has revealed a lack of training for local staff in addressing mental health issues in minority ethnic communities. Another project reported receiving interest around their use of drama and creative arts to highlight mental health issues;

**5.9 Bind your partners at bid stage!**

One project has had difficulties in getting a key partner to play the role they agreed to during the bid stage. The possibilities of using an 'in-principle' SLA / contract (which could then be altered should funding be received) has been identified as possible learning for the future;

**5.10 Screen volunteers.**

Recruiting and retaining able volunteers was cited by one project as being a particular challenge. To address this, the project has put relatively stringent assessment procedures in place – in particular to gain a better understanding of individuals' motivations;

**5.11 Enthused partners = improved referrals.**

Having enthused partners has really affected the take-up of services for one project. The project has identified that where partners are fully engaged then referrals have been high. This is an especially important piece of learning for this project as it targets adults with learning disabilities: where building trust and relationships has also proved crucial in recruiting beneficiaries; and,

**5.12 Low take-up needs a range of responses.**

Several projects have reported that there has been low take-up of new services. There have been several responses to this: increased promotion appears to be the most common and one project has been able to make use of Sport England's Market Segmentation data to target hard-to-reach groups. However, there have been other strategies, including closer partnership work with mainstream agencies to secure more (and more appropriate) referrals – for example, one project noted the difficulties of engaging GPs with their service; they have decided to persist in attempting to do so (and have learnt some specific approaches for the next phase of their work), but have also broadened their partnerships to include Health Trainers and Public Health / 'Lifestyle' services staff in the local PCT. Lastly, the reverse of the new-service / low-demand problem was noted by one project, which cited aromatherapy as being both new and highly demanded within their activities.

- 5.13 Of course, not all of these lessons apply in all areas / circumstances, but there still seems to be value in sharing them. We will be developing lessons learnt examples as the evaluation develops and will use the website and annual events as fora for sharing them.

## **6. Conclusions and next steps**

- 6.1 The Portfolio remains in good shape at the end of quarter 3 with around 50% of the projects actually delivering to beneficiaries. This is not as many as originally projected for this stage, but following the beginning of the Gateway Review process and feedback from the GHK Q3 monitoring return, we are confident all will be delivering by the end of the year. This will ensure that at the end of the first year agreed Portfolio milestones will have been met.
- 6.2 The final quarter of year one will see the Portfolio management team concentrating on two key issues. The first is the completion of ongoing Gateway Reviews. These reviews are allowing us to ensure each project is being properly managed at the LCL level and enabling non delivery issues to be addressed in a formal environment. We remain concerned about the Birmingham project as further delays to the delivery of B Well Employers is expected and the capacity building aspect of B Well Communities failed to produce the desired results. We are mindful that Birmingham also has the largest amount of BIG funding and are therefore keen to ensure we get value for money from Birmingham.

- 6.3 The other project which gives rise for concern is Dudley, we are experiencing poor responses from the Communication Lead and dependent upon the outcome of the Gateway, may have to consider approaching BIG outside normal quarterly monitoring, with a range of options for the projects future, one of which might be closure.
- 6.4 Plans for our first annual conference to be held on 17<sup>th</sup> November 2008 at Birmingham Botanical Gardens are well under way. We are finalising speakers, and plan to have a series of speeches during the morning followed by an interactive session which looks at best practice case models. In the afternoon smaller working group meetings will discuss the projects individual themes of healthy eating, physical activity and mental wellbeing, in addition we will be holding a seminar on monitoring and evaluation and health issues for older people. 200 delegates are expected ranging from Local Authority and PCT Chief Executives' to front line delivery organisations and crucially project beneficiaries.
- 6.5 Based on current figures it is likely the portfolio as a whole will have an under spend in year 1 – the management team will be working to produce an options paper for BIG which will set out our thinking of how any under spend might be used to bring greater benefit to the people of the West Midlands. We anticipate the paper being produced during late October and presented to BIG before the Q4 report.
- 6.6 We are undertaking a review of the BIG Steering Group via an external facilitated session with current members. From a management perspective we are keen to ensure the Group operates at a strategic level and evolves as the Portfolio progresses to reflect changes within the regions structure. The event will address members roles, sustainability issues and membership.

## Appendix 1 : Individual Project Progress Living Well West Midlands

Area	Project	Delivering to beneficiaries?	Implementation rating	Summary of Status & Progress	Key Risks Identified; Mitigating Steps Taken or Planned	Est. Total Inputs to Date (£) <sup>4</sup>	Outputs Achieved <sup>5</sup>
Wolverhampton	Wellbeing for Life	Y	5	Activity this quarter has included: production of new volunteer packs; promotional activity – through local media, community organisations, libraries etc; investigation of local evaluation; sent out 82 application packs; ongoing recruitment and support of volunteers.	Concerns over volunteer ability to do assignments as part of training; literacy and numeracy tests used when interviewing volunteers. Retaining volunteers during and after training; investigating possibility of contractual arrangement.	45,015	Cumulative total (CT) beneficiaries registered: 415 CT exercise sessions: 296 CT volunteer champions recruited: 8
	Farm to Fork	Y	4	All ten schools are engaged in the project and ten growing areas have been developed. There were some postponed sessions (strikes; sport days), which will be delivered next term. Activities with children included: sowing seeds, weeding, planting, food production and healthy eating sessions. There have also been visits to farms / Wolverhampton Environment Centre.	Some delay to workshops – not to agreed milestones; remaining to be delivered in Q4 – for Yrs 2 and 3 planning with schools can commence earlier.	9,273	CT beneficiaries registered: 328 CT schools recruited: 10 CT workshops provided: 65 CT volunteers recruited: 6
	Nutrition Training	Y	3	Delivery has begun in some areas. Ten schools were recruited, but one withdrew as they preferred an alternative course (schools told	Failure to recruit; sessional staff to cover.		CT new staff trained to 'nutrition update' level: 41 CT new staff trained to deliver weight management:

<sup>4</sup> Total inputs are arrived at using the quarterly financial returns and include all BIG and other funding to date, as well as the estimates of in-kind support received that quarter.

<sup>5</sup> Note that we have only reported indicators for which there has been recorded activity.

Area	Project	Delivering to beneficiaries?	Implementation rating	Summary of Status & Progress	Key Risks Identified; Mitigating Steps Taken or Planned	Est. Total Inputs to Date (£) <sup>4</sup>	Outputs Achieved <sup>5</sup>
				that they could not access both Lottery and School Food Trust programmes). Three schools invoiced for installation of cookery equipment. 13 participants trained to run groups: will run from Autumn onwards. Staff recruited for cooking training; sessional staff to be appointed for September to deliver weight management.			13 CT schools recruited: 9 CT schools installing cookers: 3
Herefordshire	Living Well Herefordshire	Y	5	Project went live at start of June. Referred families able to access after school/holiday activity sessions; counselling; and woodland visits. SLAs for providers being drawn up. Common safeguarding policy agreed.	Time available to school nurses to undertake initial assessments and follow-up; meeting with their management. Levels of referrals; further promotion through participating schools. Use of counselling service; meetings between service manager, head teachers and school nurses.	56,821	CT beneficiaries registered: 39 CT sessions held: 16
Warwickshire	Action for Well Being	Y	5	Activity this quarter has included: 1) Physical Activity and Healthy Eating: recruited Community Worker; training run for staff (covering e.g. community development work; food safety; social marketing); mapping of existing provision and needs in target areas; policies and administrative systems developed; healthy eating pack delivered to	Likely that target number of beneficiaries will not be delivered this year (and some of targets and activities are not linked to milestones); re-profile in conjunction with WMRA / BIG if necessary.	55,770	CT beneficiaries registered: 207 CT beneficiaries registered for healthy lifestyles workshops: 13 CT beneficiaries registered for physical activity interventions: 21 CT volunteers recruited: 3 CT healthy lifestyle sessions held: 24

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				play scheme and walking project with Sure Start. 2) Mental Wellbeing: awareness raising and recruitment of volunteers; referrals due for September. 3) Mental Health in Workplace: changes in staff – some delay; SLA being drawn up.			
Stoke-on-Trent	Living Well in Stoke on Trent	Y	4.5	Activities this quarter included: physical wellness workshops (1 cohort); community ‘taster’ events to generate interest in workshops; attendance at events to raise awareness of project – e.g. West Midlands Achieving Public Health Excellence Conference; local Sanity Fayre event; local NHS at 60 celebrations (interview given to local radio).	Two PT staff left in June; PCT and other staff to cover (support in-kind). Recruitment of volunteers to deliver community activities; PCT staff to link to Children’s Centres, neighbourhood management, residents’ associations etc.	57,068	CT beneficiaries: 364 CT volunteers recruited and trained up this quarter: 7 CT beneficiaries for physical wellness programmes: 7 CT of beneficiaries engaged in social marketing training workshops: 16 CT of social marketing awareness events held: 1 CT beneficiaries participating at annual healthy lifestyles conference: 104 CT beneficiaries for community awareness events: 171 CT community awareness events held: 4 CT people attending focus groups:43 CT focus groups held: 3 CT Physical wellness taster sessions held: 2 CT people attended Physical wellness taster sessions: 16
Staffordshire	Mentoring into the Mainstream	N	4	Service provider commissioned and staff being put in place.	None identified	12,483	

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				Resources for mentors and promotional materials being produced. Delivery due for start of September.			
	Sharing Spaces	N	6	The application process has been successful: 33 schools applied and 12 were selected. Successful schools will go on to more detailed briefing (October); unsuccessful schools will be offered further support and guidance should they also wish to develop their grounds.	None identified	6,519	CT grounds development briefing sessions given in schools: 10
	Volunteering for Health	Y	3	Lower than expected numbers of referrals to project and problems in engaging GPs. Two GP surgeries currently providing beneficiaries and others at various stages of engagement (expressions of interest through to agreeing referral protocols). Continuing to develop opportunities for volunteers to be referred onto.	Problems engaging with GPs leading to lower than expected beneficiary numbers; persist with GPs, but also include Health Trainers and Lifestyle teams.	36,041	CT beneficiaries supported into volunteering opportunity: 1 CT GPs surgeries approached: 6 Estimated average hours of support to each beneficiary: 2.25
	Wellbeing Programme Staffordshire	Y	5	Service continues to deliver workshops: first was well received and links have been developed with other organisations interested in delivering them. Links also been made into relevant LSP and Healthy Schools Network. Project invited to present at a number of conferences to share approaches.	None identified	32,617	CT beneficiaries in workshops: 49 CT organisations contacted to promote workshops: 43 CT organisations recruited to workshops: 3 CT workshops held: 4

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Solihull	Watch it! Solihull	N	2	Problems with a delivery partner has led to move away from 'Watch It!' model, to development of a local programme (still based on key elements). Project manager now in post and trainers due to start September; first cohorts of young people planned for September. Other activities relate to engaging professionals for referrals, delivery sites, pathways and criteria.	Problems with project partner in terms of staff training and SLA; revised model based on key elements of Watch It! – to be reviewed on ongoing basis. Delay in delivery due to CRB process; project manager to undertake delivery role until trainers fully in place.	21,386	
Shropshire	Shropshire Indoors	Y	4	Currently running 2x 6-week taster sessions - for adults with mental health problems and learning difficulties respectively. Further taster sessions planned and plan to convert current tasters into 'full' 12 week courses. Links being made with other groups to promote tasters (e.g. Community Physiotherapy and Housing Associations). Some delays due to problems recruiting qualified tutors. Unlikely to deliver contracted number of full sessions – propose re-profiling.	Lack of tutors; using new sources – e.g. leisure centres and dance studios. Cost of tutors; scarcity of tutors therefore increased cost – seeking to reduce costs elsewhere. Lower than expected take-up (postponed courses); increase publicity and time between taster and full courses. Administrative costs – especially monitoring and evaluation – are too high (may have to reduce sessions); move funding away from sessions towards admin - or reduce admin requirements.	9,286	CT people attending six-week taster courses: 12 CT consultation activities undertaken: 11 CT six-week taster courses provided: 1

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	Shropshire Outdoors	Y	6	Majority of milestones achieved. Staff recruited; consultation with service users is ongoing (over 50 so far); taster sessions being delivered; walking and physical activity groups established; two sites undergoing refurbishment; countryside staff (x16) booked onto training for working with vulnerable adults; service users (x33) and staff (x9) attending activity sessions; 3x beneficiaries now volunteering.	Budget for travel may not be sufficient; monitor on ongoing basis, reduce travel, support activity 'remotely', use pool cars.	27,171	CT beneficiaries involved in 'green gym' activities: 47 CT beneficiaries consulted: 62 CT hours of green gym activity provided: 84 CT training / information sessions given to partner organisations: 31 CT organisations engaged in training / information sessions: 11
Telford and Wrekin	The Activator	N	4	Activity this quarter has included: meetings with partners to bring action plan together and increase awareness of project; marketing and branding activity; and, recruitment to Community Activator roles.	Unable to recruit to Activator / admin roles; several good applicants short-listed. PCT restructure led to delays; more PCT staff time to be allocated to project – also Activator hours and admin support to be increased. Governing bodies may insist on L2 qualifications for volunteers; seeking advice and scoping alternatives.	2,150	
Dudley	Priority Care	N	4	Preparing to begin delivery. Delivery organisation (Housing Association) appointed; contract signed; promotional literature produced; links made with GP;	Risk if no staff recruited; so using existing staff to cover until new staff are in post. Lack of referrals would be a risk; so using promotional	2100	

Area	Project	Delivering to beneficiaries?	Implementation rating	Summary of Status & Progress	Key Risks Identified; Mitigating Steps Taken or Planned	Est. Total Inputs to Date (£) <sup>4</sup>	Outputs Achieved <sup>5</sup>
				advertised staff posts; set up administrative records.	literature.		
	Healthy Retail	N	4	Targeting project on one neighbourhood – one with high proportions of obese children in Yr6 and with low consumption of fruit and veg. Further scoping research commissioned and steering group selected an intervention; being further developed.	Sustainability of approach; contacting similar projects elsewhere to share ideas. Upsetting local shopkeepers; will be kept involved / informed by project staff.	14,708	CT residents attending community-based sessions: 61 CT partner organisations engaged: 8 CT days research undertaken: 81 CT retailers engaged: 3
	Healthy You	N	4	BIG funding contributing to transport costs for people with learning difficulties to reach gym, and for gym hire. Apna men's group currently attending.	Apna Women's Group and Ehsas Carers not yet received sessions (staff member left; problems of provision during school holidays); will replace staff member and work with carers will begin in October.	4,820	CT beneficiaries supported: 11 CT sessions held for Apna group: 11
	Parklife	N	3	Delays in recruiting. Post holder should be in place October.	Failure to recruit; re-advertise or use secondment.	856	
	Happy and Healthy in Dudley / Workmate	N	2	Have interviewed and are about to appoint staff member to deliver.	Failure to recruit; re-advertise or use secondment.	0	
Birmingham	bWell Birmingham	N	7	Milestones in SLA all met. Commissioning process undertaken. 21 Pre-qualification questionnaires received; 6 taken	Key risk was failure of tendering process; addressed by sole-sourcing	206,326	

Area	Project	Delivering to beneficiaries?	Implementation rating	Summary of Status & Progress	Key Risks Identified; Mitigating Steps Taken or Planned	Est. Total Inputs to Date (£) <sup>4</sup>	Outputs Achieved <sup>5</sup>
				forward to second stage; 2 successful and £440k allocated. Used direct contracting to commission remainder of programme. SLAs signed with organisations successful in tendering process; delivery to start September. Website to be live at end of August.	providers.		
Coventry	Body and Mind	Y	6	Delivering to beneficiaries and have a waiting list of 49 people. Demand for group sessions has increased and is established. Promotions continue through specific events, e.g. Coventry Obesity Event and Aging Healthily event held by City Council. Project staff are undertaking further training and sharing learning, such that they can cover for colleagues during periods of leave.	Programme takes 12 weeks and have to wait for someone to finish before waiting list can be addressed. Current wait of around 8 weeks. Weekly walking group used as a 'holding measure' and people on list kept informed of their place in the queue.	96,996	CT beneficiaries: 104 CT beneficiaries – physical activity sessions: 66 CT beneficiaries – nutrition support: 66 CT beneficiaries –mental health support: 66 CT group sessions delivered: 260 CT beneficiaries completing 12 one-to-one support sessions: 30
Sandwell	Relaxation and Mindfulness Training	Y	4	Staff have attended training in mindfulness and social skills. Aromatherapy is oversubscribed. Tai Chi / Yoga lower than expected, but new promotions to start.	Lack of qualified people to deliver social skills training; trained YMCA staff instead. Time taken to deliver mindfulness training (1yr) – staff may leave; increased numbers from 3 to 11. Some low take-up of specific activity; increased promotions. Key staff	118,215	CT beneficiaries: 84 CT sessions: delivered: 6
	Aromatherapy / Therapeutic Massage						CT beneficiaries: 28 CT sessions: delivered: 43
	Light Therapy for S.A.D						CT beneficiaries: 11 CT sessions: delivered: 11

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	Social Skills Training				leave; risk remains.		
	Community Café						CT beneficiaries: not known CT menu re-designs undertaken: 3 CT food interest groups coordinated: 4
	Physical Activity						CT beneficiaries: 413 CT Tai-Chi sessions delivered: 20 CT Hatha Yoga Sessions delivered: 11 CT 'Streetwise' Fitness Sessions delivered: 26 CT beneficiaries taking part in Tai-Chi sessions: 67 CT beneficiaries taking part in Hatha Yoga sessions: 62 CT beneficiaries taking part in Streetwise exercise sessions: 284
Walsall	Feeling Good!	Y	5	Services appear to be delivering as anticipated; consultation with service users ongoing. Health awareness day held by all partners to raise awareness of health issues that South Asians may be more prone to.	None identified	43,000	<u>Creative Arts:</u> CT beneficiaries: 400 CT sessions held: 13  <u>Palfrey CA:</u> CT beneficiaries of physical activity classes: 391 CT beneficiaries of cook and taste classes: 28 CT physical activity classes: 357

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							<p>CT cook and taste classes: 4</p> <hr/> <p><u>Counselling:</u>  CT beneficiaries: 10  CT one-to-one sessions: 34</p>
Worcestershire	Wellness Works	N	5	<p>Due to launch in September. Activities this quarter included: establishing monitoring and evaluation systems; piloting training courses; working with 'pilot' organisations; engaged seven employers and rolled out training; set up Employer Forum; developing good practice policies for workplace; branding project; designed website; awareness raising; and engaged with four employees to promote positive mental health.</p>	<p>Need to fully engage steering group to support sustainability of project.</p>	66,997	<p>Estimated number of hours of support provided to employers: 25.5  CT sessions delivered by Relate: 1  CT staff and managers attending Relate sessions: 3</p>

