



## Wellbeing Board

**Date:** Wednesday 31 October 2018

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

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

### Membership

Councillor Izzi Seccombe (Chair)	Warwickshire County Council
Councillor Kamran Caan	Coventry City Council
Councillor Les Caborn	Warwickshire County Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Paulette Hamilton	Birmingham City Council
Councillor Rachel Harris	Dudley Metropolitan Borough Council
Councillor Marco Longhi	Walsall Metropolitan Borough Council
Councillor Barry Longden	Nuneaton and Bedworth Borough Council
Councillor Hazel Malcolm	City of Wolverhampton Council
Councillor Ann Shackleton	Sandwell Metropolitan Borough Council
Andy Hardy	STP Systems Leader NHS
Helen Hibbs	STP Systems Leader NHS
Paul Jennings	STP Systems Leader NHS
Sarah Norman	WMCA Chief Executive Lead
Alison Tonge	NHSE
Sue Ibbotson	Public Health England
Guy Daly	Universities (Coventry)
Sean Russell	Mental Health Implementation Director
Gary Taylor	West Midlands Fire Service
Sarah Marwick	West Midlands Police

Quorum for this meeting shall be seven members.

If you have any queries about this meeting, please contact:

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**Email** [wendy.slater@wmca.org.uk](mailto:wendy.slater@wmca.org.uk)

# AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
2.	Minutes of the last meeting	Chair	1 - 6
3.	Matters Arising	Chair	None
4.	Chair's Remarks (if any)	Chair	None
5.	Update on the Wellbeing Agenda <ul style="list-style-type: none"> <li>• Devolution Deal and current thinking and asks</li> </ul>	Henry Kippin	None
6.	Addressing Childhood Obesity in the West Midlands -Framing the WMCA contribution	Henry Kippin	7 - 20
7.	5G Health and Digital	Henry Kippin	To Follow
8.	Thrive Update	Sean Russell	21 - 26
9.	West Midlands on The Move Update	Simon Hall	27 - 42
10.	Update on PHE Landscape	Sue Ibbotson	None
11.	Update on NHS Landscape	Alison Tonge	None
12.	Date of Next Meeting - 18 January 2019		None



## West Midlands Combined Authority

### Wellbeing Board

Friday 13 July 2018 at 1.30 pm

### Minutes

#### Present

Councillor Izzi Seccombe (Chair)	Warwickshire County Council
Councillor Ruth Buttery	Dudley Metropolitan Borough Council
Councillor Les Caborn	Warwickshire County Council
Councillor Karen Grinsell	Solihull Metropolitan Borough Council
Councillor Ann Shackleton	Sandwell Metropolitan Borough Council
Sarah Norman	WMCA Chief Executive Lead
Alison Tonge	NHSE
Sue Ibbotson	Public Health England
Sean Russell	Mental Health Implementation Director
Sarah Marwick	West Midlands Police
Jason Campbell	West Midlands Fire Service
Jo Melling	STPS Systems Leader NHS
Andrew McKirgan	STP Systems Leader NHS

#### In Attendance

Dr Henry Kippin	WMCA
Simon Hall	WMCA
Jane Moore	WMCA
Mark Barrow	OPE Programme Director, Arcadis

#### Item Title No.

##### 1. Apologies for Absence

Apologies for absence were received from Councillors Caan, Hamilton, Longden, Longhi and Malcolm and Guy Daly, Andy Hardy, Dame Julie Moore, Helen Hibbs and Gary Taylor.

##### 2. Welcome and Introductions

The new Chair of the Wellbeing Board, Councillor Izzi Seccombe, welcomed everyone to the meeting and reported that she was looking forward to becoming involved with the work of the board having previously chaired the LGA's Community Wellbeing Board for four years. Introductions were made and duly noted

##### 3. To note the schedule of meetings for 2018/19

The board noted the schedule of meetings for 2018/19

- 31 October 2018 (10.00-12.00)
- 18 January 2019 (10.00-12.00)
- 5 April 2019 (10.00-12.00)

**4. Chair's Remarks**

The Chair reported that the WMCA was looking at the devolution deal with regards to the Wellbeing agenda and the opportunities for getting people into work, improving health and lifestyle and how the board could make a difference.

**5. Minutes of the last meeting**

The minutes of the meeting held on 20 April 2018 were agreed as a correct record.

**6. Matters Arising**

*West Midlands Mental Health Commission Update (Minute No.38)*

Councillor Grinsell reported that in relation to suicide prevention, 10 September 2018 has been designated World Suicide Prevention Day and considered that all authorities should work together to support this.

The Mental Health Implementation Director, Sean Russell reported that he planned to circulate information to colleagues in good time on World Suicide Prevention Day.

**7. Terms of Reference**

The terms of reference for the board were submitted for information.

Resolved: That the terms of reference be noted.

**8. Overview of Health & Wellbeing Programme**

The board considered a report of the Director of Prevention and Wellbeing, Jane Moore that provided an overview of the Wellbeing Programme to date and the current activities being undertaken on the health and wellbeing agenda. This included a plan on a page for Public Service Reform, Inclusion and Cohesion, the WMCA Health and Wellbeing Portfolio plan on a page and a summary activity plan. A copy of the draft Birmingham and Solihull STP Strategy was also attached to the report.

Jane Moore, assisted by colleagues also outlined a presentation that focused on the key areas of radical prevention (West Midlands Mental Health Commission, 'West Midlands On The Move' and STP prevention stocktake 2018); productivity and health (Inclusive Growth Unit and Population Intelligence Hub, housing and health, transport and health and a children and young people summit) and system collaboration (integrated care, STPs and collaborative work and PHE and WMCA collective action).

In relation to the West Midlands Mental Health Commission and in particular work being undertaken in schools on mental health and whether this could be extended to include resilience, Sean Russell reported that consideration could be given to looking at extending the Thrive programme at the children and young people summit.

Alison Tonge reported that children was a very big priority and consideration could be given around prevention. Sue Ibbotson also felt that the board could

play a significant role around prevention in this area.

In relation to 'West Midlands on The Move' programme and the workstream for improving physical activity for disabled people, Sarah Norman reported she would like to see the ambition broadened to those people who have long-term conditions that make physical activity difficult.

Councillor Buttery concurred with Sarah Norman and highlighted that health conditions such as diabetes and epilepsy prevent people from doing things and reported of the need for people of all ages to be active noting the importance of the accessibility of transport.

In relation to the STP prevention stocktake 2018, Alison Tonge reported that a session would be arranged to look at the themes that have emerged from the 3 STPs and responses from the wider region (H &W STP and Shropshire and are collating responses).

In relation to productivity and health and the establishment of a West Midlands Health Population Intelligence Hub within the Inclusive Growth Unit of the WMCA, Jane Moore reported that modelling work would be undertaken during the summer on the impact of the current Healthy Life Expectancy in the region on the economy and use of public services a report would be submitted to the next meeting of the board.

Andrew McKirgan presented the draft STP (Sustainability and Transformation) Strategy for Birmingham and Solihull, entitled 'Live health, Live happy' for information.

Andrew McKirgan reported that final amendments would be made to the strategy before it is considered at various events in October and a public launch would follow in November this year.

Colleagues commented that this was a really good, positive document and suggested that the Population Intelligence Hub might be useful in developing the evidence base to underpin proposals.

In relation to an enquiry from Councillor Buttery regarding working in partnership with the Birmingham and Solihull STP, Alison Tonge reported that good practice from STPs could be shared.

The Chair thanked Andrew McKirgan for his report and asked that board be kept updated on any developments.

In relation to productivity and health, the board noted that a children and young people summit was being organised jointly with the Health Foundation, Nuffield Trust and Birmingham Women's and Children's NHS Trust to be held late 2018 and further details would follow.

In relation to System Collaboration, the Chair posed the question to the board, 'What do you want us to be taking on?'

Alison Tonge reported that outcomes and ambition was the biggest gap

followed by neighbourhood and place which could be linked to outcomes.

The Chair reported that place was dependent on communities and what worked locally and asked board members to consider with their sector, their ambitions and whether this should be a devolution ask.

In relation to outcomes, Jane Moore reported this was an opportunity for the Chairs of Health and Wellbeing Boards to look at how their strategies are driving outcomes.

Resolved:

1. That the Health and Wellbeing Plan on a page be noted and
2. That the key work areas under this plan as outlined be noted.

**9. Discussion of current agenda and opportunities to build on this going forward**

Further to the presentation of the Health and Wellbeing work programme, the Chair and Jane Moore sought the views of the board as to what areas it should be building on moving forward.

Councillor Buttery reported that system diagnostic was exciting, noting the current system of care was a 'post code lottery' and there was a need to take good practice from STPs to other areas to provide a consistent approach to healthcare.

Councillor Grinsell reported on the need for the WMCA to have knowledge of what is being undertaken locally to ensure work is joined-up and there no duplication.

Councillor Caborn considered attention should be focused on the older people's agenda and that a strong WMCA approach to the green paper on older people's social care should be taken when it is published.

The Chair reported that the LGA would be submitting its own response to the green paper which was expected to be published in August/September for consultation. The Chair added that it was really important for member organisations to respond to the consultation and proposed that a meeting could be held in September to discuss a joint response to the green paper.

Councillor Shackleton reported that she was interested in place and would look at the 6 towns in Sandwell.

Mark Barrow reported that out of the 250,000 new homes needed for the West Midlands 70,000 are needed for older people and consideration needs to be given as to what is required for independent living noting that housing needed to be considered alongside health.

The chair thanked everyone for their contributions and it was agreed that a letter of thanks would be sent to the previous Chair, Councillor Sleigh from the board.

**10. Date of next meeting -31 October 2018 at 10.00am**

The meeting ended at 3.40 pm.

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**West Midlands  
Combined Authority**

## **WMCA Wellbeing Board**

<b>Date</b>	31 October 2018
<b>Report title</b>	Addressing Childhood Obesity in the West Midlands – framing the WMCA contribution
<b>Portfolio Lead</b>	Cllr Izzi Seccombe -Wellbeing
<b>Accountable Chief Executive</b>	Sarah Norman Email : <a href="mailto:Sarah.norman@dudley.gov.uk">Sarah.norman@dudley.gov.uk</a> Tel : 01384 815201
<b>Accountable Employee</b>	Henry Kippin Email: <a href="mailto:Henry.Kippin@wmca.org.uk">Henry.Kippin@wmca.org.uk</a> Tel: 0121 214 7880
<b>Report has been considered by</b>	

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

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

- Consider and endorse a WMCA approach to combatting childhood obesity based on the options proposed in this paper, including the 'quick wins' outlined in paragraphs 18a and b.
- Agree to forming a Wellbeing Board sub-group (with identified chair) to develop, support and track progress against the agenda.
- Consider which Wellbeing Board recommendations should be put forward for consideration at full WMCA Board

## 1. Purpose

The purpose of this report is to:

- Give shape to a WMCA approach to combatting childhood obesity levels in the West Midlands – responding to a clear regional evidence base and the case for change set out within the Government’s Childhood Obesity Plan.
- Develop a series of options for the WMCA to consider – ranging from short term actions that signal intent; to longer term policy proposals. The complex and systemic nature of the issue means that collaboration and partnership working lie at the heart of each of these options.
- Form the basis of a set of WMCA proposals – which would be developed in line with health and other public service partners, and delivered in partnership with Public Health England and the public health community within the region.

This report is not an attempt to “solve” a problem that is complex, multi-layered and which has considerable streams of work already dedicated to it. The WMCA acknowledges the leadership role local authorities have in addressing childhood obesity, this is about strengthening this work. The WMCA is not a service provider, and nor do we commission major services or direct resources at the problem in the way that our local government, NHS and education provider colleagues do. Rather, we believe that the WMCA has a role to play in offering political leadership, the scale to convene at a city-regional level, and the ability to bring networks and policies together to make a bigger difference to the next generation. This report is intended as stimulus for a discussion on how best we can do this.

## 2. Background

1. Obesity is a complex issue with determining factors that range from societal influences and socio-economic status to genetics, individual choices, food supply and the influence of culture and marketing. The implications for individuals, families, public services and society can be profound. There is no single intervention that can tackle the issue on its own.
2. The West Midlands obesity picture should worry us. At each age group referenced, obesity levels stood above the national average (Appendix 1 provides additional data).

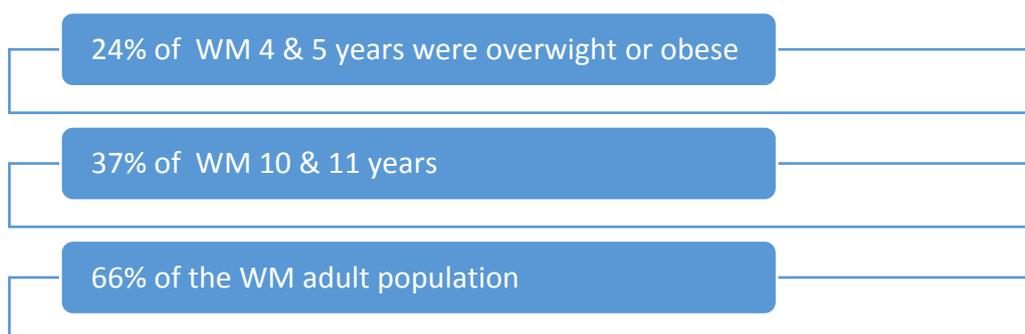


Figure 1: 2016 overweight and obesity data for the West Midlands (PHE)

3. Obesity in children is linked to a number of emotional, behavioral and physical impacts. Obese children are more likely to suffer for low self esteem, bullying and stigmatisation. In addition, high blood pressure, high cholesterol, bone and joint problems and breathlessness are all associated with obesity in children. The cumulative impact can affect school attendance, attainment and readiness

for adulthood and employment. Overweight and obese children are also more likely to stay obese into adulthood and more likely to develop cardiovascular diseases, diabetes, musculoskeletal disorders and certain types of cancers at a younger age than those with a healthy weight.

4. Obese adults continue to be more likely to suffer from physical and mental health conditions. This can reduce employment prospects and also result in short and longer term absences from work. 'Presenteeism' can also be an issue, with health conditions associated with obesity affecting the ability of employees to undertake work properly. Obesity also reduces life expectancy.
5. Put simply, problematic obesity damages individuals, families and communities; and undermines the region's efforts to improve workplace productivity, economic and civic participation and inclusive growth. The WMCA acting alone cannot solve these problems – but it can provide an overarching platform, play a convening role, and can enable collaboration and change across sectors that evidence suggests can make a real difference.

### **Obesity Deprivation Gap**

6. Evidence clearly shows that the existing instances and impacts of obesity are not evenly felt, a clear "Obesity Deprivation Gap" exists. Obesity is more common among people from more deprived areas, within some black and ethnic minority groups and for people with disabilities.
7. There is a strong relationship between deprivation and childhood obesity such that the obesity prevalence in the most 10% of deprived West Midlands children is double that of the 10% least deprived areas. This is why we need more upstream, structural action to address these inequalities.

### **Public Health England and WMCA data (Appendix 1)**

8. The annual economic cost to society of obesity is £27bn in the UK. 16m days of sickness are attributed to obesity and the cost to the NHS is estimated at £6.1bn.
9. Obesity makes people less likely to be in employment, more likely to experience discrimination and for children, can seriously undermine the chance of leading a healthy and rewarding life.

### **The Government's Approach**

10. The Prime Minister's introduction to the 2018 Childhood Obesity Plan Chapter 2 (appendix 2) sets out the issue starkly:

*"...so when more than one in three children are obese and overweight by the time they leave primary school, and with these numbers only getting worse, it cannot be a question of whether we act to address this, but rather how"*

11. This report is not the place to address the wider political economy of childhood obesity, but we should note that the problem is determined as much by national economic choices as by individual decision making (as Sir Michael Marmot and others have long argued). Thus much of what the Prime Minister presides over in social and economic policy terms will have an impact on the issues whether explicitly recognised or otherwise.
12. Previous Governments have made the case for a more strategic approach to combatting obesity through a number of benchmark reports. The 2007 Government Foresight Report refers to the complex nature of obesity and groups numerous variables into 7 cross cutting areas:
  - a. **Biology:** an individual's starting point, the influence of genetics and ill-health
  - b. **Our activity environment:** environment's influence on an individual's propensity to be physically active, for example a decision to walk or cycle may be influenced by the availability of safe routes with good quality surfaces and for example workplace showering provision.

- c. **Individual physical activity:** the type, frequency and intensity of activities an individual carries out
- d. **Societal influences:** the impact of society such as media, education, peer pressure or culture on choices.
- e. **Individual psychology:** for example a person's individual psychological drive for particular foods and consumption patterns or physical activity patterns or preferences.
- f. **Food environment:** the influence of the food environment on an individual's food choices, for example to get more fruit and vegetables may be influenced by the quality and availability of fruit and vegetables near home; and:
- g. **Individual food consumption:** the quality, quantity (portion size) and frequency (eating patterns) of an individual diet.

13. The 2018 Childhood Obesity Action Plan Chapter 2 (appendix 2) introduced a number of initiatives aimed at addressing these areas, headlined by a soft drinks industry levy and a number of additional measures including:
- a. Legislation: to **mandate consistent calorie labelling** on restaurant, café and takeaway menus.
  - b. Public consultation: on **restrictions on price promotions** (two for one and multibuys) in shops, cafes, restaurants and takeaways as well as an end to the **promotion of unhealthy food and drinks at checkouts and ends of the aisles** in store.
  - c. Consultation on the best way to introduce a **9pm watershed restriction** on broadcast TV for unhealthy products to be mirrored online.
  - d. A national ambition for every school to **adopt an active mile initiative** such as the "Daily Mile" as well as reviewing **how the least active children are being engaged** in physical activity in and around the school day. This is principally through the Government's Primary School PE and Sport Premium which was announced in the first Obesity Action Plan and funding doubled through the soft drinks industry levy.
14. There is also an increasing acknowledgement of the need for a system based response to deliver actions across a whole local system. This requires an increasing focus not only on decision making of the individual but on changing the environment to make a healthy diet and regular physical activity easier.
15. Local authorities and NHS partners are well-versed in the complex mix of public health, planning, health and social care, housing, education and social marketing interventions that are needed to create a system change. Almost nowhere is doing it perfectly, especially within a climate of austerity (including public health budget pressures) that make investment in prevention particularly difficult. We do not underestimate the scale of the shared challenge here.
16. Around the world we can look at cities like Amsterdam and Oklahoma which show the role civic leadership and collective will (and the creative use of public transport, public estate and other public "goods") can play in systematic improvement. This is the inspiration we take here in the West Midlands (appendix 3).

### **Childhood obesity in the West Midlands –our proposed approach**

17. We have established that childhood obesity (targeting 4-11 year olds) is a systematic problem and that solving it requires a generational shift and a whole system change. We are realistic about what the WMCA can do as part of this shift. But we also want to be ambitious- reducing the prevalence and the obesity deprivation gap; and restless to do better for all our children and their life chances within a region in which we want them to play a full part.
18. We propose therefore that our initial "quick win" focus with the Wellbeing Board and the WMCA will be on 3 elements:
- a. Continuing to **promote and deepen the West Midlands on the Move** agenda, increasing levels of physical activity for all age group and reducing inequalities in those taking part. We recognise that exercise can contribute to healthy childhood weight management, when combined with diet interventions and other actions on food.

- i. **Active Mile such as for example “the Daily Mile”** –PHE is encouraging all schools to sign up to doing an active mile, such as the Daily Mile. We will work with the Daily Mile Foundation, STPs, County Sports Partnerships and Local Authorities to encourage a West Midlands campaign to get as many young people doing the active mile.
  - ii. Promoting the **“Parkride”** Midland Mencap scheme promoting inclusive family cycling, learning the lessons from Sutton Park pilot with the potential to rolling out West Midlands wide.
  - iii. **West Midlands This Girl Can Activation** – subject to WMCA’s funding agreement with Sport England, activate a social media campaign to get more young women from lower socio-economic groups and black and minority ethnic communities to be active.
  
- b. By working closely with **Transport for the West Midlands** and our place partners on specific interventions to improve the food environment, encouraging behaviour change in relation to healthy lifestyles and trial new ways of working that incentivise healthy and active lifestyles as part of an integrated transport network.
  - i. **Immediate actions to reduce junk food advertising** – removing advertising for high fat, salt and sugar (HFSS) products on the back of bus tickets and creating a statutory basis removing HFSS advertising within an appropriate radius of schools.
  - ii. **Innovating using digital technology including Swift cards and apps (“Swift on the Move”)**– trialling the use of Swift within parks especially in our most deprived areas encouraging families to be active through gamification (placing sensors within parks and open spaces and potential incentive rewards for public transport travellers). We will work with “Beat the Streets” to learn and apply the lessons from mass participant schemes. (contributing to WMotM delivery).
  - iii. **Cycling and walking** – building on efforts to embed cycling and walking within integrated transport strategies to boost active travel for children, young people and their families such as Living Street’s “Walk to School” initiatives and Local Cycling and Walking infrastructure plans (contributing to WMotM delivery).
  
- c. **By exploring a long term set of goals and policy priorities** – potentially culminating in a “junk food ban” similar to other cities and a sustained social marketing and behaviour change campaign in partnership with Public Health England, local authorities and NHS partners. These goals and policy priorities could include:
  - i. **HFSS Food Advertising Ban** – creating the robust business case for a meaningful advertising ban within the West Midlands. This will need to scope the long term revenue replacement costs and the potential to embed positive social marketing and attract advertising which aligns with the right principles.
  - ii. **Devolved use of the Sugar Tax** – learning from the work done by London Authorities and NHS partners as part of their health devolution proposals. This would see the Sugar Tax receipts brought together at a regional level and deployed for preventative activities in line with the WMotM strategic principles.
  - iii. **Consolidated regional campaign**- which would require the Mayoralty and the WMCA to work with a range of partners (including PHE, NHS partners, schools, private and social sectors) as part of a concerted campaign focusing on the drivers of childhood obesity. This could be part sponsored and would need to be a key plank of the WM Mayor’s political and policy campaign, similar to Oklahoma City and Amsterdam campaigns. For example, the Oklahoma City Mayor’s lose 2m pounds campaign (Appendix 5) .Major events and initiatives such as the Coventry City of Culture and Birmingham Commonwealth Games can provide the catalyst to such a campaign.

Nearer to home, we can learn from local approaches, such as the City of Wolverhampton's Obesity Action Plan which started a social movement approach to obesity in 2014 with a target of reaching 1 million and shedding 1 million pounds collectively. We can explore the benefits of the West Midlands signing up to the Healthy Weight Declarations similar to areas like Blackpool,<sup>i</sup> promoting healthy weight and the health and wellbeing of the population.

- iv. **Social investment Potential** to address problematic issues, by learning from the St Guy's and St Thomas Charitable Foundation and Big Society Capital partnership supporting health, with an emphasis on childhood obesity in the London Boroughs of Lambeth and Southwark. We will explore how social investment could support this West Midlands agenda.
- i. **Addressing the impact of childhood adversity** –evidence suggest that toxic stress caused by childhood adversity alters brain development. Children with 4 or more Adverse Childhood Experiences are twice as likely to be obese, with poverty increasing the risk. Stress exposure in early life can affect children's dietary, physical activity, and other health behaviours such as lack of sleep, increasing their risk of overweight and obesity. This is linked to the WMCA's work on adversity in childhood (Appendix 5).
- ii. **Support local progress and approach in delivering the PHE "Whole Systems" approach to obesity** which is due to be published in 2019. In partnership with the Local Government Association and Association of Directors of Public Health, this aims to help local authorities deliver coordinated actions across a whole local system, including buying standards for food and catering services, healthy breakfast clubs and raising awareness of PHE tools. This will provide opportunity to further consider elements that could add value at a West Midlands geography.
- iii. **Realising our wellbeing design into future housing** –WMCA and partners are design of wellbeing into our approach to delivering new housing, including the relationship with existing infrastructure. This provides an opportunity long term, and needs to be coupled with campaigns with the community to encourage behaviour change.
- iv. **Out of school activities** –getting young people active and encourage healthy weight management outside the school gates by exploring working with ukactive and Sainsbury's on the potential growth of their Summer Club pilot which started in Summer 2018 including a number of West Midlands. Opening up school facilities as "community hubs" where children and young people get involved in activities and fed promoting resilience, wellbeing and healthy breakfast clubs.

#### 4. Next Steps.

19. The ownership and leadership of these actions need to be driven locally with Public Health England playing a key supporting and advising role on policy development and implementation.
20. This is why we are proposing a **Collaborative Task and Finish Group** –working to the Wellbeing Board which will help to secure a collaborative regional approach to the childhood obesity issue developing a substantial campaign for the WMCA and WM Mayor. This should be led by a nominated individual in consultation with the Association of Directors of Public Health group with support from Wellbeing Board members as appropriate. The ownership and leadership of these actions would be the recommended first steps.
21. The Group would prioritise five immediate actions:
  - **No Junk Food Adverts on WM Bus Tickets** - Commit to removing HFSS advertising from the back of bus tickets in the West Midlands. This will require collaborative working between WMCA, TfWM and the local bus operators. The cost will be circa £25k p.a. which we propose to fund from within WMCA/TfWM budgets.

- **No Junk Food Adverts near Schools** – Commit to a WMCA/TfWM policy which calcifies existing good practice from bus and advertising estate providers into a regional policy commitment. This will require the WMCA adopting a policy and the creation of suitable policy and assurance frameworks within TfWM.
- **Swift on the Move** – Conduct and evaluate a pilot initiative using Swift card technology to encourage physical activity within parks and public spaces across the West Midlands. We propose that this is tested within a Birmingham park working between the TfWM Swift team, Birmingham CC Public Health, Intelligent Health/Beat the Street and the WMCA Wellbeing team.
- **West Midlands Active (Daily) Mile Friendly** – following Greater Manchester and London by becoming an Active (e.g. Daily Mile) mile friendly area, but different by delivering a West Midlands wide campaign to get as many young people (and businesses as part of our Thrive at Work programme) rather than schools to do the Daily Mile. We will collaborate with the Daily Mile Foundation, STPs and Local Authorities who have already pledged to get all schools doing the Daily Mile to champion a West Midlands campaign. We will work alongside Sport Birmingham CIC who have Sport England funded to co-ordinate such work in the City.

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

Any additional funding required to deliver the short term priorities will be sourced by the WMCA and TfWM and make bids to organisations for those areas of greatest agreement by the WMCA Board.

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

There are no additional legal implications at present.

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

As the report identifies, there is a clear link between deprivation and childhood obesity.

Children from poorer households are more likely to be overweight or obese and the gap widens with age. BME children (particularly black African, Caribbean and Pakistani) and disabled children are also more likely to be overweight or obese but they are also more likely to be living in lower income households. While recently there has been a decline in childhood obesity for kids from higher income households, there is an increase in obesity levels for lower income households. The inequality gap is growing and therefore any interventions to address the childhood obesity issue need to address the wider equality issue by a) further understanding the determining risk factors for increased levels of childhood obesity in deprived communities (such as insecure employment, inadequate education, stress, lack of social cohesion, income inequalities and affordability of healthy options, fewer options for physical activity), and b) developing initiatives that take into account these multiple risk factors. Generic measures such as food labelling, no junk food ads, cycling plans and other similar initiatives are likely to have an overall positive impact on levels of awareness but are on their own unlikely to have a positive impact on narrowing the obesity inequality gap. This work stream will need to consider the equality implications for the delivery of short, medium and long term priorities, placing an emphasis placed on responding to evidence and focusing delivery in areas of greatest need

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

Consideration is given to the wider socio and economic factors which are a contributory to obesity and its prevalence in certain demographic groups. It also recognises the significant impact obesity has on the economy.

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

This report frames the WMCA contribution and in consultation with Wellbeing Board Members and their officers determine the potential to trial both West Midlands and locality work.

If the Wellbeing Board agree with the approach to reduce the Obesity Deprivation Gap this will require agreement on how future policy and practice is targeted at towards those areas with the highest levels of obesity and deprivation and what is universal across the West Midlands.

## 9. Other Implications

The WMCA is not a service provider, and nor do we commission major services or direct resources at the problem in the way that our local government, NHS and education provider colleagues do. Rather, we believe that the WMCA has a role to play in offering political leadership, the scale to convene at a city-regional level, and the ability to bring networks and policies together to make a bigger difference to the next generation.

## 10. Schedule of Background Papers

### APPENDIX 1 –Collaborative Public Health England and WMCA Background Paper

#### Obesity in West Midlands – the problem, the impact & developing solutions

Carrying excess weight can have significant implications for an individual's physical and mental health. There isn't a single intervention that can tackle obesity on its own, at population or at an individual level. Causes of obesity are multi-factorial, including biological; physiological; psycho-social; behavioural; and environmental factors.

This briefing aims to outline the scale of excess weight and obesity in the West Midlands and set options for developing action at a WMCA level.

#### The West Midlands picture

In 2016, the National Childhood Measurement Programme (NCMP) 24% of 4 & 5 years olds in the West Midlands were overweight or obese. This rose to 37% of 10 & 11 year olds and 66% of the adult population. At each age group referenced, levels of obesity in the West Midlands stood above the national average. The recently released 2017 data for children and young people indicate that 23% of 4-5 year olds in the West Midlands were overweight or obese and 10 & 11 year data remains the same. No 2017 adult data is available and so to maintain consistency across age groups 2016 data is used.

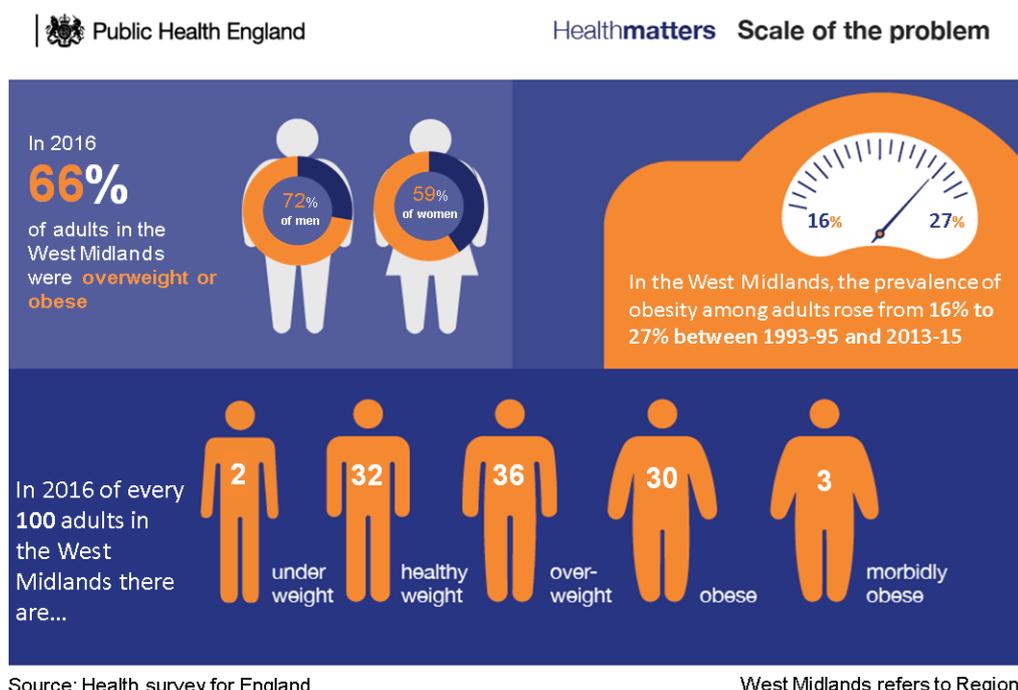


Fig 1 – Adult Obesity in the West Midlands

## Obesity and health inequalities

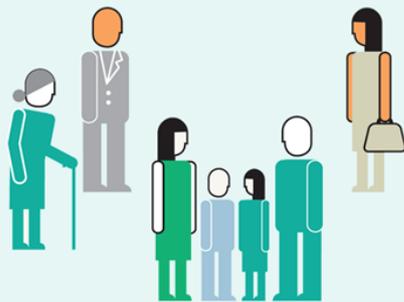
Obesity can affect anyone, but some people are more likely to become overweight or obese than others. The 2010 Marmot review highlights that income; social deprivation and ethnicity have an important impact on the likelihood of becoming obese.



Public Health  
England

### Obesity does not affect all groups equally

Obesity is more common among:



People from more deprived areas

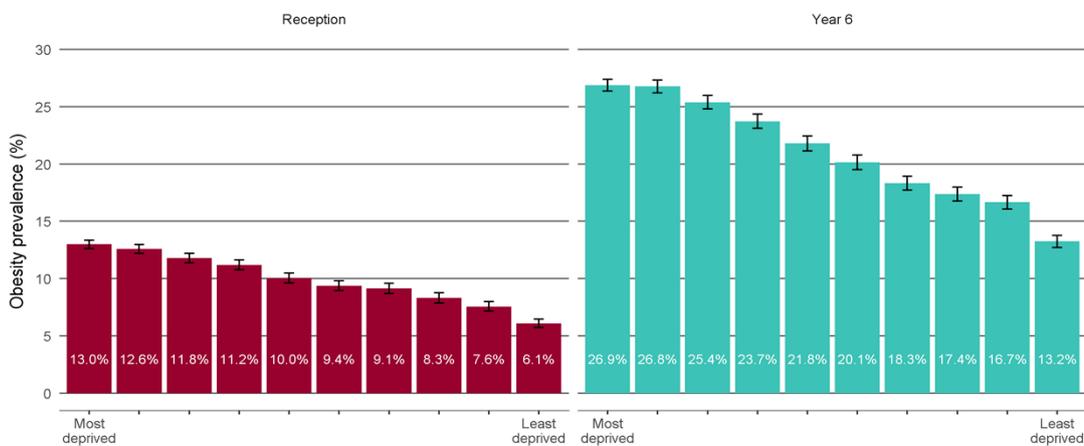
Older age groups

Some black and minority ethnic groups

People with disabilities

**Fig 2 – Obesity and Health Inequalities**

There is a strong relationship between deprivation and childhood obesity. Analysis of data from the National Child Measurement Programme (NCMP) in the West Midlands shows that obesity prevalence in the most deprived 10% of children is approximately twice that of the least deprived 10%.

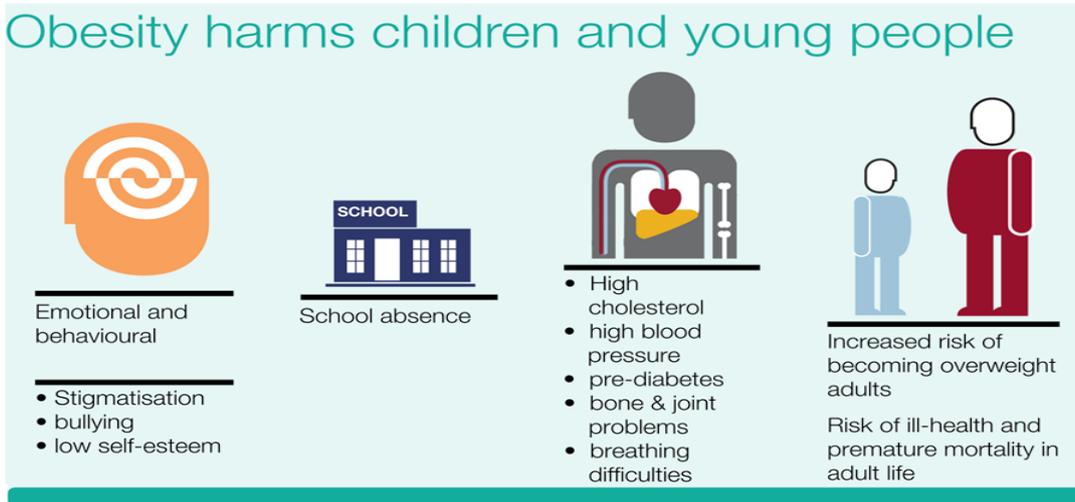


**Fig 3 – Obesity prevalence and deprivation**

The Impact of Obesity on the West Midlands

The human and economic costs of excess weight and obesity are significant.

Obesity in children is linked to a number of emotional, behavioral and physical impacts. Obese children are more likely to suffer for low self esteem, bullying and stigmatization. In addition, high blood pressure, high cholesterol, bone and joint problems and breathlessness are all associated with obesity in children. The cumulative impact can affect school attendance, attainment and readiness for adulthood and employment. Overweight and obese children are also more likely to stay obese into adulthood and more likely to develop cardiovascular diseases, diabetes, musculoskeletal disorders and certain types of cancers at a younger age than those with a healthy weight.



**Fig 4 – Obesity impact on children and young people**

Obese adults continue to be more likely to suffer from physical and mental health conditions. This can reduce employment prospects and also result in short and longer term absences from work. ‘Presenteeism’ can also be an issue, with health conditions associated with obesity affecting the ability of employees to undertake work properly. Obesity also reduces life expectancy.

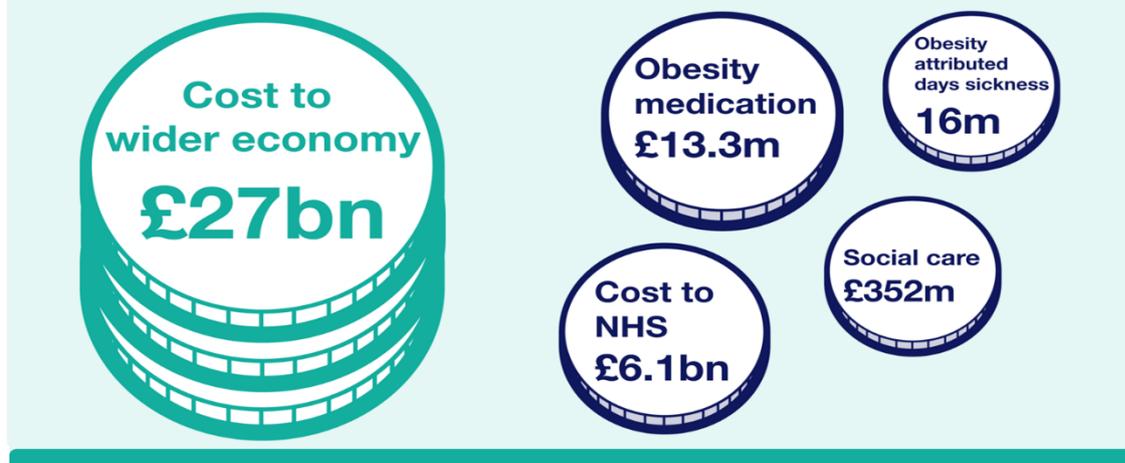


**Fig 5 – Obesity impact on adults**

In addition to the human cost, there is a serious impact of obesity on economic development and prosperity. The overall annual national cost of obesity to wider society is estimated at £27 billion.

In the context of achieving the WMCA’s vision of a healthier, happier and more prosperous West Midlands, obesity can be viewed as a significant challenge to overcome.

## The annual cost of obesity



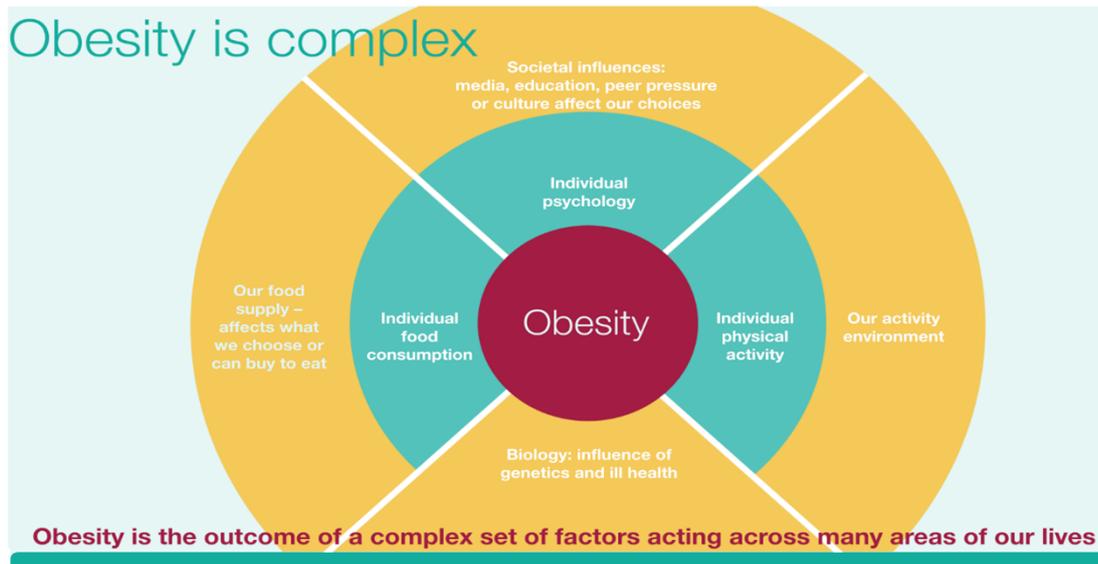
**Fig 6 - The annual cost of obesity**

### Reversing the rise in levels of Obesity

Obesity is accepted as a complex problem with many drivers. These include the influence of our genetics, our environment and our behavioural and cultural influences which affect our food consumption and levels of physical activity.

Globally, the problems of excess weight and obesity have developed over several decades and to date, there is limited evidence for policies and specific interventions that have reversed the trend.

There is however increasing acknowledgment of the need for a systems based response to deliver actions across a whole local system. Within this and as understanding of the issue of obesity develops, there is an increasing focus not on the decision making of the individual but on changing the environment to make a healthy diet and regular physical activity easier to access and consume.



**Fig 7 – The Foresight Report Obesity Systems Map**

At local authority level, there are also numerous examples of action to address the main risk factors for obesity, the food and drink environment and the level of daily physical activity;

#### What works?

Focussing on areas where the WMCA could facilitate action at scale which adds value to existing approaches; there are some evidence based actions which may be relevant to consider;

#### Activity Environment

Adults tend to be more physically active when they live in areas that have higher density of people, and are near shops, services, restaurants, public transport, and parks, compared to residents of less-walkable areas.

A 2016 international study was undertaken to improve the quality of the evidence on activity friendly places and neighbourhoods. The study included participants from 14 cities and surrounding regions in 10 countries including Stoke – on –Trent, Ghent (Belgium), Hong Kong, Wellington and Christchurch in New Zealand and Bogota in Columbia.

The overall findings across all 14 cities were:

- Residential density, number of public transport stops, number of street intersections/street connectivity and number of parks within walking distance were found to be the most activity-friendly characteristics of a neighbourhood.
- Adults who lived in the most activity-friendly neighbourhoods did 48 to 89 minutes more physical activity per week than those in the least activity-friendly neighbourhoods. This difference is much larger than has been reported in other studies.
- Each of these activity-friendly characteristics was independently related to physical activity. The relationships with physical activity were also linear; for example, the higher the level of residential density, the higher the level of physical activity.
- The relationships between a neighbourhood's characteristics and the physical activity of residents were generally similar across diverse cities.

- Mixed land use and nearest public transit point were not, however, significantly related to physical activity levels.

Although not specifically targeted at reducing obesity, the WMCA's emerging Wellbeing Design Code for the delivery of future housing will contribute towards delivering some of these themes.

#### Individual physical activity

There is an increasing number of physical activity initiatives which are targeted at those who are or at risk in being overweight.

#### Man v Fat Football

An initial Solihull MBC funded weight management programme, now UK wide providing a 6 a side league designed exclusively for men who are overweight of any fitness level. Man v Fat claim that 95% of players taking part lose weight. <https://www.manvfatfootball.org/>

Delivered in: Birmingham, Cannock, Coventry, Sandwell, Warwick, Nuneaton, Walsall and Wolverhampton.

#### Couch to 5K (not exclusively targeted at people who are overweight)

An NHS programme designed to inspire people to get off the sofa and running in 9 weeks.

#### Beat the Street (not exclusively targeted at people who are overweight)

Beat the Street is a 12-month community-wide programme which seeks to improve the health and wellbeing of entire towns and cities by getting people of all ages moving by transforming a town into a giant playground and competition using "beat boxes" located on lamp posts. The programme adopts a community approach to behaviour change that is split into 3 phases: anticipation, experience and legacy. Prizes are awarded to individuals, streets, schools and work places to those who have tapped the most boxes. People are supported to continue taking part in physical activity post programme.

There is evidence that the programme leads to long term behaviour change by creating a social norm around walking and cycling. Evaluation demonstrated a 10% increase in the proportion of Beat the Street participants meeting Chief Medical Officer physical activity guidelines in 2017.

<http://www.intelligenthealth.co.uk/evidence/physical-activity/>

Delivered in: Wolverhampton, Birmingham, Sandwell

#### The Daily Active Mile

The Government is encouraging children and young people to do a daily active mile. One such programme is 'The Daily Mile' which is based around the concept of getting primary school children walking or running for 15 minutes a day. A study by Stirling University found that children who were doing the Daily Mile were significantly healthier than those who did not. The study compared a total of 391 children aged between 4 and 12 at two primary schools in Stirling, Scotland – one where pupils participated in the Daily mile and another where they were not.

Children at the intervention school covered, on average, 39.1 metres more during the shuttle run, while their body composition improved too.

In 2016, a handful of schools in Gloucestershire started incorporating the daily mile and found it effective, reporting an improvement in concentration levels as a result of an active break.

Daily Mile has now also extended to encouraging businesses and staff to do a Daily Active Business Mile

Greater Manchester CA is the first Daily Mile friendly area encouraging all schools to be involved. Sport Birmingham is funded by Sport England to encourage all schools in the city to do the Daily Mile and this is supported by STP ambitions. Coventry CC, City of Wolverhampton Council and Warwickshire CC are just 3 areas encouraging all schools to take part in the Daily Mile.

The WMCA could aspire to be Active Mile friendly and aim to have the highest number of young people doing the “Daily Mile”, rather than schools. <https://thedailymile.co.uk/>

Source: Healthy Weight, Healthy Futures – LGA, 2018.

### Societal influences

#### Restricting new hot food takeaway outlets

An increasing number of local authorities have developed planning policies and guidance to control the opening of new hot food takeaways. Such policies aim to control the proliferation of takeaways and the effects on eating behaviour.

#### Our food supply

Vending Behaviour.

Vending machines have been criticised for providing convenient access to food and drinks that are high in saturated fat, sugar and salt.

Interest in approaches to support healthier choices has included the role of vending within hospital settings. A trial of 17 machines within the Leeds Teaching Hospitals NHS Trust was implemented to assess the impact of changing product availability and positioning.

Key findings:

There were meaningful effects on purchasing behaviours from altering the availability and placement of healthier products in the vending machines as follows:

- Sales of cold drinks increased at the same time as a decrease in the average energy (kJ/kcal) and total sugar content (g) per product purchased,
- There was a small decrease in the average energy (kJ/kcal) purchased from the mixed snack machines but an increase in total sugar per product purchased and a decrease in sales. However, this appears to be associated with an increase in sales of dried fruit products, which are not a source of free sugars.

Such changes are commercially viable and in response to these findings, Selecta have changed the product selection of both drinks and mixed snacks in line with Phase 2 of this trial in all 632 machines they manage in all of their 105 NHS sites.

Appendix 2: [Government Childhood Obesity Action Plan Chapter 2 \(2018\)](#)

Appendix 3: [Oklahoma Mayor put his city on a million-pound diet. Did it Work?](#) The Star 16 November 2015

Appendix 4: [WMCA West Midlands on the Move Strategic Framework \(2017\)](#)

Appendix 5: [Childhood Adversity and Obesity](#)

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<sup>i</sup> <https://www.blackpool.gov.uk/Your-Council/The-Council/Documents/Blackpool-Declaration-on-Healthy-Weight-PDF-254KB.pdf>



## WMCA Wellbeing Board

<b>Date</b>	31 October 2018
<b>Report title</b>	Thrive Update
<b>Portfolio Lead</b>	Councillor Izzi Seccombe -Wellbeing
<b>Accountable Chief Executive</b>	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- 01384 815201
<b>Accountable Employee</b>	Sean Russell Email s.russell@west-midlands.pnn.police.uk Tel: 07818276259
<b>Report has been considered by</b>	

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

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

- Note the update on the implementation of Thrive

## **2.0 Purpose**

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

## **3.0 Background**

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

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

- 4.1 The Thrive into Work IPS Trial became operational in June 2018 following an intensive mobilisation period that commenced in October 2017. Three providers have been appointed across four CCG geographies, Prospects, Remploy and Dudley and Walsall Mental Health Trust.
- 4.2 Despite challenging referral targets the referral rate at the end of September stood at 82 % on target (1,161). 198 people have completed a Vocational Profile, a further 85 people have submitted Job Applications and 38 people have secured employment.
- 4.3 Job Starts have been achieved in a variety of sectors including Aeronautical Engineering, Customer Services, Retail and Teaching. The job market is also developing with strong relationships established with companies such as the RAC and Hilton Hotel Group.
- 4.4 The average hours worked are 25 with an average salary of £225 per week.
- 4.5 A small central Programme Team have been established in order to co-ordinate and lead the Programme in addition to managing provider contractual arrangements. A Programme Board is in place chaired by SRO Sarah Norman and an Operational Delivery Group oversees performance chaired by Sean Russell.
- 4.6 Significant ongoing work needs to take place to ensure that referrals continue to flow into the programme. Specific attention is being given to Primary Care referral sources within GP Practice and Community Health Services such as IAPT and Rehabilitation Services.
- 4.7 The Programme Team have in place extensive plans covering communications, engagement and marketing and joint plans with three of the four CCGs. They have also worked to develop systems that support ease of referral from GP Practice. 71 referrals have generated directly from GP Practice with the majority of referrals being self-referrals (although the originating source might be via a GP Practice, this information is being collected from October onwards).
- 4.8 The improvement in the economic, health and social wellbeing in those who are accessing the service are compelling. The Evaluation Consortium have commenced their qualitative evaluation and a draft report will be available in January 2019.

## **5.0 Thive at Work**

5.1 Employment and Employer - Fiscal incentive – This is the trial of a model to test the tipping point at which an employer would initiate wellbeing programmes into the workforce. It seeks to work with 148 small and medium enterprises (SMEs) across the WMCA footprint and works on the premises of a Randomised Control Trial. The programme will focus on key enablers in the company as well as developing wellbeing across mental health, musculoskeletal and lifestyles linking it to the wider WMCA wellbeing and physical activity strategies. The pilot is due to run

until December 2019 with reporting to be complete by March 2020 to support wider discussion around roll out and policy change with Government Departments in 2020.

- 5.2 The programme will be formally evaluated by our academic partners- RAND Europe, Warwick Medical School and Warwick Business School.
- 5.3 £1.4m in funding has been successfully bid from the Work and Health Unit Innovation Fund with quarterly payments that started in April 2018. A Grant Agreement has been signed between WHU and WMCA, and a back-to-back agreement with the evaluation partners has been finalised and will imminently be executed by all parties via deed.
- 5.4 WMCA have successfully recruited above the required number of SMEs onto the trial. The recruited business represent a wide range of business sectors across the WMCA footprint which will support generalisability and scalability of findings.
- 5.5 The timeline for delivery did shift due to building the effective research programme and team and putting robust legal agreements in place however we will look to recover any delays by expediting the research process.
- 5.6 All organisations have been started on the programme as of 8<sup>th</sup> October and the formal evaluation is due to start in the next two weeks.

## **6.0 Employment and Employer- Wellbeing Charter**

- 6.1 Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority have worked with multiple partners and experts to create a new Thrive at Work programme. This programme builds on the existing evidence base and creates a model for improving wellbeing in work place.
- 6.2 The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme focuses on mental health, muscular skeletal health, improving physical activity and a number other risk factors including poor diet, smoking and poor financial health. The Thrive at Work Programme is available to view here: <https://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf>
- 6.3 The approach creates a formal offer for businesses to improve the health and wellbeing of their employees. There is a free online supporting toolkit available to guide organisations to reputable local and national resources, policies and services to help them put the commitment into practice. All organisations that achieve bronze level or higher on the commitment will receive Thrive at Work accreditation and awards. We anticipate organisations will be ready for accreditation in 12 months' time.
- 6.4 In addition to the 152 businesses that are signed up via the trial another 50 have signed up for just the programme, with a range from 2 employees to over 20,000 employees per organisation. Businesses from across a range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities, schools etc.

## **7.0 Mental Health and Justice**

- 7.1 Partners have continued to work together to deliver the Birmingham Test Bed Pilot for Mental Health Treatment Requirements (MHTRs). Up until the 18<sup>th</sup> October there have been 26 orders made through the pilot MHTR process for offenders with primary level mental health needs. A separate process operates for MHTR orders for offenders with secondary care mental health needs and 10 of these orders were made during June and July.
- 7.2 The Birmingham Test Bed has focussed on the learning through the pilot process and for the final stage will concentrate on the the court were it is anticipated that defendants will plead guilty

(GAP Court). Other areas of learning have included the need to develop a process to sequence orders that address both mental health and drug / alcohol issues that underly on offenders behaviour and also ensure appropriate clinical governance arrangements for offenders currently receiving secondary care mental health treatment. Birmingham hosted the second Community Sentence Treatment Requirement (CSTR) Test Bed meeting in October that facilitated learning across the 5 sites.

- 7.3 Under the current pilot the assessments at court for primary care MHTRs will finish at the end of October and the treatment will continue until March 2019. All partner have committed to work together to revise the local MHTR model to address the issues identified above and the WMCA will continue to work with partners to secure ongoing funding and agree a time table for roll out to The Black Country and Coventry. The WMCA and partners will also continue to provide evidence to the national programme to inform decisions made by NHS England, Department of Health, Public Health England and the Ministry of Justice about the long term sustainability of this programme.
- 7.4 Thrive also made commitments to prioritise the mental health needs of offenders in prison before and after release. It has not been possible to establish the Engager Programme as originally intended due to a lack of providers with the accreditation to provide this specific service. While this has delayed the delivery of this Thrive commitment it does provide the opportunity to ensure that work in this area is aligned to the investment in the Community Rehabilitation Company (CRC) through-the gate support for service users when they leave prisons.

## **8.0 Mental Health Awareness**

- 8.1 The Birmingham Walk Out of Darkness was held on Sunday 7<sup>th</sup> October. This event involved a 10k circular walk starting from Victoria Square along the canals in the City. The event was very well attended and provided an opportunity to raise awareness of mental health and suicide and support those affected by these issues and raise money for charities working in this field. This was one of 7 events organised across the county by the charity CLASP.
- 8.2 Work continues to promote Mental Health First Aid Training (MHFA) to deliver the training for 500,000 people over 10 years. This includes working with WMCA members, employers and schools. There are specific MHFA courses focusing on the mental health needs of young people.
- 8.3 The "This is me" campaign is being launched in the West Midlands in January 2019, which aims to reduce mental health stigma and dispel the myths around mental health in the workplace. This is Me helps employers to build understanding and awareness in their organisations by providing a platform for employees to share their mental health stories with others. WMCA aims to get 50 organisations signed up to the This is Me campaign in the first year following the launch.
- 8.4 The Mental Health Commission Star Awards will be held on the 31<sup>st</sup> January 2019. This event will build on the success of the event held this year and provide an opportunity to celebrate the work of people who have made a significant contribution to improving mental health and wellbeing across the WMCA region.
- 8.5 West Midlands Combined Authority also is supporting a new Public Health England (PHE) campaign encouraging adults to look after their mental health as they do their physical health. Every Mind Matters was launched to mark World Mental Health Day. The new campaign highlights that while people can feel stressed, anxious, low or have trouble sleeping, simple actions can help manage and prevent these issues from becoming more serious. The Every Mind Matters guide also offers support for social anxiety, trauma, obsessions and compulsions or panic attacks and provides information for people wishing to help friends, family and colleagues experiencing mental health problems. Every Mind Matters digital platform, including

expert-led videos, and create your own action plan to help look after your mental health is available at:

<https://www.nhs.uk/oneyou/every-mind-matters/>

## **9.0 Financial Implications**

- 9.1 The 18/19 budget allocated for mental health is £435,000. This consists of £304,300 for resources, £100,000 for project delivery expenditure and £30,700 for commission and citizen jury expenses.
- 9.2 Further grant funding secured to date includes funding for the IPS programme which has been allocated £8.355m of funding from the Work and Health Unit over 3 years and £80k from the Police and Crime Commissioner for the Criminal Justice - Engager Programme.
- 9.3 £1.382m has also been secured from the Work and Health Unit of the Department for Work and Pensions in respect of the Fiscal Incentive Programme.

## **10.0 Legal Implications**

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

## **11.0 Equalities Implications**

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

## **12.0 Geographical Area of Report’s Implications**

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

## **13.0 Other Implications**

- 13.1 None

## **14. Schedule of Background Papers**

- 14.1 None

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## Wellbeing Board

<b>Date</b>	31 October 2018
<b>Report title</b>	West Midlands on the Move Update
<b>Portfolio Lead</b>	Councillor Izzi Seccombe -Wellbeing
<b>Accountable Chief Executive</b>	Sarah Norman Email: sarah.norman@dudley.gov.uk Tel: 01384 815420
<b>Accountable Employee</b>	Simon Hall- Physical Activity Policy & Delivery Lead Email:Simon.Hall@wmca.org.uk Tel: 0121 214 7093
<b>Report has been considered by</b>	

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

The Wellbeing Board is recommended to:

1. Note the innovative Housing Deal and Wellbeing Design Code and agree to include this as a separate agenda item at future meetings.
2. Approve the 'West Midlands on the Move' Implementation Group terms of reference, membership and reporting.
3. Approve the draft headline priorities for Disability and Physical Activity.
4. Note the physical activity and social movement work.
5. Agree next steps in developing a WMCA partnership with Sport England.

## 1. Purpose

This paper provides an update on West Midlands on the Move (WMotM) delivery which reflects the role the WMCA has in enabling collaboration and change across sectors which have an impact on shared West Midlands and local priorities to get people active.

## 2. Background

### Housing Deal Wellbeing Design Code Proposals

1. At previous meetings, the Board received an update on the work being expertly led by Deborah Harkins Chief Officer for Health and Wellbeing for Dudley MBC and John Berry, Project Manager, Public Health England West Midlands working with a cross sector project team to shape the approach to Housing delivery and the subsequent opportunities to impact on population health and wellbeing.
2. We cannot stress enough the important role the built and natural environment has on health and wellbeing. Housing and land use policy presents an opportunity to address some root causes of ill health and health inequalities.
3. In March 2018, a Housing Deal between the WMCA and government was announced. This forms part of a programme of joint work and investment between the West Midlands and Government to deliver 215,000 new homes by 2031. This will involve delivery at a rate of nearly 16,000 homes a year compared to an average of 10,000 over the last three years.
4. In addition to the a significant increase in the release of land for new homes, the West Midlands Housing Deal focuses on innovative methods to deliver a brownfield first policy and joint working with partners to support delivery of a mix of tenure provision based on local housing need.
5. The project team has drawn on evidence to develop the following strategic principles, sufficiently broad to enable flexibility in application, but establish features of good quality healthy place making design across the West Midlands:
  - Healthy, affordable homes that enable people to retain their independence
  - Streets that provide, promote and prioritise accessible travel and movement for all
  - Access to the natural environment and high quality social spaces
  - Connected places, with access to services, social infrastructure & transport.
6. This is game changing work for the West Midlands in delivery future housing which has the potential long term to improve the impact on population health and wellbeing. A good example of the added value a WMCA approach can bring.

### Next Steps

7. Infographics and accompanying explanatory text are being developed to support the application of the referenced broad principles, which will be considered by the Housing and Land Delivery Board in December 2018.
8. Discussions are also on going to understand and agree the application of the principles in emerging work areas led by the WMCA Housing and Regeneration Directorate, including the:
  - a. The Spatial Investment and Delivery Plan
  - b. An emerging West Midlands Design Code

- c. Developing Town Centres
  - d. Advanced Methods of Construction (AMC)
  - e. Live opportunities to incorporate into developments
9. Given the significance of this work in addressing one of the wider determinants impacting on health and wellbeing and the potential implications this has for WMCA and local health and planning policies, it is proposed that this is a future Wellbeing Board agenda item presented by lead officers

### **WMotM Implementation Group**

10. To support the shift from planning to delivery has been reflected in an up dated Terms for the group responsible for leading the WMotM implementation. This includes Local Authority Senior Managers, County Sports Partnerships, Sport England and Public Health England. It is chaired by Public Health England's Physical Activity Manager.
11. The Board is asked to approve the Terms, which will mean the Group will steer the WMotM report.

### **“Include Me”. Improving Life Chances of Disabled People by being more active.**

12. With the WM Mayor's support and led by Cllr Caan, this expert working group has been charged to determine what are the West Midlands actions needed to improve the life chances of disabled citizens in the West Midlands by becoming an exemplar region in those disabled citizens who are inactive. This work has been led by the WMCA with the expertise of the West Midlands Activity Alliance Engagement Adviser, Mark Fosbrook.
13. This far reaching research by the Working Group included academic evidence review, a call for evidence and listening events with disabled people and considered the provision and demand for sport, the role physical activity plays as part of a health care pathway and the wider barriers which may impact on disabled citizens.
14. In the West Midlands, 49% of disabled adults in the West Midlands and according to Public Health England, around 3.5m adults England wide are at greater risk of poor health due to inactivity. Our research also highlighted that inactivity also impacts on mental wellbeing, mobility and access.
15. The work is timely given the recent review of evidence of the “General Health Benefits in disabled adults” by Public Health England and Sport England (2018) and led by Birmingham University and co-produced with disabled adults and organisations, which sets out that:

*“there is no good evidence base that suggests being active is a risk for disabled adults” (Public Health England 2018)*

16. The first Infographic Guidelines on physical activity benefits for disabled adults have been produced and are set out in Appendix 2. The working group the promotion and adoption of these guidelines both by disabled people; providers and health practitioners and this is reflected in the recommendations.

17. However, the Group’s research identified that the physical activity session itself was the “tip of the iceberg” of the issues and opportunities that are faced by disabled people.
18. The “**Include Me Report**” is been finalised by the Group and considers where West Midlands impact could be greatest given:
  - a. Disabled people’s perception of their disability or condition and the impact it has on their lives.
  - b. There is lots of good practice which has the potential to be delivered West Midlands wide, such as inclusion sessions in schools and Midland Mencap’s “Parkride”, inclusive family cycling scheme.
  - c. The WMCA’s responsibilities for transport, housing, skills and mental health. This research combined with Transport for West Midlands consultation on its discretionary transport spend.
19. The consensus is that focus should be given to developing better engagement and awareness of a more inclusive approach on how services are delivery, initially starting working on the sport and physical activity sectors, transport and digital innovations. This also means that targeted work is needed where disability heavily impacts on people’s lives.

### Inclusive and respecting choice

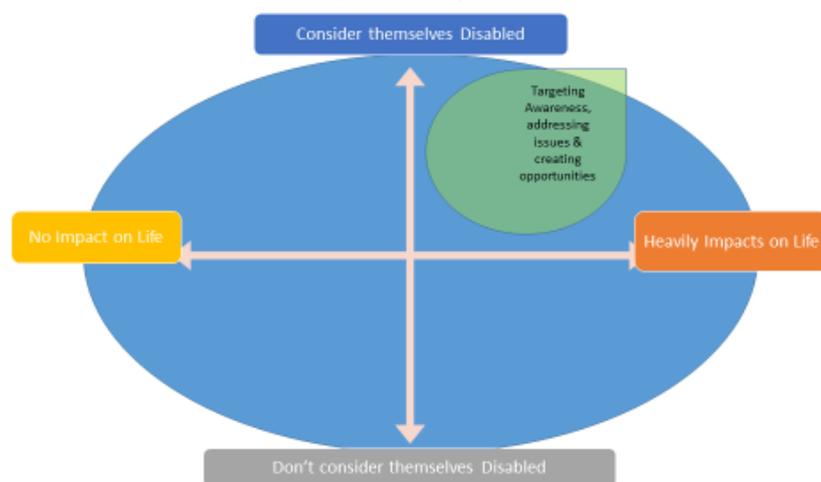


Figure 1- a more inclusive approach to delivery.

20. The following sets out the top 5 draft Priorities:
  - a. **Draft Priority 1: For the West Midlands to be an exemplar region in encouraging a more inclusive approach to sport and physical activity service delivery by driving awareness, engagement, support and reassurance.**
    - i. **Why?:** whilst many providers already offer opportunities for disabled people to take part, disabled people told us that too often they are unaware of opportunities available to them or said what is offered is not appealing or accessible enough:

- ii. **How?:** To co-ordinate work across the West Midlands to become the first area to adopt and deliver the Activity Alliance's and Sport England's "[10 Principles](#)", which encourage an inclusive approach and making delivery more appealing. We will trial this adopt with a Local Authority and private sector partner with the intention to expand West Midlands wide from April 2019.

This trial will look at existing practice and principles which will need to be developed and where support is needed. This may mean some modest changes which can have a widespread impact such as buddying schemes helping and motivating people, whether visually or hearing impaired or a little anxious about taking part.

- b. **Draft Priority 2: To support the development of a regional awareness raising for health and social care practitioners to promote and encourage disabled people to be active.**

- i. **Why:** Our research highlighted that one of the biggest barriers was the lack of physical activity advice and guidance from health and social care professionals for disabled people. There was some local good practice and pilots such as the Disability Rights UK work with social workers.

- ii. **How:** We will build on current best practice including the Disability Rights UK work by developing a joint campaign to promote the physical activity guidelines across health and social care professionals developing case studies of positive impact and providing information on local appropriate opportunities. Explore how social prescribing at scale can connecting advice and guidance with community opportunities.

- c. **Draft Priority 3: Working with Transport for West Midlands (TfWM) to make public transport for preferred choice for disabled people.**

- i. **Why:** The WMCA and TfWM research identified that the lack of access and availability; anxiety about travelling and the location of services in relation to public transport routes were seen as some of the significant barriers.

- ii. **How:** We will work with TfWM and user groups to raise awareness and confidence in transport routes by for example delivering transport planning schemes and explore how we can use digital technology to support travel planning, awareness and access. We will also support the expansion of schemes such as Midland Mencap's "Parkride" inclusive bike scheme West Midlands wide. We will also utilise the expertise of the Disability Minister's offer of her "Disability Champions Network" to develop and implement solutions.

- d. **Draft Priority 4: To develop and promote a workforce programme to develop a sport and physical activity workforce reflective of the WM demographics and to build understanding of working with disabled people motivating them to get active.**

- i. **Why:** Our consultation highlighted that how the disabled customer service of our sport and physical activity workforce was very important

in reducing anxiety, building confidence and encouraging more inclusive opportunities. This is about applying the “10 principles”. We also need a “someone like me” inclusive workforce reflective of the West Midlands demographics.

- ii. **How:** We will work with the sport and physical activity sector to increase training and awareness of inclusive activity and mental wellbeing and subject to funding, champion a recruitment programme to get more a more inclusive workforce (coaches, volunteers and managers and administrators).
- e. **Draft Priority 5: To explore the utilisation of digital technology to raise awareness of local opportunities for disabled people.**
  - i. **Why:** Raising the awareness of local inclusive and specific physical activity opportunities were seen as very important for disabled people if we are to encourage behaviour change. Digital technology was highlighted as one of the main ways to do this, especially for children, young people and their families.
  - ii. **How:** We will pilot work on using digital technologies and the application of Swift and Open Data to provide local opportunities and to support transport planning. Working with disabled people to design solutions which utilise their communication channels.

### **Next Steps**

- 21. The Working Group are considering other policy, practice and funding priorities which will be included in a final report which will be available shortly. This will include we can develop a Disabled Citizens Network to take work forward and both policy influence and funding opportunities that the work will bring.
- 22. The Report will be circulated for consultation and presented to the WM Mayor later this year. Priority will be given to attracting funding to deliver immediate priorities.

### **Physical Activity as a social movement**

- 23. WMotM promotes physical activity as a social movement and WMCA is trialling work with social movements which encourage people to be active by tapping into their other motivations to help individuals and the community.

### **GoodGym – a physical activity and befriending older adult’s service**

- 24. An initial 3 year partnership with GoodGym to support its roll out across the West Midlands getting people active by working with adult social care to deliver such a service where the demand is greatest and delivering other good deeds.
- 25. Working with GoodGym, our priority areas have been where there is the greatest interest in running for GoodGym and where demand for support for isolated older adults is greatest.
- 26. In early October 2018, the Cabinet Member for Health and Social Care, Solihull MBC and the WM Mayor launched Goodgym Solihull, the first as a partnership

between a Local Authority and WMCA and the fifth GoodGym UK wide. At the launch they commented:

*“It’s a win-win for runners get the motivation they need and for the older people the runners visits who get some help and chat at home”*

*Cllr. K Grinsell, Cabinet Member for Health and Social Care*

*“building stronger and sustainable communities is central to the WMCA’s purpose, this project is a superb example of that”*

*Andy Street, WM Mayor*

27. The programme will start later in the winter initially targeted where there is the highest demand for support to older people (Age UK Heat map) and moving into North Solihull in Year 2.

### **Next Steps**

28. GoodGym Coventry will follow shortly early 2019 and connecting the existing GoodGym Birmingham with adult social care partners. Planning has started in Leamington and Wolverhampton where over 140 runners have registered an interest. Discussions are ongoing in Walsall with adult social care as a potential model of delivery and to explore the potential for work West Midlands wide.

29. A West Midlands approach will work towards a West Midlands ambition to get over 800 older people accessing befriending support by 2021.

**Daily Mile Foundation** –getting schools to sign up to their children doing the Daily Mile as part of their school day to improve health and school attainment.

30. Public Health England is promoting young people to do the Active Mile and one such way in the Daily Mile. There is a low take up by West Midlands primary schools to sign up to the Daily Mile. Our intelligence says that there are a number of local authorities and STPs who are all encouraging primary schools in the area to do the Daily Mile.

31. Sport Birmingham has recently secured Sport England funding to co-ordinate work across the City to get more schools signed up to the Daily Mile. The WMCA will be working with Sport Birmingham and those interested Local Authorities and partners to implement a West Midlands wide campaign..

### **Next Steps**

32. WMCA wants to work with partners to deliver a West Midlands campaign to get all schools and young people being active for at least a mile, by doing the Daily Mile.

**Bounce Alzheimer Therapy** – an adaptive table tennis game and table research trial working Alzheimer and dementia patients.

33. In partnership with the Birmingham and Solihull Mental Health NHS Foundation Trust, GJW Turner Charitable Trust and Loughborough University, the WMCA

is working with the Bounce Alzheimer Therapy to trial this adaptive game at the Juniper Centre, Moseley Birmingham.

34. The trial is testing the findings of Japanese study which saw improvement in cognitive functions of early onset dementia patients.

### **Next Steps**

35. The table and training will be delivered to the centre later this year and launched to coincide with the first “Mental Health through Sport” Conference at Newman University in December 2018.
36. The trial findings will be available in Summer 2019.

### **Sport England Partnership**

37. At previous meetings, members were informed of an emerging partnership between West Midlands Combined Authority and Sport England, Government’s strategic lead for sport and lottery distributor. This partnership is about focusing on those work areas which will bring added value to local planning and delivery to getting more people active and reducing inequalities such as our disability work.
38. A meeting is scheduled for the 23 October 2018 and the Wellbeing Board will be briefed on outcomes at its meeting.

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

There are no additional funding implications beyond current WMCA commitments. The WMCA has also secured 2 days a week support from the Activity Alliance and Public Health England for the housing and disability work. Any additional funding will be externally sourced by the WMCA.

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

There are no additional legal implications at this time.

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

The disability and physical activity work has been developed through consultation with Disabled people and specialist disability organisations. This includes securing the 2 days a week secondee from the Activity Alliance. The delivery of the priorities listed in the report will be co-designed with the emerging Disability Citizen’s Network and with stakeholders. The delivery also promotes an inclusive approach to delivery.

The social movement delivery is targeting specific inequalities which are listed in the report.

If secured Sport England investment will be targeted at addressing the inequalities that exist in who takes part.

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

The disability and physical activity findings have identified the impact of transport, employment, housing and behaviours which impact on disabled people’s life chances by being more active.

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

The work streams are responding to the WMCA Board approved WMotM strategic framework and those areas which will bring added value to local provision. This includes where appropriate delivering work at scale and targeted work in local areas where there is consensus.

## 9. **Other Implications**

There are no other implications associations with this report.

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

1. West Midlands on the Move Implementation Group Terms of Reference  
**West Midlands on the Move Implementation Group**

### **Terms of Reference. August 2018**

#### **Overall Purpose**

Reporting to the WMCA Board via the Wellbeing Board, the Group will lead the development, implementation and impact of the WMCA's Physical Activity Strategic Framework, "West Midlands on the Move 2017-30". This implementation will include demonstrating the scale of impact delivered by reducing levels of physical inactivity in achieving a healthier and more prosperous West Midlands

#### **Definition**

The Group's focus is on the World Health Organisation's<sup>1</sup> definition of physical activity with an emphasis on getting more people to adopt an active lifestyle.

Members acknowledge the relationship between economic prosperity and inclusive economic growth and getting people active. It is important that the group informs WMCA strategies and consider their impact on delivery. This may include preparing a group view and response.

Priority is actions needed to reduce levels of physical inactivity and inequalities which exist in the West Midlands Combined Authority area and where acting across the area of the WMCA will add additional value to actions at the local authority level.

#### **Scope**

1. To lead the implementation, monitoring and review of West Midlands on the Move which bringing added value to local delivery.
2. As part of the Strategy's implementation, shape and measure metrics needed to evidence progress and impact in reducing levels of inactivity, and its contribution to the WMCA Performance Management Framework including Public Sector Reform.
3. To consider the resources needed in terms of staffing (both existing and potentially new); systems and processes as well as finance needed to implement the Strategy's priorities. This will include working with others to look at how future devolution deals and other external sources of funding could contribute to delivering any additional resources needed.
4. To improve marketing and communications around the added value and impact of the Physical Activity across the WMCA area.
5. To work towards consensus from each of the constituent and non-constituent members on their commitment to "West Midlands on the Move" work streams including evidencing the

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<sup>1</sup> <http://www.who.int/ncds/prevention/physical-activity/en/>

- added value this will bring to local delivery; agreeing the scope of co-operation and potentially co-resourcing and measuring the impact on local planning and delivery.
6. To prepare and agree WMCA, Local Authority and Other Network's Board and Committee papers and briefings needed to build awareness and integration as part of WMCA policy, including future devolution deals and resource bids.
  7. To work to ensure that the WMCA Physical Activity Group continues to support both constituent and non-constituent members where it is agreed that it brings added value to local and sub-regional planning and delivery.
  8. To work towards ensuring both impact and sustainability of the actions set out in its Strategic Framework.
  9. The group will consider the draft proposals for the WMotM report to the Wellbeing Board/PSR Board and other Boards as appropriate and their outcome. Members will also brief relevant Local Members who attend the relevant WMCA Boards and other stakeholder boards to encourage consistency in message and purpose, issues and outcome.
  10. To share practice and learning from the delivery of relevant local/sub-regional approaches which could be developed at scale or inform future planning.

### **Authority**

The Group shall be the responsible for ensuring it keeps a line on the strategic direction and not on specific initiatives and opportunities, unless there is Group consensus to do so. It will seek approval from WMCA Board<sup>i</sup> via the Wellbeing Board & where relevant other identified WMCA Theme Groups such as the Strategic Transport Officers' Group; Thrive West Midlands on specific issues which require adoption; progress reporting, resources and policy matters.

### **Membership**

West Midlands Combined Authority Programme Board Chief Executives shall appoint the following Group members:

- WMCA Political Physical Activity Champion
- 1 x Senior Officer from each of the 7 Constituent Local Authority Members or nominee.
- 1 x Senior Officer from WMCA Transport for the West Midlands
- 1 x Senior Officer from each of the non-constituent stakeholder members including Public Health England, Sport England, NHS Foundation Trust.
- 1 x each of the 3 West Midlands County Sports Partnerships
- 3 x Nominated Officers from non-constituent members.
- The Group shall also appoint other Advisory Members as required.

### **Meeting Arrangements**

The meetings shall be scheduled at least 3 weeks prior to the WMCA Wellbeing Board<sup>ii</sup> to ensure effective progress reporting and decision making. Constituent Members shall have voting rights. Meeting Agenda shall be agreed with the Chair and circulated 10 working days before the meeting and papers prepared and distributed 3 working days before the Group's meeting.

The Group's Chair appointment shall be approved by the WMCA Wellbeing Board. Members will need to be nominated by Local Authorities and be able to provide advice on direction, confirm approval process and communicate progress and actions to relevant senior officers and members. Substitutes are able to attend, where they bring additional expertise to agenda items such as workforce.

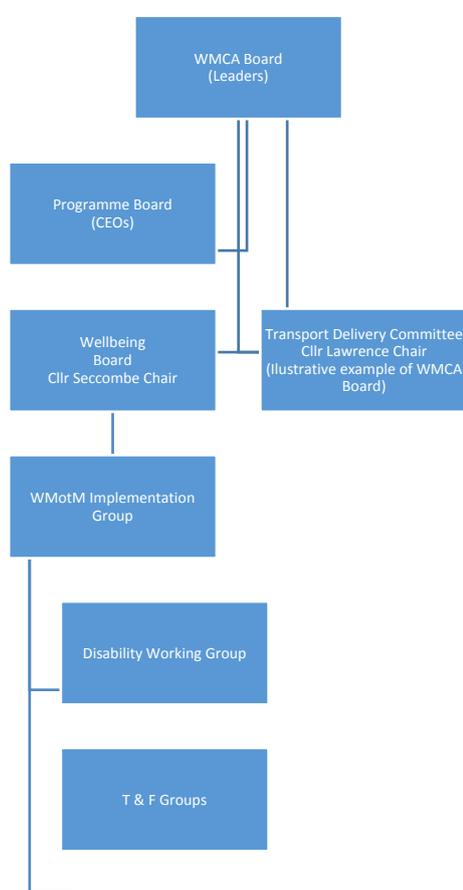
The Group is able to establish Working and time limited Task and Finish Groups for specific work as required without specific permission from the Wellbeing Board.

### Reporting

Wellbeing actions shall be reported to the WMCA Wellbeing Board and through to the Programme Board<sup>iii</sup> and WMCA Board as required. This includes both progress reports such as dashboards and decisions needed by the WMCA Board.

### Review

This Terms of Reference will be reviewed on an annual basis in line with the Strategy adoption and year on year delivery of its implementation plan. Approval to any changes both in terms of purpose, resourcing and membership shall be gained from WMCA Board via recommendations from the WMCA Wellbeing Board.



The WMCA Board’s membership includes the Leaders of the constituent and non-constituent authorities, LEP chairs and:

- Has Overall responsibility for developing and delivering the Strategic Economic Plan
- Has Overall responsibility for developing the strategy and delivering Public Service Reform (PSR)
- Negotiates and delivers current and further devolution deals
- Approves of future devolution deal development, to determine strategy on investment decisions
- Allocates resources through the Combined Authority budget & income streams such as devolution deals

- Determines Transport strategy and spending priorities
- Operates Cabinet model with Constituent Member Leaders 'sponsoring' a portfolio
- Consider and determines applications for Constituent, Non-Constituent and observer status
- Works with partners to develop the Midlands Engine
- Works with Government to develop and influence national policy
- Sets up the fees for membership

The WMCA Wellbeing Board's membership includes the chairs of constituent and non-constituent authorities Health and Wellbeing Boards, STP leads, WM Fire Service and WM Police NHS and Public Health England and is:

- Responsible for setting the overarching strategic vision for the West Midlands Health and Social Care economy.
- Support the West Midlands to achieve its ambition of improving health outcomes for its residents as quickly as is possible, robust and inclusive
- governance structures need to be developed and put in place

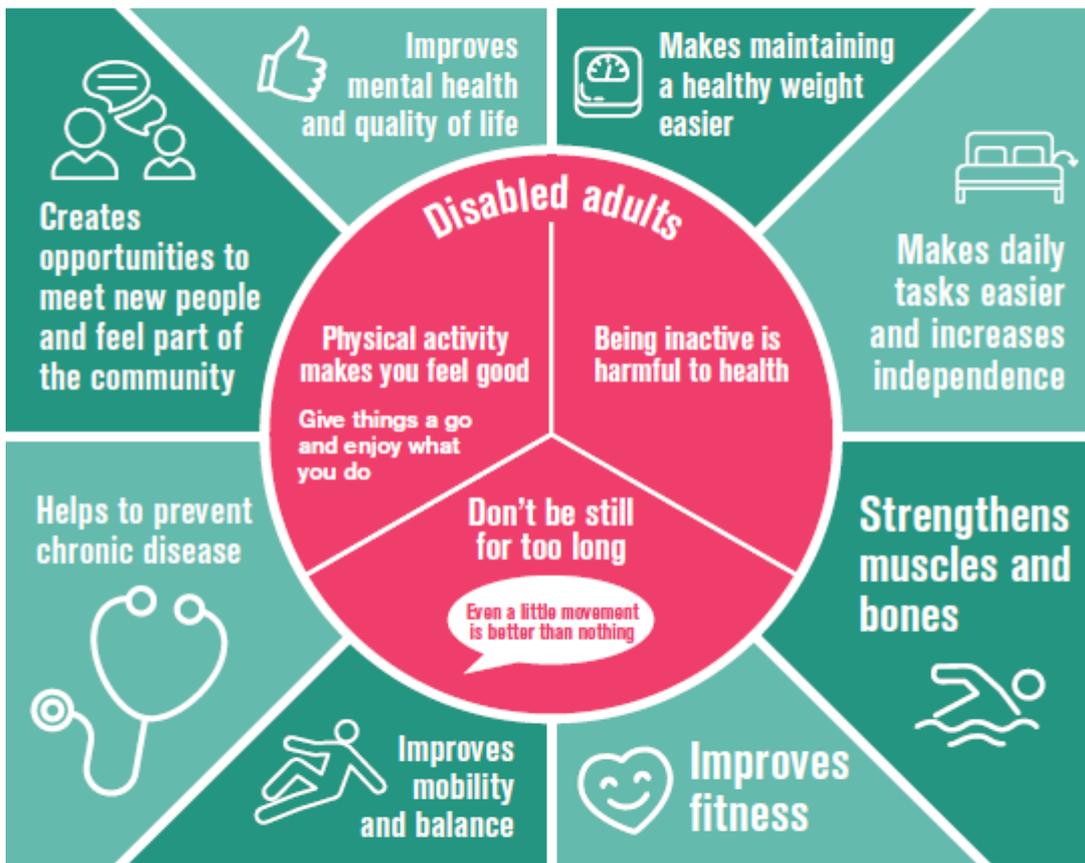
The WMCA Programme Board's membership includes the Constituent and Non Constituent Chief executives and:

- provides a forum for the officer management board to share appropriate proposals and decisions before consideration by the WMCA Board or other groups as necessary.
- receives relevant papers from officers, work streams, working groups, strategy groups, advisory groups or Boards as appropriate before seeking approval of the Combined Authority Board.
- ensure appropriate consideration of strategic and performance management activities of the Combined Authority.

2. Being active benefits for disabled people Infographic (Public Health England 2018)

# Physical Activity for Disabled Adults

Make it a daily habit



**Do strength and balance activities on at least two days per week**

**For substantial health gains aim for at least 150 minutes each week of moderate intensity activity**

**Remember the talk test:**

- Can talk, but not sing = moderate intensity activity
- Difficulty talking without pausing = vigorous intensity activity

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: [www.bit.ly/s tartactive](http://www.bit.ly/s tartactive)

### 3. Activity Alliance 10 principles

Activity Alliance, in conjunction with Sport England has to guide providers which on adoption would make physical activity opportunities more appealing and inclusive.

#### Principle 1



##### My Channels

Use communication channels that I already trust e.g. social media, local media.

#### Principle 2



##### My locality

Travelling to get to activities can be a significant barrier for disabled people. I would much prefer opportunities to be closer to home.

#### Principle 3



##### Me, not my impairment

Many people do not identify with being disabled and are put off by advertising that focuses on disability.

#### Principle 4



##### My values

Everyone has values. Understanding what my values are and linking an activity to these can make taking part more appealing.

#### Principle 5



##### My life story

As people grow older our values change. Keep me interested over time through new ideas.

#### Principle 6



##### Reassure me

Some disabled people fear standing out and need to be reassured that any activity we attend will be welcoming and suitable for our needs.

#### Principle 7



##### Include me

Some disabled people need to know we are good enough to take part. Providers should make sure that people with varying ability levels feel included in sessions.

#### Principle 8



##### Listen to me

Disabled people can be limited by our impairment and should be able to discuss our needs in a safe and private environment before starting an activity.

#### Principle 9



##### Welcome me

An unpleasant first experience can prevent anyone from taking part again. Ensure my first experience is enjoyable so I'm likely to return.

#### Principle 10



##### Show me

Engage disabled people who are already involved in your activity to promote it to others.

Activity Alliance 2018, which have been released as guidance to providers, supported by 5 films which

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