

## Wellbeing Board

**Date:** Thursday 24 October 2019  
**Time:** 1.00 pm **Public meeting** Yes  
**Venue:** Room 116, 16 Summer Lane, Birmingham B19 3SD

### Membership

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

Quorum for this meeting shall be seven members.

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

**Contact** Wendy Slater  
**Telephone** 0121 214 7016  
**Email** [wendy.slater@wmca.org.uk](mailto:wendy.slater@wmca.org.uk)

# AGENDA

No.	Item	Presenting	Pages
1.	Apologies for Absence	Chair	None
2.	Declarations of Interest Members are reminded of the need to declare any disclosable pecuniary interests they have in an item being discussed during the course of the meeting. In addition, the receipt of any gift or hospitality should be declared where the value of it was thought to have exceeded £25 (gifts) or £40 (hospitality)		None
3.	Chair's Remarks (if any)	Chair	None
4.	Minutes of the last meeting	Chair	1 - 6
5.	Matters Arising	Chair	None
6.	Population Intelligence Hub	Lina Martino	7 - 22
7.	Proposal for Consultation on a 'Healthy Weight' Action Plan	Vice-Chair/ Lina Martino/Sean Russell	23 - 58
8.	West Midlands Thrive Update	Sean Russell	59 - 78
9.	West Midlands On The Move	Simon Hall	79 - 88
10.	Date of next meeting - 24 January 2020		None



**West Midlands  
Combined Authority**

## **Wellbeing Board**

**Friday 19 July 2019 at 10.00 am**

### **Minutes**

#### **Present**

Councillor Izzi Seccombe (Chair)  
Councillor Nicolas Barlow  
Councillor John Beaumont

Councillor Les Caborn  
Councillor Rose Martin  
Jason Campbell  
Guy Daly  
Helen Hibbs  
Sue Ibbotson  
Paul Jennings  
Sarah Marwick

Lina Martino  
Sean Russell

WMCA Wellbeing Portfolio Holder  
Dudley Metropolitan Borough Council  
Nuneaton and Bedworth Borough  
Council  
Warwickshire County Council  
Walsall Metropolitan Borough Council  
West Midlands Fire Service  
Universities (Coventry)  
STP Systems Leader NHS  
Public Health England  
STP Systems Leader NHS  
Office of the Police & Crime  
Commissioner  
Public Health England  
Director of Implementation for Mental  
Health, Wellbeing & Radical Prevention

#### **In Attendance**

Councillor Cathy Bayton

Fiona Bottrill

Lynne Bowers  
Ian Carey  
Simon Hall  
Henry Kippin

WMCA Overview Scrutiny Wellbeing  
Lead  
Programme Manager – Justice &  
Engagement (Mental Health)  
New NHS Alliance  
Black Country Consortium Limited  
Physical Activity Policy & Delivery Lead  
Director of Public Service Reform

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

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

Apologies for absence were received from Councillors Caan, Grinsell, Hamilton, Jaspal, Longhi and Shaeen and Ben Brook, Andy Hardy and Alison Tonge.

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

The following substitutes had been received:

Councillor Rose Martin for Councillor Marco Longhi (Walsall MBC) and Jason Campbell for Ben Brook (West Midlands Fire Service).

**3. Welcome and Introductions**

The Chair welcomed everyone to the meeting and introductions were duly noted. The Chair also took the opportunity to thank past members of the board for their contributions to the work of the board.

**4. Chair's Remarks**

The Chair reported that she was pleased that the WMCA had formally signed the Public Health Mental Health Prevention Concordat with Public Health England today. The concordat builds on the Thrive Action Plan and formalises the commitment that everyone has signed up to support.

**5. To note the schedule of meetings for 2019/20**

The board noted the schedule of meetings for 2019/20

- 18 October
- 17 January 2020
- 3 April 2020

All meetings scheduled from 10.00am-12.00pm

**6. To agree to the re-appointment of Councillor Hamilton as Vice-Chair for 2019/20**

The board supported the re-appointment of Councillor Hamilton as Vice-Chair for the new municipal year.

Resolved: That Councillor Hamilton be re-appointed as the Vice-Chair of the board for 2019/20.

**7. Terms of Reference**

The terms of reference for the board were noted.

**8. Minutes of the last meeting**

The minutes of the meeting held on 5 April 2019 were agreed as a correct record.

**9. West Midlands On the The Move**

Simon Hall, Physical Activity Policy and Development Lead, WMCA, outlined a report that summarised progress on the impact of delivering the 2019/20 priorities for 'West Midlands on the Move' since the last meeting.

Simon Hall highlighted key areas of the report which included the launch of 'Include Me West Midlands' in May which seeks to commit organisations to sign up to a more customer centred and inclusive approach to sport and physical activity planning and delivery. A letter would be sent to local authorities asking for their commitment; a draft letter was appended to the report.

Additionally, a consultation draft agreement between the WMCA and Sport

England to seek commitment to collaborative engagement with partners in a place-based approach was attached to report and endorsed by the board.

The board also received a presentation from Ian Carey, Active Black Country Director, Black Country Consortium Limited on the Black Country Fund.

It was noted that the Black Country Fund is a place-based fund to tackle physical inactivity in priority areas that have the highest level of physical activity. Working with statutory and non-statutory partners, the two year project would seek to identify how services could be developed and adapted to better meet the needs of communities and evidence the role sport can play in delivering social outcomes.

Ian Carey undertook to involve ward councillors in the consultation for the project and to attend a Black Country STP Board meeting at the request of Helen Hibbs.

The Chair thanked Ian Carey on behalf of the board for his presentation and asked that the board receive regular updates on the learning from the project.

Resolved:

1. That progress in delivering priorities and early learning be noted;
2. That the joint letter from the Wellbeing Chair and the Political Physical Activity Champion to local authorities and organisations seeking their commitment to the Include Me West Midlands report be approved and
3. That the shared Statement of Intent between the WMCA and Sport England on collaborative engagement and the next steps be agreed.

#### **10. Thrive Update**

The board received an update on Thrive from Sean Russell, Director of Implementation for Mental Health, Wellbeing and Radical Prevention.

Sean Russell provided an update on two key areas of Thrive, the Individual Placement and Support (IPS) Programme and the Thrive At Work Programme.

It was noted that 31 January 2020 would mark the third anniversary of the launch of the Thrive report; a formal review of the programmes for the five key areas of Thrive would be undertaken in the run up to the anniversary and would be reported to this board.

The Chair conveyed her thanks to all those working on the Thrive programmes including those working behind the scenes who were changing people's lives.

Resolved: That the update be noted.

## **11. Developing Service User and Citizen Engagement Across the Thrive Programmes**

Fiona Bottrill, Programme Manager – Justice and Community Engagement (Mental Health) presented a report that set out proposals to develop the citizen and service user engagement started by the Mental Health Commission Citizens' Jury.

The report outlined proposals for Thrive Ambassadors, a Thrive Advisory Panel, Include Me West Midlands Champions and the development of a WMCA volunteering and involvement policy.

It was noted that the report had been considered by the WMCA's Overview and Scrutiny Committee earlier in the month.

In relation to the focus of the engagement remaining with the Thrive Programmes and mental health, Lina Martino considered the focus should also include wellbeing as the two areas of mental health and wellbeing were closely linked.

Sue Ibbotson reported that Public Health England's Every Mind Matter campaign would be launched in the autumn and it would be beneficial if the citizens' engagement work could be connected with this.

Fiona Bottrill thanked colleagues for their comments and advised that the proposals would be tested with focus groups.

Resolved:

1. That comments on the proposals to develop the citizen and service user engagement across the WMCA Thrive programmes be noted and
2. That the proposals referred to in 1 above and outlined in sections 3- 6 of the report be developed, taking into account feedback from the WMCA's Overview and Scrutiny Committee and this board be agreed.

## **12. Update on Community Sentence Treatment Requirement Programme**

Fiona Bottrill, Programme Manager- Justice and Community Engagement Manager (Mental Health) presented a report that updated the board on the Community Sentence Treatment Requirement (CSTR) Programme.

The report set out progress of the Birmingham and Solihull Mental Health Treatment Requirements and outlined the roll out of the CSTR pilot to the Black Country starting in Walsall.

It was noted that the West Midlands pilots are influencing national policy as the CSTR programmes will be rolled out nationally.

The board welcomed the report and the extension of the pilot to the Black County.

Resolved:

1. That progress in the Birmingham and Solihull and CSTR pilot be noted and
2. That the proposal to extend the Community Sentence Treatment Requirements programme to the Black Country as outlined in section 4 of the report be noted.

### **13. Midlands Engine Update**

Sean Russell, Director of Implementation for Mental Health, Wellbeing and Radical Prevention reported that he was pleased to announce that a bid to the West Midlands Engine for workplace wellbeing had been successful.

He reported that he would provide an update to a future meeting of the board and would circulate further details to the board within the next few weeks following the signing of the contract.

### **14. Work Plan**

The Director of Implementation for Mental Health, Wellbeing and Radical Prevention, Sean Russell, outlined a draft work plan of items to be considered at the next meeting and future meetings.

Sean Russell reported that for future meetings, it would be useful for matters reported to this board to be reported to local authority health and wellbeing boards/STPs and similarly, for issues discussed at local authority/STP level to be referred to this board where appropriate.

Paul Jennings and Sue Ibbotson undertook to discuss how health and wellbeing boards and STPs could take forward joint working with the board with regards to key work areas such as prevention plans and Five Year Plans.

The meeting ended at 12.00 pm.

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## WMCA Wellbeing Board

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

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

**The Wellbeing Board is recommended to:**

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

**1. Purpose**

- 1.1 To update the WMCA Wellbeing Board on the current position of the Population Intelligence Hub, including progress on intelligence projects so far.

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

## 2. Background

- 2.1 The Population Intelligence Hub is a virtual intelligence hub established by PHE in collaboration with the WMCA. It is part of the WMCA's Inclusive Growth Unit.
- 2.2 Its remit is to initiate primary research, support the development of data systems and integrate a wide variety of existing intelligence, resulting in actionable insight to improve outcomes and reduce health inequalities for the West Midlands population.
- 2.3 The Hub is intended to be a resource for the whole West Midlands and be a focal point for place based intelligence on population outcomes. Whilst aligning closely with the priorities of the WMCA and supporting work to demonstrate impact across thematic areas, the Hub will deliver outputs that will be of use for population health focused organisations across the West Midlands.

## 3. Completed projects and progress to date

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

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

- 4.1 The Hub will continue to lead and support projects in line with its strategic objectives of **demonstrating impact, delivering solutions** and **increasing capacity**. These projects are planned to support the Inclusive Growth Unit, the WMCA Healthy Weight Strategy and the next phase of the Thrive West Midlands programme. Additional activities will contribute to growing the capacity of the hub to draw upon available resources for intelligence and analysis within the West Midlands and nationally.
- 4.2 The work plan is designed to complement and align to the development of a more cohesive approach across the Public Service Reform team and wider WMCA, and stronger relationships with PHE, the WM ADPH and other regional partners.
- 4.3 Table 1 summarises the revised 2019/20 work plan, with ongoing and proposed projects for 2020/21. These will cover the period to the end of Q2 (September 2020). Further detail is provided in Appendix 2.

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

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

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

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

## 5. Delivery of the work plan

### 5.1 Structure and governance

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

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

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

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

### 5.2 Resources and budget

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

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

5.2.3 Apart from these designated roles there is no dedicated budget for the delivery of this work. The Hub relies on intelligence partners across the West Midlands to support work programmes and activities.

### 5.3 WMCA Wellbeing Board Sponsor

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

## 6. Financial Implications

6.1 There are no immediate financial implications.

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

**7. Legal Implications**

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

**8. Equalities Implications**

8.1 Effective research and intelligence will support WMCA equalities responsibilities.

**9. Inclusive Growth Implications**

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

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

10.1 The 14 local authorities within the West Midlands.

**11. Other Implications**

11.1 None noted.

**12. Schedule of Background Papers**

## Appendix 1: 2018/19 work plan summary and progress

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

Project	Status
Healthy Life Expectancy analysis	Project completed May 2018. Positive feedback received from Local Authority partners and WMCA.
West Midlands Youth Justice Needs Assessment	Completed by LKIS in June 2017. Positive feedback from Claire Dhami.
Creating a health and wellbeing dashboard for the WMCA Wellbeing Board	Dashboard developed in 2017. Further work to review use and any feedback. <b>(See 19/20 workplan).</b>
LA analyst skills audit	Completed in 2017
Evidence reviews for MCN	Completed September 2018 Review of data sharing for adults with MCN conducted by LSHTM MSc student, Katherine Korner. Formulated and presented actionable recommendations.
Developing a WMCA Inclusive Growth Index	Completed with partners September 2018 Received at WMCA Programme Board. Ongoing work to refine and embed into practice and policy. <b>(See 19/20 workplan).</b>
Engagement with senior decision makers at PHE and WMCA for support for hub	Completed May 2018
Bid to draw down national resources for new staff to support Population Hub	Completed July 2018
Methods to map and influence complex adaptive systems	Potential methods outlined and presentation on CAS given at WM Learning for Public Health event.



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

Appendix 2: Summary of ongoing and proposed projects

**1. Developing the WMCA Wellbeing Board dashboard**

**Section:** Demonstrate Impact

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

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

**Description:**

- Ensure current dashboard and monitor is fit for purpose and contains the most up to date data.
- Engage with stakeholders (WMCA Wellbeing Board Portfolio Lead and members, WMCA Programme Board, WMCA Wellbeing and PSR executive team) to determine whether these metrics are being used, and if so how.
- Identify what learnings can be obtained from the past year, and what changes need to take place to improve the use of routine information in the coming year.
- To be undertaken with support from PH WM LKIS.

**2. Growth Corridor Population Analysis**

**Section:** Demonstrate Impact

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

**Aims:** To generate a granular understanding of the populations surrounding the proposed growth corridors and sites of major WMCA regeneration, and to predict the potential population impact of upcoming activities in these areas.

**Description:**

- Characterise the existing populations surrounding the proposed growth corridors and/or major transport development.
- Consider the current constitution in terms of demographics (age, gender, ethnicity, migration status), education, skills and health outcomes.
- Map local assets such as healthcare facilities, children’s centres, educational facilities, major businesses and cultural attractions.
- Review evidence and learnings from previous regeneration and area development projects in
- the UK and internationally.

- Forecast potential implications for these populations in terms of migration, mobility, access, job availability, health outcomes, and other relevant outcomes. The Hub will focus on health outcomes in the first instance, with a view to working with partners to expand analysis to other outcomes.

Potential partners in delivering this project are City REDI at Birmingham University, the Black Country Consortium, Transport for West Midlands and West Midlands Police Data Driven Insight team.

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

**Section:** Demonstrate Impact

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

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

**Description:**

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

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

**Section:** Demonstrate Impact

**Lead(s):** Public Health Intelligence Analyst

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

**Description:**

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

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

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

**Section:** Demonstrate Impact

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

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

**Description:**

- Support the consultation process for the Healthy Weight Strategy, and use information from local communities to shape and update the approach to evaluation.
- Appraise existing measures of overweight and obesity in adults and children for appropriateness and responsiveness for the West Midlands. Include metrics relating to physical activity, mental wellbeing and the built environment; also qualitative assessment of facilitators and barriers.
- Describe the evidence-based activities which contribute to the reduction of obesity in children and adults which are amenable to influence at the combined authority level.
- Collate success stories of obesity reduction in the UK, with close attention to reductions achieved and approaches/methods employed.
- Model changes in outcome measures represented by different targets – e.g the reduction in obesity achieved by reducing the gap between the most and least deprived by 20%.
- Propose ambitious but realistic targets to the WMCA Obesity Strategy Taskforce.

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

**Section:** Demonstrate Impact

**Lead(s):** TBC

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

**Description:**

- Existing mental health data poorly describes and tracks the experience of people of Black origin who suffer from mental health conditions. This is particularly the case when these people are at the severe end of the disease spectrum or are in contact with the criminal justice system.
- Current evidence suggests that a complex system focus is required to develop new theories on how lasting and significant change can be generated in this area. This requires a new complex systems approach and potentially new metrics.

Potential partners in delivering this project are the PHE National Mental Health team (Lily), PHE West Midlands (Paul Sanderson) and community and advocacy groups. Also links to Advancing Mental Health Equality work by the RCPsych.

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

**Section:** Demonstrate Impact

**Lead(s):** TBC

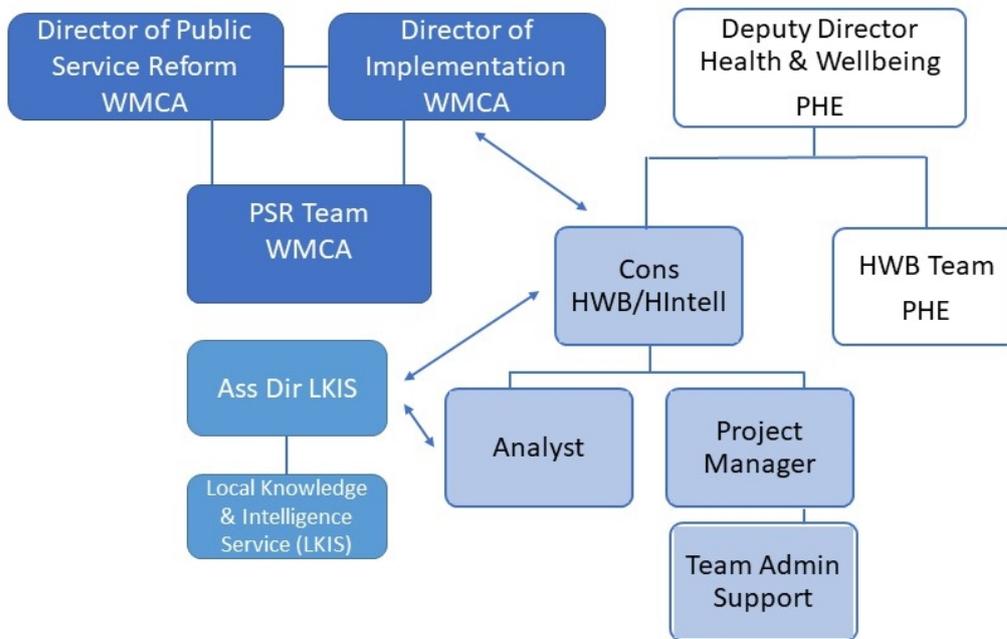
**Aims:** Develop models to demonstrate return on investment (ROI) for WMCA policies, strategies and programmes that impact on the wider determinants of health and health inequalities.

**Description:**

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

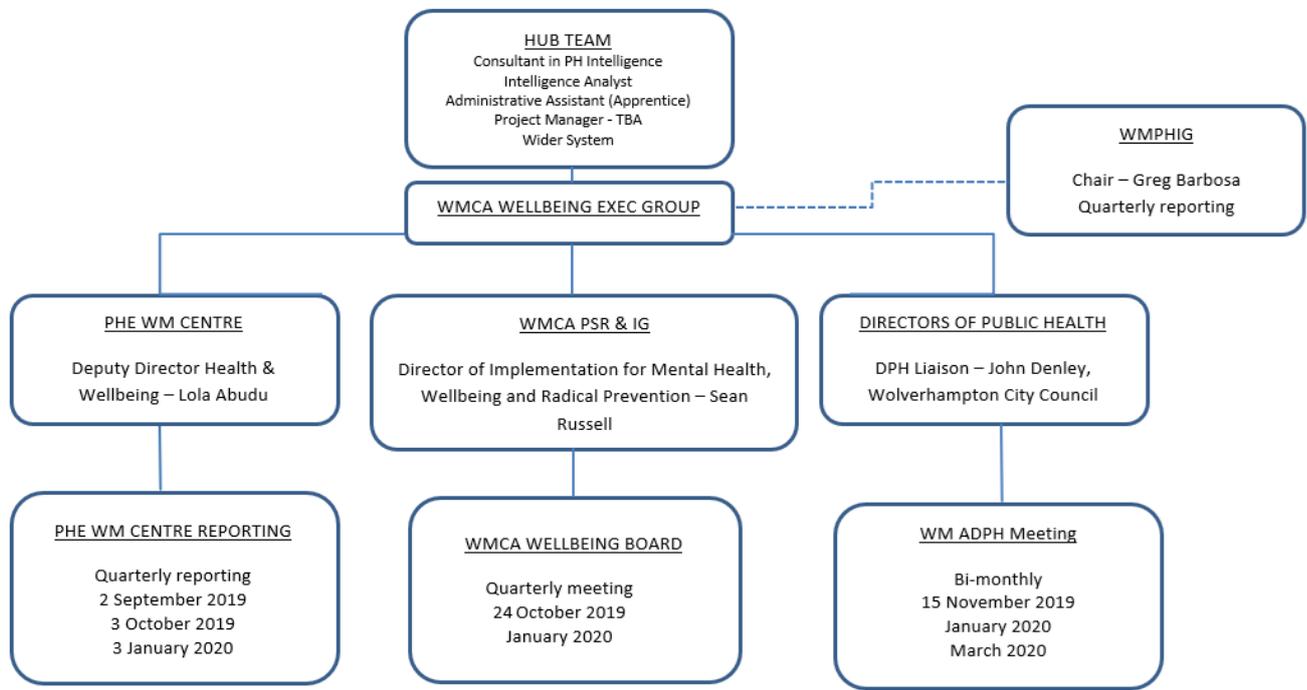
Appendix 3: Hub structure and governance arrangements

Population Intelligence Hub team and key relationships





POPULATION HUB – GOVERNANCE & REPORTING STRUCTURE



Proposed reporting

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

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## WMCA Wellbeing Board

<b>Date</b>	24 October 2019
<b>Report title</b>	Proposal for Consultation on a 'Healthy Weight' action plan for the West Midlands
<b>Portfolio Lead</b>	Cllr Izzi Seccombe, Warwickshire County Council
<b>Accountable Chief Executive</b>	Deborah Cadman - WMCA
<b>Accountable Employee</b>	Sean Russell Implementation Director <a href="mailto:Sean.russell@wmca.org.uk">Sean.russell@wmca.org.uk</a> Dr Sue Ibbotson PHE West Midlands <a href="mailto:Sue.Ibbotson@phe.gov.uk">Sue.Ibbotson@phe.gov.uk</a>
<b>Report has been considered by</b>	Dr Henry Kippin PSR Director

Recommendation(s) for action or decision:

The Wellbeing Board is recommended :

1. To critically review the report and work with officers to develop an agreed final consultation document
2. Consider the proposed timetable for stakeholder consultation and agree subsequent actions including how Local Wellbeing Boards and Members can support the broadest Consultation opportunities

## 1. Purpose

- 1.1. This report provides a high level overview of a potential draft Healthy Weight Strategy for the West Midlands. It seeks to highlight the overarching ambition for a whole system approach and the need to engage partners, stakeholders and the citizens of the West Midlands; and the need for clear value-add in areas where working in collaboration (and with the WMCA) can achieve things that are not possible otherwise. The paper is being circulated through the board for early consultation with Lead Wellbeing Members, Health and Public Health partners before formal sign off in Early January 2020. A broader consultation will take place with wider partners, stakeholders and the public in the early part of 2020.
- 1.2. Throughout the development of the Healthy Weight programme, there has been strong commitment from the Mayor for the development of a set of Mayoral priorities; creating a Black Country Place Based Fund to tackle high levels of physical inactivity, developing a policy for the removal of junk food adverts off buses, developing the healthy housing design framework and increasing the participation of young people in physical activity through a digital nudge.
- 1.3. In addition, the Wellbeing Board is well placed to convene local authority partners across the region to drive key priorities. The board sought to identify programmes of work that add additional value, which include areas of high cost but low volume, that may not be within the scope of a local authority to develop policy or delivery changes. The Wellbeing board through work over the last two years is able to demonstrate its ability to accelerate action and/or amplify best practice in a number of areas.

## 2. Background

- 2.1. In October 2018, the Wellbeing board received a presentation outlining the challenges and scale of the problem of childhood obesity and the relationship to a number of disease impacting on the healthy life expectancy of the population. It is well documented that problematic obesity has complex determinants and consequences, and is driven by a number of environmental, societal and individual factors that reinforce other aspects of deprivation and exclusion. These factors impact on communities across places and sectors – and thus the Combined Authority has a role to play in supporting and championing a health weight approach. The Combined Authority has a strong Wellbeing Board and can demonstrate a track record of delivery in the wellbeing space i.e. Thrive at Work, Include Me. The role of the Combined Authority has powers an influence in relation to housing, employment and skills and transport, examples of this can be seen in the Healthy Housing design approach and the project to reduce junk food advertising on the transport network. The Combined Authority operates on a regional footprint which has the potential to work across borders. This creates a unique

ability to work with national and regional partners at scale and create opportunities for amplification. It also creates the potential to work at scale and align regional approaches with Government Departments to demonstrate stronger collaboration and potential devolution opportunities.

- 2.2. Over the last 12 months the draft framework – “Healthy Weight in the West Midlands: Strengthening partnerships for Collective action 2019-2030” (Appendix 1) has been developed with partners and is seeking to create a whole system approach. It should be recognised that there has been a shift of focus from purely childhood obesity to one of a healthy weight region in line with the national direction of travel. To tackle obesity across the population there needs to be a cultural and systematic shift to make obesity everybody’s business whilst at the same time developing a broader understanding of the unintended consequences that the stigma attached to weight and poor body image has for our population.
- 2.3. Early consultation with partners found a consensus for action and an agreement that system leadership is critical to make a substantive difference to the obesity challenge and shift the dial to create a healthy weight region. This is echoed in the Public Health report ‘What Good Healthy Weight for all ages looks like’ ( PHE, ADPH, 2019) and “Whole systems approach to obesity – A guide to support local approaches to promoting a healthy weight” ( PHE, LGA, ADPH and Leeds Beckett University, 2019)
- 2.4. This draft report seeks to create a narrative for generating action through system leadership and collaboration and create a social movement within communities. The framework seeks to align current work streams and approaches within Local Authorities, Public Health and wider health economy to enable locally tailored programmes to continue but ensure they are amplified across the region.
- 2.5. The overarching framework seeks to work within 4 key pillars:
  - 2.5.1. **Leadership and enabling change** – driving improved collaborative leadership and accountability across all sectors – recognising that this approach is not just for public health professionals to act; local authorities, the NHS, third sector and businesses all have an important role to play
  - 2.5.2. **Health environment** – creating an environment which supports everyone to make healthier food and activity choices
  - 2.5.3. **Healthy settings** – co-producing opportunities for people to access healthy meals, snacks and drinks, and be physically active
  - 2.5.4. **Healthy people** – supporting people and communities to achieve and maintain a healthy body weight and reduce health inequalities.
- 2.6. The aim is to align this framework with the “What Good Healthy Weight for all ages Looks Like” 7 pillars which includes systems leadership, a long term whole system approach, a health promoting environment, community engagement, focus on inequalities, a life course approach and monitoring, evidence, evaluation and innovation.
- 2.7. It is recognised that this framework is a draft that has been created with support from colleagues around the region. The early feedback identifies a need for greater clarity of

the role and added value of the framework in this space. There needs to be a stronger sense of radical change to the system in areas that the system can influence i.e Food, and the built environment. The Combined Authority is uniquely placed to drive and support activity at a regional level and create leverage and influence that is not available on a local place level.

### **3. Next Steps**

3.1. A Healthy Weight Task Force is being established that will be chaired by Cllr Hamilton (Wellbeing Lead Birmingham City Council and Vice Chair WMCA Wellbeing Board). The group will consist of representative partners, stakeholders across the broader system and ensure the most upto date evidence and interventions are examined. The Task Force will provide the givernance to ensure the framework is consulted on across the broader partnership arena. The final signed off framework will then be published for consultation with the public to ensure that each locality is able to shape and reflect local context.

#### **3.2. Proposed Timeline –**

3.2.1. The draft framework is being shared with the Wellbeing board on 24<sup>th</sup> October 2019

3.2.2. It will be presented to a representative Health Forum consisting of Clinical Commissioning Group (GCGs) and Sustainable Transformation Partnership (STPs) on 24<sup>th</sup> October 2019.

3.2.3. A broader system leadership workshop will take place in early / mid December.

3.2.4. Final draft Framework to be presented to Task Force in early January 2020

3.2.5. Public Consultation commencing late January 2020 for 45 days.

3.2.6. Review of consultation and final framework return to Task Force April 2020 for creation of delivery plan.

### **4. Conclusion**

4.1. This draft framework is intended to spark a debate and create the social movement required to make the significant change in our region to reduce the burden that obesity is creating for our wider society.

### **5. Financial Implications**

5.1. No implications at this stage. Funding for the resources to construct the framework and support the consultation are met within the existing wellbeing budget

### **6. Legal Implications**

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

### **7. Equalities Implications**

7.1. It is recognised that there are growing inequalities, with the prevalence of obesity in children in the most deprived parts of the West Midlands more than twice that in the least deprived. This framework will seek to address these issues and focus on reducing the inequality gap.

### **8. Inclusive Growth Implications**

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

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

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

## **8. Other Implications**

None

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

10.1. Appendix 1 - "Healthy Weight in the West Midlands: Strengthening partnerships for Collective action 2019-2030"

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West Midlands Combined Authority (WMCA) Wellbeing Board

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Healthy Weight in the West Midlands: Strengthening partnerships for  
collective action

2019 – 2030

DRAFT: FOR CONSULTATION

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## Why we must act now to achieve Healthy Weight across the West Midlands

Obesity is a major cause of preventable and premature death in England.<sup>1</sup> Almost two thirds of adults and a third of children aged 2-15 are overweight or obese;<sup>2</sup> costs to the NHS and wider system are estimated at over £58 billion per year, projected to rise to £82.5 billion by 2050.<sup>3</sup>

While the focus of national and local action has traditionally been on individual, behaviour change approaches to improve diet and increase physical activity, there is increasing recognition of the role of environmental factors and the complex relationships between them in shaping and influencing the everyday choices we make. Obesity is both a cause and consequence of health inequalities: people from socially and economically disadvantaged groups, as well as certain Black and Minority Ethnic groups, are significantly more likely to be obese.

Weight is nevertheless a contentious issue, with individual and environmental narratives around healthy weight having a strong social, political and cultural dimension. Weight, size and body image are inextricably linked due to stigma and negative attributions around excess weight; this varies across ages, cultures, and ethnic groups, and is affected by social and emotional factors such as self-esteem, confidence, lack of energy to exercise, family breakdown, medication, and issues associated with poverty.<sup>4</sup>

There is strong evidence of a two-way relationship between mental health and obesity, as well as relationships between obesity, mental health and physical activity.<sup>4 5</sup> It is therefore important that efforts to promote healthy weight do not undermine individuals or create further stigma,<sup>6</sup> but instead focus on creating conditions that support our whole population to make healthier choices.

For this reason, our collective approach to promoting healthy weight is underpinned by improving mental wellbeing, getting more people active, and reducing inequalities in participation. The West Midlands Combined Authority, Public Health England, and local authorities in the region are working together to develop partnerships across the whole system to achieve shared goals. This document provides a framework for professional and public engagement and consultation, which will inform the development of a regional strategy and action plan.

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<sup>1</sup> NHS England (2019). NHS Long Term Plan. <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

<sup>2</sup> PHE Health Matters - <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

<sup>3</sup> Foresight report (2007). Tackling obesities: Future Choices -project report. Government Office for Science.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf)

<sup>4</sup> National Obesity Observatory, (2011). Obesity and Mental Health. <https://khub.net/documents/31798783/32039025/Obesity+and+Mental+Health.pdf/18cd2173-408a-4322-b577-6aba3354b7ca?download=true>

<sup>5</sup> Staiano, AE., Marker, AM., Martin, CK, et al (2016). Physical Activity, Mental Health, and Weight Gain in a Longitudinal Observational Cohort of Nonobese Young Adults. Obesity (Silver Spring), 24 (9).

<sup>6</sup> Mental Health Foundation (2019). Body Image: How we think and feel about our bodies. <https://www.mentalhealth.org.uk/publications/body-image-report>

## Our ambition for the West Midlands

Our shared vision for the West Midlands region is to be a place that **promotes healthy weight and wellbeing as the norm and makes it easier for people to choose healthier diets and active lifestyles**, regardless of age, gender, ethnicity, culture or socio-economic group, as part of our wider ambition to build a **healthier, happier, more prosperous and better-connected region**.

This will be achieved by facilitating collaborative working and shared learning from across the WMCA area, and developing policies and programmes at a regional level that will complement and support local approaches to develop a whole-systems model based on **health, sustainability and choice**. Working in partnership across sectors and with citizens and drawing upon the wealth of expertise and experience in local areas will enable us to work collaboratively to create the conditions and environments to make healthy choices, improve local resilience, and build healthier and more physically active communities. This will help to tackle some of the wider social, economic, cultural and environmental determinants of health which impact on the ability to achieve and maintain a healthy weight, and support our commitment to promoting wellbeing and inclusive economic growth.

Diet and physical activity habits often begin in childhood, and are influenced from pre-conception and beyond, so it is important to act as early as possible to embed positive behaviours at the earliest opportunity. However, it is never too late to support people to live healthier and more active lives, and taking action across the life course can help to reduce the health inequalities associated with obesity and physical inactivity.

Our goals for 2030 are:

- For levels of healthy weight to increase at all ages, along with improved mental health and wellbeing, and increased physical activity
- For overweight and obesity levels in school age children to be half of what they are currently
- To support the aims of the West Midlands on the Move (WMOTM) Physical Activity Framework and the West Midlands Cycling Charter to get more people active and reduce inequalities, and to encourage more people to use active travel
- For the whole region, particularly people from socially and economically disadvantaged backgrounds, to benefit from an environment that supports them to eat well and move more (in line with WMOTM), and be able to make healthier, individual choices

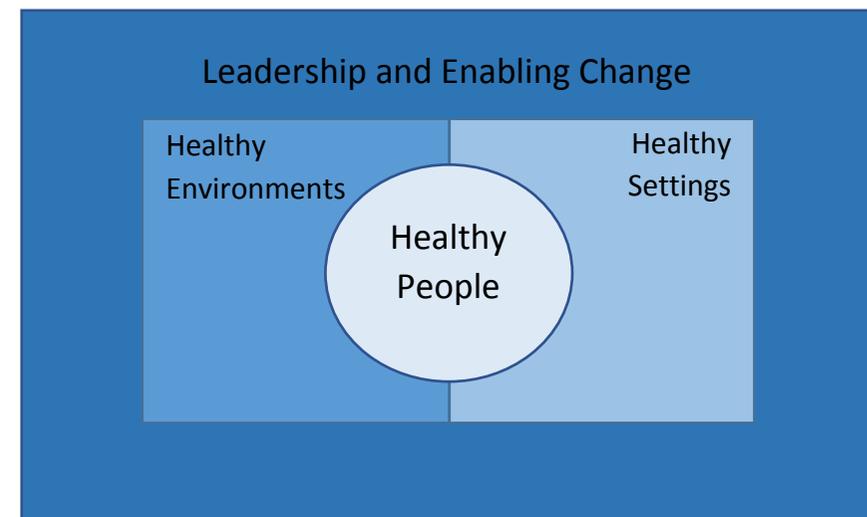
## How will we achieve our ambition?

This framework aims to improve and reduce inequalities in **healthy weight, physical activity, and mental health and wellbeing** outcomes for the West Midlands region, working across four key domains:

1. **Leadership and Enabling Change** - driving improved collaborative leadership and accountability across all sectors
2. **Healthy Environment** - creating an environment which supports everyone to make healthier food and activity choices
3. **Healthy Settings** – co-producing opportunities for people to access healthy meals, snacks and drinks, and be physically active
4. **Healthy People** - supporting people and communities to achieve and maintain a healthy body weight, and reduce health inequalities

Each of these four domains are integral to shaping, and therefore driving, the behaviour change required at a population level to promote and maintain healthy weight across the region.

The framework draws on Public Health England (PHE) guidelines for developing a whole system approach to obesity,<sup>7</sup> and the policy framework developed by the Welsh Government which aligns to these principles.<sup>8</sup> This approach recognises the importance of our physical, social, economic and cultural environments as determinants of our health and wellbeing, yet acknowledges that we operate as individuals within those environments. The relationships between individual, population and societal levels of behaviour are complex and intertwined, so achieving positive change requires co-ordinated action across the whole system.

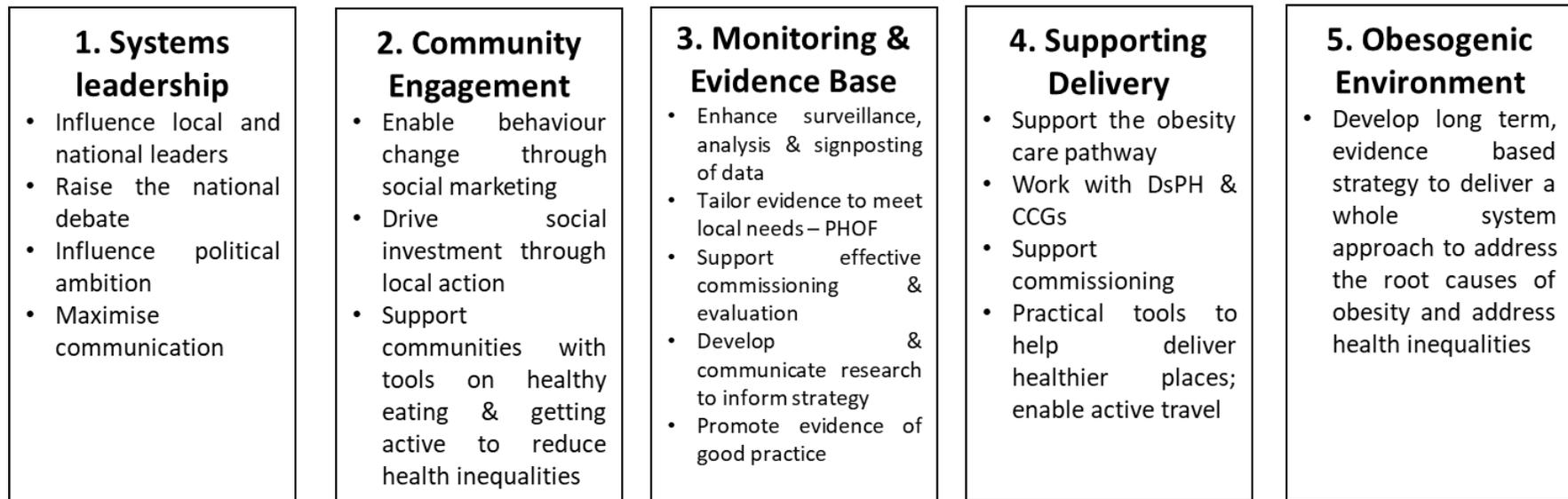


<sup>7</sup> PHE (2019). Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight.

<sup>8</sup> *Healthy Weight, Healthy Wales* consultation document.  
[https://gov.wales/sites/default/files/consultations/2019-01/consultaton-document\\_0.pdf](https://gov.wales/sites/default/files/consultations/2019-01/consultaton-document_0.pdf)  
(accessed 14 Aug 2019)

We will achieve these aims by meeting objectives across five evidence-based pillars of action, as set out in PHE's Healthy Weight work plan. This will inform consultation with partners and wider stakeholders to develop an action plan to meet these objectives.

The action plan will encompass the wide range of current and planned workstreams that support healthy weight across the health and care system and wider public services, and build on this to work more effectively in collaboration and address any gaps. It will enable us to identify where we can add value by working on a regional footprint to deliver behaviour and system influence and change.



## Key policy drivers

The **NHS Long Term Plan (2019)** includes recommendations for preventing and reducing obesity, including ensuring that everyone has the best start in life; providing individual support through weight management services in primary care; and improving the food offer for staff and patients on NHS premises.

**Prevention is Better Than Cure: Our Vision to Help You Live Well for Longer (2018)** sets out the Government's vision for preventing and managing long-term health problems, with the goal to increase healthy life expectancy by at least 5 years by 2035, and to close the gap between the richest and poorest.

**Next Steps on the Five Year Forward View (2017)** focuses on the future of the NHS, as an update to the 2014 document. This emphasises the role of innovation and technology in maintaining the sustainability of the NHS to deliver high-quality care, and highlights the importance of healthy health premises to support national policies on obesity reduction.

The **School Sport and Activity Action Plan (2019)** is a cross-Government action plan to provide pupils with greater opportunity to access 60 minutes of sport and physical activity every day.

**Childhood Obesity: A Plan for Action (2018)** aims to halve childhood obesity and reduce the gap between children from the most and least deprived areas by 2030. This builds on the Government's initial 2016 plan to reduce sugar in food and drinks and encourage primary school children to eat more healthily and stay active. Chapter 3 is included in the green paper in **Advancing Our Health: Prevention in the 2020s (2019)**.

**Sporting Future - A New Strategy for an Active Nation (2015)** is a cross-government strategy to increase sport and physical activity participation across all ages and backgrounds, with a particular focus on reducing levels of inactivity. The strategy defines five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

The **WMCA Strategic Economic Plan** sets out a bold ambition to reduce the productivity gap between the West Midlands and UK average through inclusive economic growth. It sets out plans to make the West Midlands a place where people want to live and work, supporting healthier, happier lives for all and reducing inequalities in life chances and outcomes. This links to a number of current strategy and programme areas, including the Industrial Strategy, Environment, Thrive, West Midlands on the Move and Inclusive Growth.

## Leadership and enabling change

**Aim: To drive improved leadership and accountability to deliver Health Weight in the West Midlands, across all sectors.**

Clear direction, leadership and accountability are crucial to developing a whole systems approach, and to driving positive change. Through local consultation and engagement we can build a comprehensive understanding of local assets and needs, as well as facilitators and barriers to change, which will support co-ordinated action across the whole system at both the local and regional levels.

The following organisations will work together with partners, wider stakeholders and communities to co-produce an action plan that reflects what is important to people living and working in the West Midlands and makes the most of local assets, while making the best use of local intelligence, evidence and sharing best practice.

- **Public Health England** exist to protect and improve the nation’s health and wellbeing, and reduce health inequalities. PHE use information and intelligence about the population to improve understanding of current issues and challenges, and provide advice, guidance and support to the NHS, local government and the public.
- The **Chief Executives’ group** is made up of Chief Executives from the Local Authorities in the West Midlands region. They are scoping and mapping work and services that are currently in place across a variety of sectors, including housing, transport, planning and retail.
- **The West Midlands Combined Authority (WMCA)** is committed to improving life chances for everyone in the West Midlands, especially those facing multiple disadvantages, by working across sectors to build a healthier, happier, more prosperous and better-connected region.
- **Local Authorities** in the West Midlands have already undertaken considerable work to reduce childhood obesity and promote the healthy weight message, and are best placed to lead engagement and consultation to understand needs and develop solutions at a local level.

### **Governance**

A core working group has been established to develop this framework and take it through the consultation process. The working group will be accountable to the West Midlands Healthy Weight Task Force once membership has been convened.

The Task Force will report to the WMCA Wellbeing Board and will include key decision makers from across the system, including health, housing, planning, transport, transportation, housing and behaviour change. They will represent the different local authority areas across the West Midlands, working cohesively as a team.

## What we will do

1. *Develop a long term, whole system approach to support healthy weight in the West Midlands population, linking to existing strategies around physical activity and mental health, by:*
  - a. *Delivery of a West Midlands Healthy Weight plan that clearly sets out the added value of collaboration at a WM level to address healthy weight to be led by the Healthy Weight Task Force, who will be accountable to the WMCA's Health and Wellbeing Board.*
  - b. *Create a strengthened role for key partners to develop regionally based approaches to implementing the plan.*
  - c. *Prioritise and focus collective resources to ensure current investments are delivering, and where resources are available, these are used in a sustainable way. Support must be focused on enabling the system to act.*
  - d. *Higher priority for early intervention. This will include clearer leadership, accountability, strategy and management structures.*
  - e. *Engagement with stakeholders, including a multi-level stakeholder engagement and communication programme, which will ensure that we can engage all sectors of the West Midlands society in achieving shared goals, and maintain engagement and commitment over time.*
  - f. *Long term, sustained interventions, based on evidence, to drive local delivery. Local action will be determined and prioritised according to local need, assets and opportunities, with the recognition that each LA area will be at a different starting place.*
2. *Understanding what works, by reviewing the impact and scale of delivery of community-based programmes. Those which have the greatest impact can be scaled up as part of the systems-based approach.*
3. *Develop an economic and outcome impact toolkit to help support local authorities demonstrate the benefits of improving nutrition, increasing physical activity and reducing excess weight on non-health outcomes such as education and crime and promote the economic positive impacts of these individual changes at a population scale.*
4. *Collaborate with LA HWB to provide a supporting framework for action to support local healthy weight approaches, recognising that the needs and approaches vary significantly across the region, while providing clear leadership and action at a regional level to influence and address the regional levers for change through the devolved functions of the WMCA.*

## Healthy environment

**Aim: To create an environment which supports everyone to make healthier food and activity choices.**

The main risk factors for obesity are the food and drink environment, and physical inactivity;<sup>2</sup> however, the current environment sets up unhealthy choices as the default. Over a quarter of adults in the West Midlands are classed as physically inactive (doing less than 30 minutes of activity per week), and 45% eat less than 5 portions of fruit and vegetables per day.<sup>9</sup>

Numbers of fast food outlets and online ordering of food are increasing, along with meals eaten outside the home. Out of Home foods tend to be calorie dense, higher in saturated fat and salt, and lower in fibre; this coupled with the advertising and promotions of these food types, and growing portion sizes, has nudged the population into making unhealthier choices. The UK food industry spends over £250 million per year promoting HFSS foods, and evidence shows there is a direct link between exposure to adverts and children's food choices. Furthermore, the promotion, discounting and placement of products within stores can increase the amount of food bought by 20%.<sup>10</sup> Concurrently the widespread use of cars, and shift in employment from manual to more sedentary jobs, have contributed to designing physical activity out of our lives.

There are a number of areas for action in supporting people to achieve and maintain a healthy weight through improving the built and natural environments in which they live, grow and work.

- Living near to green open spaces, having access to healthy food options, and opportunities to be active can support people to maintain a healthy weight. Planning departments can therefore play an important role in the promotion of healthy lifestyles through the development of new infrastructures, including transport networks that facilitate active travel.
- The WMCA Housing and Wellbeing Principles have been developed to shape the delivery of the commitment to build 215,000 new homes by 2031. These evidence-based principles have been refined through engagement with partners in local places and developers, and seek to support and add value to local policy and practice. The principles provide a framework for how new homes and neighbourhoods can be designed to facilitate the wellbeing of residents and contributing to a happier, healthier, better connected and more prosperous West Midlands; including addressing the determinants of obesity, making it easier for people to be a healthy weight. They bring together planning and design principles under four connected, people focussed areas of interest:
  - Healthy, affordable homes that enable people to stay independent throughout their lives

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<sup>9</sup> Source: Public Health Outcomes Framework (2017/18 data)

<sup>10</sup> C Thomas et al (2018). Under Pressure: New evidence on young people's broadcast marketing exposure in the UK. [https://www.cancerresearchuk.org/sites/default/files/under\\_pressure.pdf](https://www.cancerresearchuk.org/sites/default/files/under_pressure.pdf)

- Vibrant streets that promote community interaction and prioritise active travel and movement for all
- Residents have access to the natural environment and high quality, active social spaces
- Connected places, with residents having access to services, schools, work and public transport.

These principles have been integrated in the WMCA’s Single Commissioning Framework, Design Charter and Inclusive Growth Toolkit. Discussions with developers have taken place to identify existing and pipeline developments that can demonstrate and test out the application of the principles with local communities and evaluate their impact.

- Food reformulation (changing food content to reduce the calories, sugar, saturated fat, and salt) would support the population to eat healthier without making active behaviour change choices. This would particularly help to reduce diet-related inequalities.
- Providing information is also important. A recent survey showed that 90% of respondents would like clearer food labelling to help them make healthier food choices.<sup>11</sup>
- Drink products can contribute to excessive sugar and calorie intake, particularly energy drinks which contain high levels of sugar and caffeine and associated with sleep loss, addiction, and withdrawal.<sup>12</sup> They are labelled as not suitable for children, and whilst some supermarkets have a policy to ban sales to under 16s, this is not a legal restriction. As part of our approach we are proposing to uniformly ban the sale of energy drinks to under 16s across all retailers.

**Better Streets Community (BSC) Fund**

This was launched in May 2019, with the aim of giving WM residents the opportunity to improve provisions for Cycling and Walking in their local communities.

Using £2 million of Transforming Cities Fund, the BSC Fund will aim to deliver projects in partnership with community groups in each of the 7 WMCA constituent authorities, focusing on areas that have been least engaged. 146 applications were received for a share of the fund. Over the coming weeks, the applications will be assessed and scored with the aim to announce the first schemes later in 2019.

**Public Space Trial**

This pilot has been funded by Sport England in response to evidence around the environment being a key factor in improving wellbeing and encouraging an

**Walking and Cycling Programme**

26 routes and 7 Core Walking Zones were prioritised based on criteria that included proximity to key destinations including public transport and Commonwealth Games Sites.

£23m was allocated towards the improvement of cycling and walking provisions from the Transforming Cities Fund, with £2m allocated to the Better Streets Community Fund.

The next steps for the Walking and Cycling Programme includes identifying the Phase 1 schemes and Core Walking Zones that will be progressed to development through detailed design.

<sup>11</sup> Diabetes  
<sup>12</sup> Koivusilta

## What we will do:

1. *Encourage WM food businesses to reformulate food and provide healthier options.*
2. *Support WM employers to take evidence based action to promote healthy eating and physical activity through the Thrive at Work programme.*
3. *Limiting the promotion of unhealthy foods, such as advertising in public places. This includes but is not limited to the bus/train/tram network (working with TfWM), and at sporting and other events.*
4. *Creating a level playing field and making healthy food an affordable option. Through consultation and discussion nationally, influence regulation of price promotion and discounting practices that lead to higher consumption of unhealthy foods, and encourage the food industry to apply these approaches.*
5. *Giving people accessible information so that they can make an informed choice:*
  - a. *Consult on mandating calorie labelling for food purchased and eaten outside the home, to help inform consumer choice and encourage reformulation.*
  - b. *Consider further opportunities to improve consumer information on labelling which may arise following European Exit, including nutritional information on the front of food packets.*
  - c. *Consider how businesses can be supported to stimulate an increase in healthier food environments.*
6. *Encourage healthier drinking habits by:*
  - a. *consulting on proposals to ban the sale of energy drinks to children under 16 years old*
  - b. *considering restrictions on free soft drink refills*
  - c. *considering restrictions on soft drink portion size*
  - d. *encouraging people to drink water, by making the West Midlands a Water Refill Region.*
7. *Working with key partners (LAs, health organisations, TfWM) to create healthy weight environments, by facilitating active travel, physical activity, access to healthier food, high quality open spaces and green infrastructure, and opportunities to play. This will be supported by:*
  - a. *Promoting the use of health impact assessments, and development of regulations, and guidance on how to use these assessments, to add value to existing approaches.*
  - b. *Develop and disseminate resources at a WM level to support local action to support places to become healthy weight.*
8. *To work with local authorities, local health organisations, TfWM and partners to ensure that key infrastructure investments in our towns and cities are connected and support the development of healthier weights, this includes:*

- a. *Incentivise developers to embed the Housing and Wellbeing principles into all new housing developments build as part of the WMCA plan*
- b. *Support the development and delivery of a healthy urban design community of practice for developer, planners and members of planning committees to explore, learn from each other and share good practice*
- c. *Ensure the design of infrastructure including new housing and regeneration sites, TfWM transport network, and new health care sites support active environments.*
- d. *Continue investment in Active Travel and scale support to increase walking and cycling routes across the West Midlands.*
- e. *Increase access and use of the countryside (parks, forests, beaches, national trails, rights of way and rivers) and make use of the land available for community use to support and promote active lifestyles.*
- f. *Community sport infrastructure to increase access to high quality provision. We will work to ensure access to advice and finance for small physical activity-related businesses and clubs and increase capacity for Sport England / Sport Birmingham to provide proactive planning advice to encourage best practice.*
- g. *Play provision which supports our children and families. This includes working with local authorities and partners to develop approaches in our most disadvantaged areas.*

## Healthy settings

**Aim: to create healthy settings which provide opportunities for people to access healthy meals, snacks and drinks, and be physically active.**

The settings in which we spend most of our time, including childcare, education and work, can influence our daily food and physical activity habits both directly through the environments they create, and indirectly through how we travel to them. These settings can provide excellent opportunities to implement policy changes to support behaviour change and promote wellbeing across the life course.

Children's food and activity habits are heavily influenced by their families, and more than half of primary school aged children are taken to school by car. Older children and young adults have greater autonomy to make independent lifestyle decisions, but this itself brings challenges; sport participation begins to decline after the age of 16 years, when many leave school. In further and higher education settings, new social environments and stressful situations can impact on eating and drinking behaviour. Young people catering for themselves for the first time may not have the knowledge, skills or confidence to budget or prepare balanced meals. In the workplace, a healthier workforce results in less staff sickness absence and turnover, increased productivity and employee satisfaction, and fewer accidents and injuries.<sup>13</sup> Embedding a focus on inclusion across settings will help to reduce inequalities among some of our most disadvantaged citizens.

- **Childcare settings** provide an opportunity to engage with parents to embed positive lifestyle choices; promote physical development and movement through active play; and develop healthy eating behaviours and physical activity habits for life.
- **Schools** can support children to develop an understanding of the impact of food and nutrition on health and wellbeing, and the skills to adopt healthy behaviours. Schools also promote and support physical activity through physical education and school sport programmes, and the promotion of safe active travel routes.
- **Further and higher education settings** can support young people and adults to eat well and be active through offering affordable, healthy food options; promoting movement and participation through physical activity; and providing pastoral care.
- **Workplaces** are being supported to implement schemes and provide facilities to encourage active travel or physical activity, as well as providing healthy food and drink options in canteens and vending machines supported by price and placement promotion, in line with the Thrive at Work framework.

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<sup>13</sup> Whitfield K (Ed.) (2009). An Economic and Social Research Council (ESRC)/Health and Safety Executive (HSE) Public Policy Project. [https://warwick.ac.uk/fac/soc/ier/publications/2009/whitfield\\_ed\\_2009\\_employee\\_well\\_being.pdf](https://warwick.ac.uk/fac/soc/ier/publications/2009/whitfield_ed_2009_employee_well_being.pdf)

- **NHS settings** will be exemplars of best practice in promoting healthy eating and physical activity. Contracts leased to external retail outlets on hospital premises can be a barrier to ensuring that entire sites are healthy environments, but there is good practice taking place which we want to build on throughout the West Midlands.
- **Other public-sector settings**, including leisure centres and community centres, often rely on profits from food and drink outlets and vending machines to generate additional income. This can still be achieved by increasing the availability of competitively priced, healthier options as part of a longer term, co-ordinated approach.

#### **Include Me West Midlands**

34 organisations have committed to or expressed an interest in working towards the **Include Me West Midlands Pledge** to deliver a more inclusive and customer led approach to service delivery. 6 organisations have had their Pledge signed off, and since May, 64 people have been trained in Inclusive Communications, inclusive activities and mental health literacy. Our partnership with Mental Health First Aid has helped us provide free workshops for those in the sport and physical activity sector.

Priorities over the next 3 months include: a public awareness campaign; roll out of the Pledge brand; launch of the Citizen's network; launch of the Swift Public Transport trail; establishing of the Advisory Board; impact evaluation; and holding the first supporters meeting.

#### **Living Streets Walking to School Programme**

Coordination Officers from Living Streets in the West Midlands are engaging with schools, pupils and parents to encourage walking to school. The programme offers support and resources to underpin our vision of a new walking generation.

75 West Midlands Schools have taken part in the Living Streets Walk to School engagement and participation programme. Over 31,000 children have taken part in the programme, with 83% of recorded journeys by active travel, totalling 669,202 journeys taken by walking, cycling or scooting for all or part of the way. The most recent evaluation has shown a 24.2% increase in active travel across the schools participating in the programme.

#### **Thrive at Work**

The Thrive at Work Wellbeing Commitment has been created in recognition of the need to ensure our working population is supported – designed to encourage and reward employers for improving the health and wellbeing offer to their employees.

Key themes in the programme include healthy eating, drinking and weight, physical activity and active travel. We already have over 300 organisations signed up with over 120,000 staff involved in the programme. The programme is open to any business, any size, anywhere.

## What we will do:

1. *Building strong foundations in our early years settings to support positive practices in settings through food, physical activity and play. This will be supported through a range of areas to develop healthy early years environments:*
  - a. *Work with the local authorities, childcare organisations and Ofsted to embed the best practice guidance on Food and Nutrition for Childcare.*
  - b. *Work with the childcare sector to promote the importance of physical activity and play and to recognise the contribution it makes to children's emotional, physical, social, language, intellectual and creative development.*
  - c. *Embed the importance of physical activity and well-being in the early years and work with practitioners to identify and share excellence in practice in both childcare settings and in primary schools, working with the Early Years Alliance.*
2. *Support schools to create whole school healthy weight environments, including the modelling and reinforcement of healthy weight behaviours. This will be facilitated by the following:*
  - a. *Strengthen school programmes to ensure it provides tailored support to schools to create whole school healthy weight environments. This will require focus on the collective opportunities for education and learning based interventions to maximise the potential of existing programmes of work on physical activity and to accelerate the pace of change.*
  - b. *Strengthen pupil's voices to drive healthy change in schools and work with School Councils and Youth Ambassadors to develop local approaches.*
  - c. *Enable learners to develop as healthy, confident individuals who take part in physical activity and apply knowledge about the impact of diet and exercise on physical and mental health in their daily lives.*
  - d. *Embed daily physical activity from early years. This includes expanding programmes such as the Daily or Active Mile and strengthening opportunities through the physical environment in and around schools, such as playground design, links to wider communities, and access to green spaces.*
  - e. *Work with local authorities to support active travel to school, building on existing work with Local Authorities and TfWM. This includes enhancing safe routes to schools by working with local communities to design appropriate solutions and supporting behaviour change through the Walking and Cycling programme.*
3. *Recognising that our young people are at risk of becoming overweight or obese as they move to tertiary education. Extending Thrive at Work to Colleges and Universities within the region could improve opportunities for healthy food provision, facilities and participation in physical activity. This could be achieved by:*
  - a. *Working with colleges and universities across the West Midlands to support implementation and opportunities.*

- b. Reviewing and strengthening current programmes to increase physical activity and promote healthy eating opportunities across campuses, including active travel to campus for students and to develop campaigns and support around healthy eating and preparing basic and nutritious meals for students.*
- 4. Supporting businesses to develop good practices on healthy eating and physical activity. This would include:*
  - a. Encourage employers to support the health and wellbeing of their workforces, through Thrive at Work.*
  - b. Encourage employers to participate in national schemes to promote healthy weight, including developing motivational campaigns and supporting employees to access evidenced based weight management programmes.*
- 5. Local NHS Trusts should act as an exemplar and support their workforces to be healthy and active workforces. This might include increasing active travel, promoting routine daily physical activity and providing weight management services for NHS staff. We also want health and care environments to be healthy through proposals to:*
  - a. Align and mandate food and nutrition standards for food and drink provision for staff and visitors.*
  - b. Develop a national Hospital Retail Standard, which will increase healthier options in retail outlets on NHS estates.*
- 6. Supporting public sector settings to promote healthy food and drink options for staff, visitors and customers by developing guidelines and exploring opportunities to use contractual arrangements to drive change. We also want to work with regional purchasing consortia to embed stricter nutrition and food criteria in contract specifications for food and food products.*

## Healthy people

**Aim: to provide the opportunities for people and communities to achieve and maintain a healthy body weight, particularly in areas where there are the greatest health inequalities**

Many people express a desire to be a healthy weight and recognise the negative impact that poor nutrition and physical inactivity have on their health and wellbeing. However, enabling and motivating people to make changes to their daily routines can still be a challenge, particularly where habits have developed over a life time.

Barriers to lifestyle changes can be psychological, practical or environmental. They can include competing priorities, the cost of healthier food, lack of cooking skills or time to cook, or perceived difficulty in making a change. There may be more complex barriers such as physical or mental health problems, including overeating as an emotional response, or adverse home circumstances. People from disadvantaged groups are also more likely to have lower expectations of their own health and confidence in their ability to make healthy changes,<sup>14</sup> which may reflect experiences of poor health of those around them, and lack of opportunities and resources to improve health.

- Social marketing and media campaigns such as *Change4Life* and *OneYou* can be an effective tool for disseminating universal health information and signposting to further support. We want to make sure that people in the West Midlands have access to clear, authoritative, accurate and unbiased information to help them make informed choices for them and their families. We also need to understand from them what will enable them to eat well and be more active and involve them in designing and delivering healthy weight programmes.
- Equipping primary and secondary care professionals with the skills, time and confidence to hold discussions with individuals about their weight can support asset-based, preventative approaches to behaviour change such as social prescribing and making every contact count. WMCA and Sport England are also supporting initiatives to train more health and social care professionals to encourage active lifestyles.
- The first 1000 days of a child's life (from conception to two years of age) are crucial and can determine how they develop, grow and learn, including establishing good nutrition and physical activity habits for life. This starts with helping women to attain a healthy weight before, during and after pregnancy, followed where possible by breastfeeding and then timely introduction of solid food - including early introduction to vegetables and fruit, and avoiding sugary drinks and snacks.

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<sup>14</sup> The King's Fund. Healthy Behaviours: Future trends. <https://www.kingsfund.org.uk/projects/time-think-differently/trends-healthy-behaviours> (accessed 19 Aug 2019)

- Family and parents have considerable influence on children’s healthy weight behaviours, particularly during the early years. Family-focused approaches can help to shape the home environment through establishing routines around mealtimes and bedtimes, making healthy food choices, and encouraging physical activity through outdoor play and limiting screen time.
- People who are overweight or obese or at risk of becoming so will be able to access information or services to achieve a healthy weight. A well-designed pathway can act as an anchor point for local partnership delivery between local health boards, local authorities and third sector organisations. Links to specialist care, including mental health services and multidisciplinary teams, can provide additional clinical and psychological support where needed, alongside a wider population approach to increase wellbeing and mental health literacy.

#### What we will do:

1. *Understanding what will encourage or prevent people from adopting a healthier diet or being physically active. We will work with Public Health England to design and deliver effective and high impact behaviour change programmes based on the evidence of what is effective for specific groups, building on the Sport England funded, place-based physical activity pilots in Birmingham and Solihull, Coventry and the Black Country.*
2. *Ensuring that relevant front-line health and care staff have undertaken core Making Every Contact Count (MECC) training on healthy weight and will have the skills and confidence to hold conversations with individuals about their weight and signpost to appropriate support services. This includes strengthening opportunities to develop and reinforce the knowledge and skills of staff working across a range of roles in the community, to include:*
  - a. *Staff in childcare and foundation phase education*
  - b. *Staff in primary, secondary and social care*
  - c. *Community development and third sector staff*
  - d. *National Education bodies, and Social Care to ensure nutrition and physical activity (and where appropriate healthy weight) education is included as a core element in the training of health and social care professions.*
3. *Provide practical support and information for parents via a range of evidenced based interventions and positive parenting campaigns. To include:*
  - a. *Evaluation and implementation of a range of evidenced based programmes, particularly to support mothers who are overweight or obese within pregnancy.*

- b. Ensuring professionals have appropriate skills and consistent resources to hold positive conversations about healthy weight. This includes utilising holistic programme of advice and support that will enhance children's health and developmental potential to parents and children in the early years.*
  - c. Create positive conditions and the right support for women to choose to breastfeed and increase the numbers of women who breastfeed for at least six months. Normalise breastfeeding in the region through incentivising baby-friendly accreditation.*
  - d. Support for families on lower incomes, including working with the UK Government to consider consultation findings from the Healthy Start Scheme, which aims to help pregnant women and children under five in low-income families to eat healthily and includes an option to obtain free vitamins. Moving forward we wish to consider how funding for welfare foods could be best delivered across the West Midlands.*
- 4. Support for families, utilising the National Child Measurement Programme to identify schools with the greatest obesity rates that could benefit from additional support. This work will link with schools and Healthy Child Programme provision, to ensure a coherent local approach to early intervention and prevention to help drive change and promote healthy weight behaviours.*
- 5. Use WMCA resources/ radical prevention fund to invest in local voluntary sector run community food and physical activity projects that are co-produced by local people and scaled to meet local needs.*
- 6. Review and implement a clinical obesity pathway ensuring it meets current standards, provides clear definitions, sets clear transition points across each level and that there is explicit governance and accountability for delivery. This includes reviewing current delivery and implementation barriers, setting minimum standards at each level and agreeing a minimum national dataset to help monitor impact by working with local Health & Wellbeing Boards.*

## What has been done so far, and what next?

On regional or universal levels, there are currently a range of existing workstreams across the life course and across settings which contribute to the shift towards a Healthy Weight region. We are currently engaging with Local Authorities to learn more about what is happening at a local level, and how we can add value by developing approaches and policy at a regional level.

	<b>Early years 0-5</b>	<b>Children &amp; young people 6-19/24</b>	<b>Working age adults 25-64</b>	<b>Older adults 65+</b>
<b>Home and family</b>	Start4Life (PHE)	Change4Life (PHE) Rise Above campaign	One You campaign	
	Triple P (including specialist weight management support)			
<b>Education and work</b>		Living Streets Walking to School programme - Daily/Active Mile Thrive through Education – WMCA (proposed)	Thrive at Work - WMCA	
	National Child Measurement Programme			
<b>Health and care</b>	Local Maternity Systems			
	Healthy Child Programme		NHS Diabetes Prevention Programme	
	Obesity care pathway Social prescribing programme (proposed) All Our Health campaign			
<b>Built and natural environment</b>	WMCA Housing and Wellbeing Principles – WMCA Advertising HFSS on WM transport – WMCA Out of Home food provision – LA Chief Execs Group & PHE (national) Health campaigns (including PHE OneYou) – PHE & WMCA			
<b>Strategic context</b>	Scoping and mapping of local work (PHE & LA Chief Execs Group) Black Country Place Based Fund			
	Childhood Obesity Action Plan (PHE & WMCA)			
	Radical Prevention Fund West Midlands Cycling Charter On the Move Physical Activity Framework – WMCA			

Moving forward, professional stakeholders from across the system will be brought together to review the current position across the wider determinants of health, and develop an action plan to make progress on the agreed commitments. The 5 pillars of the PHE Healthy Weight work plan will support the implementation of a systematic approach, including creating a community of learning through practice.

#### Developing the Healthy Weight approach and action plan through engagement with partners

To ensure engagement and investment from professional partners and the public, this framework will be open for consultation. This will enable local voices to be heard, and to shape this work to meet the needs of the local population and what they feel needs to happen to promote healthy weight.

As well as the consultation questions about this specific document (see Appendix 3), we will develop a set of questions to understand barriers to achieving healthy weight. This will be undertaken by colleagues from the WMCA, PHE and the Chief Executives group, in partnership with voluntary sector organisations such as Healthwatch and the Voluntary Sector Councils across the region.

Following the consultation period, the results of the consultation will be analysed and fed back through a stakeholder workshop/forum, which will be used to inform next steps, update the delivery plan, and set up the Task Force to drive this work forward.

## Measuring progress and success

As part of this collaborative approach, we will consider how to make the most effective use of health and related intelligence from across sectors to assess population needs and assets, set strategic objectives, monitor progress against actions, and evaluate outcomes. The WMCA and PHE are working together and with the Office of Data Analytics (ODA) to develop meaningful and cohesive methods for understanding our populations, and measuring the effectiveness of policy, strategy and interventions to improve health, wellbeing and social outcomes.

Following this initial consultation, the stakeholder workshop and Task Force will inform the development of a monitoring and evaluation framework to assess progress towards population-wide improvements in healthy weight, physical activity participation and wellbeing, including reductions in related inequalities. This will build upon existing information and resources available at a local, regional and national level, and seek to understand facilitators and barriers to change from the perspectives of local communities, partners and stakeholders.

### What are we seeking to improve?

The table below shows that as a whole, the seven WMCA constituent Local Authorities are doing worse than England overall on a number of indicators relating to healthy weight, physical activity and wellbeing. In addition, there are marked inequalities across the region, with much poorer outcomes in some Local Authorities than in others.

These are just some of the outcome measures we might want to consider in developing the monitoring and evaluation framework, as well as some of the things we would expect to contribute to improving these outcomes.

Indicator	Period	England	WMCA	Birmingham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolverhampton
Breastfeeding initiation	2016/17	74.5	68.5*	71.1	78.3	55.3	62.0	70.4	65.5	66.8
Reception: Prevalence of overweight (including obesity)	2017/18	22.4	23.7	23.5	23.2	24.6	24.2	18.2	23.9	27.6
Year 6: Prevalence of overweight (including obesity)	2017/18	34.3	39.9	40.3	37.9	39.8	42.3	30.1	41.1	42.9
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2017/18	54.8	20.7	49.4	57.6	51.9	50.1	56.8	46.4	45.0
Percentage of adults (aged 18+) classified as overweight or obese	2017/18	62.0	65.3	65.1	64.8	64.7	71.0	53.8	67.2	66.2
Percentage of physically active adults	2017/18	66.3	60.2	61.0	60.6	56.6	59.5	67.3	63.2	52.1
Percentage of physically inactive adults	2017/18	22.2	28.5	26.4	29.5	29.6	29.6	25.7	27.0	37.1
<i>Self-reported wellbeing</i>										
Proportion of people with a low satisfaction score	2017/18	4.4	-	4.1	5.9	5.4	5.5	*	5.0	5.8
Proportion of people with a low worthwhile score	2017/18	3.6	-	*	5.2	5.7	*	*	4.0	5.1
Proportion of people with a low happiness score	2017/18	8.2	-	8.8	11.4	11.6	10.6	6.2	10.9	7.4
Proportion of people with a high anxiety score	2017/18	20.0	-	19.0	21.5	14.4	15.4	17.4	25.1	14.0

\* Please see <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/> for notes on these data points

## Appendix 1: Progress on actions agreed at the WMCA HWB Board, October 2018

At the WMCA Health and Wellbeing Board meeting on the 31<sup>st</sup> October 2018, the board ratified the action plan report, and supported the actions proposed.

The following table provides a summary of the actions to date.

Lead	Action	Progress to date
WMCA	Black Country Place Based Fund	As part of our partnership with Sport England and the Black Country Consortium Limited, this fund will gather insight and intelligence on the barriers and opportunities to getting more people active in targeted areas in the Black Country's growth corridors, with specific consideration of those people who are deemed to be in lower socio-economic groups, this will explore what action is needed to address the barriers across all age groups and influence the future work in driven by 2 Community Connectors and proposed social prescribing programme. The insight should be available in late Autumn.
	Removal of HFSS advertising on bus ticket backs, and the TfWM Advertising policy	Responsibility for advertising on the transport is fragmented and complex with a range of actors involved. These include a mix of transport authorities and transport operators. Therefore, action on this agenda has been challenging but partners have bought into the need to take action. As a result, significant progress has been made on getting to the point of having no HFSS advertising on the bus ticket backs. TfWM have worked closely with Ticket Media, who manage the advertising on bus tickets to liaise with McDonald's to change their advertising campaigns to promote healthier options. If negotiations are successful, it is envisaged that NX buses, who provide 90% of the bus services in the West Midlands, will no longer advertise McDonald's HFSS adverts on their bus tickets after December 2019.  Discussions are currently on-going to understand how an advertising policy can be developed and implemented across the WM area, due to the complexities involving many bus operators, and ownership of the various transport assets. Through its contracts with Clear Channel, TfWM already maintains exclusion areas of HFSS advertising on any bus stop shelter within 200m of a school. This approach is now also being extended to stops across the West Midlands Metro network.
	Housing and Wellbeing Design Principles	WMCA Wellbeing Board has established a Task Force to develop a set of wellbeing principles to shape the delivery of the commitment to build 215,000 new homes by 2031. The principles have been developed based on evidence have been refined through engagement with partners in local places and developers.  They provide a framework for how new homes and neighbourhoods can be designed to facilitate the wellbeing of residents and contributing to a happier, healthier, better connected and more prosperous West Midlands; including addressing the determinants of obesity, making it easier for people to be a healthy weight. The principles seek to support and add value to local policy and practice.

		<p>They bring together planning and design principles under four connected, people focussed areas of interest;</p> <ul style="list-style-type: none"> <li>• Healthy, affordable homes that enable people to stay independent throughout their lives</li> <li>• Vibrant streets that promote community interaction and prioritise active travel and movement for all</li> <li>• Residents have access to the natural environment and high quality, active social spaces</li> </ul> <p>Connected places, with residents having access to services, schools, work and public transport. Work is now underway to incorporate these principles into the WMCA's Single Commissioning Framework, Design Charter and Inclusive Growth Toolkit. Discussions with developers are also underway to identify pipeline developments that can test out the application of the principles with local communities and evaluate their impact</p>
	3 Million pound challenge, including Active 10 / Daily Mile	<p>To drive activity at a community level several programmes of work will be established. Initial focus in 2018 was the development of a 3 million pound challenge to help the region lose weight but the emphasis of a healthy weight has shifted away from a purely obesity reduction programme which can create negative responses. As such this framework will seek to align new and existing programmes or campaigns to create a social movement for action:-</p> <ol style="list-style-type: none"> <li>a. Daily Mile will be promoted to schools to engage young people to undertake 15 mins of activity.</li> <li>b. Active 10 will be used to enable staff in work places to engage in 10/15 mins of physical activity during the working day. This has been built into the Thrive at work Toolkit as a programme of work.</li> <li>c. Start Back and Sugar Swap PHE campaigns will support a shift towards a healthier relationship with food.</li> <li>d. Every Mind Matters digital mental health programme will support an individual approach to mental health and resilience and aims give people the tools to have improve their own mental health leading to a more holistic healthier outcome.</li> </ol>
	Take to the Street	<ol style="list-style-type: none"> <li>a. Active Streets</li> </ol> <p>As part of the WMCA's commitment to get more people walking and cycling, the WM Mayor has launched a Better Street Fund encouraging people and communities to improve the place where they live and encouraging more people to walk and cycle. TfWM, WMCA Public Service Reform teams and Local Authorities are assessing over 150 applications for innovative schemes to make a difference. The PSR teams' priorities for the scheme are impacting on the health and inclusion inequalities that exist in the area and encouraging a co-designed, co-produced approach with local communities. Announcements will be made in Autumn 2019.</p>

		<p>The WMCA in partnership with Sport England is trialling a Public Space Design project with Coventry CC, Walsall MBC, City of Wolverhampton Council, Sandwell MBC and Birmingham City University. The aim of the project is to identify different localities and work with local communities on the design, build and long-term sustainability of community active spaces. Projects include a train station, Parklet, canal and GP surgery and neighbouring park. Evaluating the impact of this work will give partners the learning on what could be delivered at scale longer term as part of the Housing and Wellbeing priorities.</p> <p>b. Goodgym</p> <p>As part of a wider social movement programme, Goodgym has the potential to inspire people to be active by delivering change in their communities, whether helping a local care home or hospital, clearing areas at community projects to help change or being part of an older adult befriending service. Now delivering in Coventry, Birmingham, Solihull and shortly Warwick/Leamington Spa the social movement will deliver positive change to many communities and individuals.</p> <p>c. Disability</p> <p>The WM Mayor's report on getting more disabled people active, identified 6 main priorities developed following extensive consultation with disabled people and organisations. 50% of disabled adults are inactive and we recognise that there are many complex and multi-layered challenges that prevent people being active. The WMCA, Activity Alliance and Sport England partnership focuses on scaling up what works through an organisation's commitment to the Include Me WM Pledge, a commitment to a more inclusive and customer focused approach to sport and physical activity delivery; extending the training of the sport and physical activity in inclusivity and mental health awareness; awareness and understanding of the health and social care; who many disabled people felt they needed to promote physical activity; trialling work with TfWM on improving public transport and accessibility for disabled people and co-design, co-production and co-evaluation of work with disabled people. Since its launch in May 2019, over 30 organisations have pledged their commitment to Include me WM and approaching 100 additional people have been trained.</p>
LA Chief Executives group	Scoping and mapping the Food environment	Proforma sent to all LA PH departments with request to disseminate to partner departments, to collect any information related to Healthy Weight. All but 1 WM LA PH department have returned their proformas and corresponding reports. Further scoping is required to understand the work the wider departments and other organisations are undertaking in relation to HW.

## Appendix 2: Consultation questions

### *Leadership and Enabling Change*

1. How can action at the WMCA add value to local work to promote healthy weight?
2. Do you agree that a whole system approach could enable change to take place? If not, why? What are the opportunities, risks and barriers to effective leadership at a WMCA level?
3. Are you aware of any good practice locally? How can we build upon and maximise existing practice and resources to support population change across the West Midlands?

### *Healthy Environment*

4. Do you agree that the proposals set out would make our food and drink environment healthier? If you agree, how do you think these could be implemented and what support will be required? If not, why?
5. Do you agree that the proposals set out would provide an environment with more opportunities to be active? If you agree, how do you think these could be implemented and what support will be required? If not, why?

### *Healthy Settings*

6. Do you agree with the proposals for the following settings (please identify which setting(s) you wish to comment upon)?

### *Healthy People*

7. Do you agree that proposals will support behavioural change and increase conversations about healthy weight through front line services? If you agree, how do you think these could be implemented and what support will be required? If not, why?
8. Do you agree that proposals will enable children and families to support a healthy weight? If you agree, how do you think these could be implemented and what support will be required? If not, why?
9. Do you agree that proposals will develop a clinical pathway to ensure those who are overweight or obese can access the right kind of support? If you agree, how do you think these could be implemented and what support will be required? If not, why?
10. What additional measures could be implemented at a WMCA level to increase healthy weight in the region?
11. How can you contribute to this programme?



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## WMCA Wellbeing Board

<b>Date</b>	24 October 2019
<b>Report title</b>	West Midlands Thrive Update
<b>Portfolio Lead</b>	Cllr Izzi Seccombe – Wellbeing Board Chair
<b>Accountable Chief Executive</b>	Deborah Cadman -WMCA
<b>Accountable Employee</b>	Sean Russell Implementation Director <a href="mailto:Sean.russell@wmca.org.uk">Sean.russell@wmca.org.uk</a>
<b>Report has been considered by</b>	Henry Kippin, Public Service Reform Director, WMCA

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

#### The Wellbeing Board is recommended to:

#### 1. To note the progress in the delivery of current priorities.

##### 1. Purpose

1.1 This paper provides an update of progress of the key programmes of work within the Thrive West Midlands Mental Health Commission Action Plan.

##### 2. Background

2.1 In January 2017 WMCA Mental Health Commission, led by Sir Norman Lamb and sponsored by Sarah Norman CEX Dudley Metropolitan Borough, published the Thrive Action plan. The approach was to develop a programme that would slowly start to change the dial on poor mental health in the region within the bounds of not working in health or social care devolution space.

2.2 The Action Plan brought together key partners in the region to work collaboratively and the proposal was to ensure that the approach maintained significant investment of experts in the field, time and wider resource commitment to drive the action forward. Throughout the

programme PHE, NHSE including CCGs and Local Authorities have provided strong leadership and support throughout.

2.3 The Action Plan focused on five core themes; supporting people into work and whilst at work, providing safe and stable places to live, improved mental health outcomes and the criminal justice system, developing approaches to health and care, getting the community involved.

2.4 The Wellbeing Board have been updated previously on key programmes; Thrive into work, Thrive at work, Community Sentence Treatment Requirements and Citizen Jury development. This report will seek to update on the progress of the main programmes to date and to outline a few outputs from the programmes. It will also seek to address the issue of scalability and outline the proposals currently being considered.

### 3. Supporting People into work and whilst at work

3.1 This work stream was set off with three main programmes. Thrive into work was commenced in 2017 having developed in conjunction with the Department of Health (DH) and Department of Work and Pensions (DWP) Work and Health Unit (WHU). A randomised control trial (RCT) was established that would seek to work with people who have poor physical and mental health issues and had been out of employment for in excess of 28 days. The model was seeking to build on evidence that had been obtained for the Individual Placement Support (IPS) programme in secondary mental health care. This model had never been tested in primary care and working with the Government departments the approach was to develop sufficient evidence to build a business case by academic evaluation for the Treasury to consider future spend. WMCA was commissioned and was granted 10.18M for the programme over four years.

3.2 The programme budget is allocated as follows: -

Year	Programme Team	Third Party	Provider Contracts	Total
2017-18	157	538	1,561	2,256
2018-19	294	494	3,093	3,881
2019-20	237	294	2,396	2,927
2020-21	131	128	857	1,116
TOTAL	819k	1,454k	7,908k	10,180k

The Programme Budget breaks down into three key funding domains:

#### Programme Team

Funding for the Central Programme Team based at the WMCA. This team has considerable responsibility for managing and oversight of the delivery of the Programme. This includes:

- Contract Management,
- Performance,
- Data and analytics,
- Relationship brokerage particularly with the NHS,
- Budget Management,
- Communications and Marketing
- Future Sustainability of the IPS Model driving Health and Work Strategy

### Third Party Costs

Wolverhampton CCG costs in relation to, administration of NHS Contracts, administration of Health Led Trial budget, IT and HR functions

- WMCA infrastructure costs (Meeting Rooms, Finance, IT and HR)
- Independent strategy and Policy advice.

### Provider Costs

- Responsible for delivery of the Health Led Trial across four CCG localities.

### 3.3 Programme update

3.4 It must be recognised that this is a trial and assumptions made in the development stage of the design were based on potential access to individuals within Wolverhampton, Dudley, Sandwell and West Birmingham and South Birmingham CCGs. The programme has seen significant challenges including recruitment of participants within the primary care health arena. One challenge has been the disconnect between health and DWP. Primary care do not routinely capture patients work status and although individuals currently receiving fit notes may be work connection there are many people with long term conditions who are out of work and not identifiable through the system. Information on claimants of Employee Support Allowance is available from DWP but this information is not shared with Health and as such identification of individuals in this space has been challenging.

3.5 Notwithstanding this the update of individuals referral as of 20<sup>th</sup> September 2019 is 5545 individuals of which 3008 were eligible to be randomised. 1439 individuals have been placed into the treatment group with 298 currently having started work. In addition, there are 1091 individuals with vocational profiles completed who are being supported to find work.

3.6 Throughout the trial a Programme Board has been operating with quarterly reporting to the Work and Health Unit Innovation board who have scrutinised the programme budget, referrals, job outcomes and wider connectivity to health and DWP as well as ensuring fidelity of the model and academic rigour is retained. The latest dashboard (Appendix A) is attached which highlights the summary KPIs, referrals, Randomisations into the trial, job starts and industries and quality measures.

3.7 Moving forward the programme is due to finish the trial element of the programme on 31<sup>st</sup> October 2019. At this stage all referrals will stop for a short time and work with existing trial participants will continue until October 2020. It is then anticipated that the programme will start again in January 2020 and until October 2020. This will enable IPS to run without being a RCT and will seek to work with primary care networks to recruit participants. Based on the level of employee support (IPS) workers maintained to support the existing trial participants it is anticipated that approximately 800 new referrals would be received.

3.8 This approach is currently under review with the Work and Health Unit as there are potential risks around cross contamination of individuals who may be in the control group accessing treatment which would critically affect the trial. It is anticipated that a final decision will be made in mid to late October 2019 to ensure we can continue the non RCT element of the programme in January 2020.

3.9 Finally, working with the CCGs in the West Midlands work is being developed to understand if there is a potential to continue and scale the model moving forward. Within the NHS Long Term Plan, it has been highlighted that IPS should be considered as a model moving forward.

However, it should be noted that the interim report will be published in Spring 2022 with the final evaluation being completed in Autumn 2022. Proposals are being developed within the wider PSR agenda to consider options to continue this programme until the evidence review has been completed.

#### **4. Thrive at Work Wellbeing Awards Programme**

##### 4.1 Overview of programme

4.2 Following the cessation of the Work Place Wellbeing Charter the WMCA has worked with multiple partners and experts to create a new Thrive at Work programme. This builds on the existing evidence base and creates a model for improving wellbeing in the work place.

4.3 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, musculoskeletal health, improving physical activity and several risk factors including poor diet, smoking and poor financial health. The Thrive at Work programme is available to view here:

[Http://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf](http://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf)

4.4 Input - There was limited initial capital to develop the programme, so this was done with the current resources available within WMCA and partner organisations. However as the programme has continued to expand rapidly business cases have supported the recruitment of an accreditation manager and mental health commission coordinator for the programme from the mental health commission budget.

4.5 Output - In addition to the 104 businesses that are continuing the trial and programme another 220 have signed up for just the programme, with a range from 2 employees to over 22,500 employees per organisation. Business from across a range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities, schools etc. Nearly 135,000 employees have the potential to be positively impacted through the businesses that are signed up to the programme.

4.6 Some businesses are already close to achieving accreditation, with a significant number of others making good progress on the journey and reporting positive impacts.

4.7 Scalable plan - Funding from the Midlands Engine will support the running of the programme until March 2022, however as it expands additional sources of revenue including potential franchising of the model, sponsorship and commercialising the awards are being explored. It is anticipated that the cost of running and expanding the programme beyond March 2022 will be approximately 500k per annum.

4.8 Evaluation - Reporting will include numbers on the programme, progress and impact on employers and employees.

#### **5. Wellbeing Premium Trial**

5.1 Overview of programme - 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 premise of a RCT. The programme focuses on key enablers within the company as well as developing wellbeing across mental health, musculoskeletal and lifestyles linking it to the wider WMCA wellbeing and physical activity strategies.

5.2 Inputs - The WMCA received 1.4M in funding that was successfully bid for from the Work and Health Unit Innovation Fund with quarterly payments started in April 2018. The funding covers the costs of the programme team, grant payments to SMEs, network meetings and evaluation partners costs.

5.3 Outputs - WMCA successfully recruits above requirement of SMEs onto the trial. The recruit businesses represent a wide range of business sectors across the WMCA footprint which support generalisability and scalability of findings. There have been some drop out of businesses from the trial due to barriers facing them as an organisation, however we continue to have sufficient power and a well designed trial that serves the objective of doing the research and ill report and analyse appropriately and transparently. Currently 104 SMEs continue the trial.

5.4 Scalable plan for the future - 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 within government departments.

5.5 Evaluation - The programme is being formally evaluated by our academic partners – RAND Europe, Warwick Medical School and Warwick Business School. The evaluation will include impact, process and accreditation assessments.

5.6 A significant amount of learning about the behaviour of SMEs from both those that stay in the trial and those that drop out will be gained from the trial.

## **6. Providing safe and stable places to live**

6.1 Developing a housing first model was a key outcome of the Thrive Action Plan. In the early stages of development, the wellbeing scrutiny board sought to gather evidence from the national stage and international settings to support the development of the business case to Ministry for Homes and Local Government (MHCLG). The focus of the work was to ensure that where mental health and /or wider health and social challenges were determinant factor in the loss of housing, that support was provided to individuals to retain their homes or in the case of rough sleepers to help stabilise them during the tenancy.

6.2 Funding was obtained through MHCLG of 9.6M with similar funds to Liverpool and Manchester to create a Housing First Programme which would be academically evaluated. Birmingham City Council is the accountable body for the funds with WMCA retaining oversight of the programme through the Homeless Task force and PSR Team. The reporting is through the PSR Board with the task force and dedicated PSR resource aligned to ensure the programme is managed and delivered effectively.

6.3 Outputs - As of 27<sup>th</sup> September 2019, 77 people have even housed through the programme. It is expected that a maximum of 617 individuals will receive support during the 3 year pilot.

6.4 Evaluation - Formal evaluation will take place through MHCLG in association with Herriot Watt University and will seek to evaluate outcomes and financial benefit and potential returns of investment. Soft evaluation is taking place regarding the fidelity of the model through several commissioned pieces within the programme and a separate review of access to and support from health and addiction partnerships through the wellbeing budget which is due to commence in October 2019 and report in early 2020.

## **7. Improved Mental Health Outcomes in the Criminal justice System**

7.1 The Thrive Action plan focused on a few key areas to try and influence the current operating model where offenders or persons detained in the justice system who present with poor mental health have access to improved support at an early opportunity.

7.2 Building on work undertaken within the West Midlands Police, trialling the roll out of the Liaison and Diversion from custody where mental health nurses worked in custody to support diversionary options and the multi disciplinary Street Triage Team who supported individuals in crisis in the street and in their homes a decision was made to maintain the focus on improving the system.

### 7.3 Community Sentence Treatment Requirements

7.4 A key opportunity was the introduction of a pilot to test Mental health treatment Requirements (MHTRS).

7.5 Many offenders experience mental health and substance misuse problems, but the use of treatment requirements as part of a community sentence remains low and has been declining over recent years. Improved partnership working can increase the use of treatment requirements, particularly as an alternative to short term prison sentences and so reduce the number of vulnerable people in custody. There are three types of treatment requirement:

- Mental Health Treatment Requirement (MHTR);
- Drug Rehabilitation Requirement (DRR – which includes drug testing);
- Alcohol Treatment Requirement (ATR)

7.6 All three treatment requirements were introduced as a sentencing option in the Criminal Justice Act in 2003. 'Treatment' covers a broad range of interventions (for example talking therapies, a course of medication or inpatient treatment). As members of the general population, offenders in the community should access treatment in the same way as anyone else via mental health services, commissioned by NHS Clinical Commissioning Groups (CCGs) and drug and alcohol treatment services commissioned via Local Authorities. However, due to the multiple complexities of health and social needs affecting this cohort, there are few services in the community that are providing appropriate holistic treatment and care to support these Service users and requirements. ATRs/DRR are provided through substance misuse services commissioned by the Local Authority.

7.7 MHTRs can be split into those provided by:

7.7.1 Secondary care mental health services: When an individual's mental health condition reaches the threshold of secondary care services. This provision should already be provided through locally commissioned frameworks for secondary care.

7.7.2 Primary care services: The majority of MHTRs don't reach the threshold of secondary care service. The testbed sites have demonstrated that the addition of clinically supervised mental health practitioners providing assessment in court and 1:1 short, individualised psychological interventions has been required to deliver primary care MHTRs. This is a commissioning gap in non CSTR site areas.

7.8 MHTRs: In 2017, out of all the requirements commenced under community orders or suspended sentence orders:

- Less than 1% (538) were MHTRs;
- 5% (8,719) were DRRs;

- 3% (5,419) were an ATRs.
- In addition, uptake has been decreasing consistently since 2008/09. Between 2016 and 2017
- MHTRs decreased by 20% and by 51% between 2009 and 2017;
- DRRs decreased by 10% and by 46% between 2009 and 2017;
- ATRs decreased by 11% and by 41% between 2009 and 2017.

7.9 This is in the context of a decrease in the volume of offenders starting community orders and suspended sentence orders by 6% between 2016 and 2017, and 29% between 2009 and 2017.

7.10 Inputs - In 2018 Five Test Bed Sites were created including Birmingham with a mix of funding from NHS England 100k and 60K from the Police and Crime Commissioner. This enable a programme to be commissioned into court from a primary care provider linked to the Liaison and Diversion from Custody Team.

7.11 Outputs - Figures in year one were low with only 27 orders being applied. This was due to host of complexities through the court process including initially trialling overnight remand offenders as the source of referral but over time recognised that 60% of these offenders would not plead guilty on first remand hearing. Further testing took place in the guilty anticipated plea court but again trying to balance assessment and the demands on the judicial speedy justice process meant that many offenders who may have been eligible but would require a short adjournment until the afternoon court where sentenced without orders being granted.

7.12 Year one outcomes across the five testbed sites have been published, which demonstrates that by strengthening partnerships, processes and governance pathways the increased use of treatment requirements is achievable. The evaluation also provides feedback from testbed site workforce and Services Users, who collectively agree that increased use of CSTRs would be beneficial in addressing some of the underlying causes of the offending behaviours, reduce short term sentences and enable rehabilitation within the community.

7.13 A published study by the MoJ has provided the first evidence to show that including an MHTR or ATR into a community order or suspended sentence order can have a positive impact on reducing reoffending.

7.14 The study found that for those with identified mental health issues, mental health treatment requirements (MHTRs) attached to community orders or suspended sentence orders were associated with significant reductions in reoffending where they were used, compared with similar cases where they were not. Over a one-year follow-up period, there was a reduction of around 3.5 percentage points in the incidence of reoffending where such requirements were used as part of a community order, and of around 5 percentage points when used as part of a suspended sentence order. In the case of ATRs, for those with identified alcohol misuse issues, ATRs were associated with similar or slightly lower reoffending where they were used compared with similar cases where they were not.

7.15 The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 made changes to the administration of the MHTR by amending provisions linked to the Criminal Justice Act 2003 and the Mental Health Act 1983:

“The LASPO Act sought to make it easier for courts to use the MHTR as part of a Community Order or Suspended Sentence Order by simplifying the assessment process and ensuring that those who require community-based treatment receive it as early as possible. The Act removed the requirement that evidence of an offender’s need for mental health treatment is given to a court by a Section 12 registered medical practitioner”

7.16 This change means that the Courts may seek views and assessments from a broader range of appropriately trained mental health professionals. The intention was to ensure that Courts receive appropriate advice based on mental health assessments quicker, thus reducing the avoidable time delay leading to adjournments and unnecessary psychiatric court report costs of using the MHTR as part of a community sentence.

7.17 Barriers: A few barriers have been identified by the testbeds which may contribute to the low uptake of the three treatment requirements. Some of these are also identified in a paper published by the Centre for Mental Health and the full year one CSTR evaluation. Some barriers to developing CSTR provision include:

- Uncertainty as to who should receive community sentence treatment requirements
- MHTR: the criteria hasn’t been made clear as to who may be suitable, especially for those with lower level mental health and complex social needs
- Uncertainty over who has responsibility for commissioning services for offenders in the community
- Uncertainty around drug testing as part of the DRR
- Lack of availability and access to community services that can provide appropriate MHTRs for offenders with multiple complexities including dual diagnosis
- Low awareness and confidence among both criminal justice and health professionals around mental health/substance misuse and associated vulnerabilities in court.

7.18 Scalability - Recognising the challenges posed, wave one pilot in Birmingham has broaden to include Solihull individuals too. Funding has been secured from NHS England for the next year (100k) plus a small amount of funding from the WMCA (20k).

7.19 Wave 2 is one being developed across the Black Country with an early funding discussion being had with CCGS and the Police and Crime Commissioner. Funding has been agreed from the PCC (100k) to enable this service to run for one year. This will seek to develop the programme in the Black Country in early to Spring 2020.

7.20 It is anticipated that wider discussion with the MOJ and NHS England (Offender Health) will take place later this year for a broader national roll out of the broader CSTR approach in England. A commitment to the programme is outlined in the NHS Long Term Plan.

### **7.21 Police detention**

7.22 Two key outcomes were described within the Thrive Action Plan that related to the police use of cells for individuals detained under s136 Mental Health Act 1983. The force were proud of its position in significantly reducing the number of the people detained contrary to the national position.

7.23 This element has been introduced as business as usual no into mainstream police business with oversight through the Police and Crime Board.

7.24 For information to support this report the figures for 2018/2019 have been received from the Force. There are six section 136's for this year which state "police station" as the First Place of Safety:

- 2 – as a result of being refused detention after being arrested for substantive offences so it was recorded at the first POS as they were detained under s136 in the car park of the custody suite before transferred to the health-based place of safety.
- 2 – Where the patient was taken by officers to the police front office to await ambulance transport to the health-based place of safety.
- 2 – are recorded on the system but where the details of detention cannot be verified as to why this occurred

7.25 There have been no further use of the custody suite in West Midlands Police as a place of safety where the assessment is to take place and there have been no under 18's taken into the custody suite under s136 Mental Health Act 1983.

7.26 It should be recognised that this is still a challenging area with wider work being undertaken by partners to develop a stronger approach to ensure that police custody is not the right place for most persons suffering a mental health crisis. A formal stakeholder engagement event took place on 30<sup>th</sup> September 2019 with West Midlands Police and the regional health partners to ensure the spotlight remain on this area.

## 8. Developing Approaches to Health and Care

8.1 The Thrive Action Plan sought to address a number of key areas in this arena, but two areas remain a key focus of activity.

8.2 Zero Suicide Ambition - The Thrive Action Plan encouraged the region to support a zero suicide ambition where Local Authority Areas would work in partnership with WMCA and PHE to create local Suicide Reduction Plans. Each area across the West Midlands have now completed these and there is a regional group that oversees the implementation and opportunities to learn lessons and share best practice.

8.3 In the West Midlands region in 2018, 514 people are recorded by coroners as having died by suicide, representing a 2.8% increase on 2017 suicide registrations. Within the West Midlands Combined Authority, recorded deaths were down 3% on 2017 figures, with 231 people reported to have died by suicide.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	15-16	17-18
	Rate /100,000										
B'ham	64	54	57	77	138	61	70	74	74	7.6	8.1
Coventry	27	35	27	28	28	27	13	36	29	8.8	8.6
Dudley	29	21	11	20	31	30	17	30	33	9.4	9.7
Sandwell	22	25	17	25	28	29	31	26	30	10.4	10.6
Solihull	10	12	9	7	29	14	12	26	30	9.5	12.2
Walsall	14	12	19	19	28	25	19	21	19	9.1	8.2
W'ton	13	24	19	20	25	21	20	25	15	9.9	9.0
WMCA	179	183	159	196	307	207	182	238	231	*	*
WM region	450	433	453	477	571	477	446	500	514	9.5	9.7
England	rate									9.2	9.8

8.4 Within the Combined Authority, most constituent authorities have seen a small reduction in deaths by suicide during 2018, except for Solihull and Sandwell, which reported small respective rises and Birmingham where the number of suicides is the same as in 2017.

8.5 The overall three-year rolling average rate of suicide in the West Midlands region has risen to 9.7 cases per 100,000 population, roughly in line with the national average suicide rate. Within the Combined Authority, both Solihull and Sandwell appear to report rates above the national rate, but for both areas the difference is not statistically significant.

8.6 It should be noted that during 2018, the criminal standard of proof required to conclude a suicide has occurred changed to civil standard. The implications of this change are that we might expect an artefactual rise in the number of suicide conclusions during 2018. As such, any non-significant upward trends should be treated with caution.

8.7 Improving Perinatal Mental Health - Creating the best start in life was a key thought within the Action Plan. Working with NHS England the plan sought to shine a light on perinatal Mental Health and support the excellent work led by Dr Giles Beresford. NHS England have established a business as usual approach to this area of business by developing a formal network.

8.8 NHS England has committed to fulfilling the ambition in the Five Year Forward View for Mental Health, so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing nationally at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

8.9 A phased, five-year transformation programme, backed by £365m in funding, is underway to build capacity and capability in specialist perinatal mental health services, focused on improving access to and experience of care, early diagnosis and intervention, and greater transparency and openness. Funding is a mixture of local funding (including through CCG baselines and targeted transformation monies for allocation) and national investment (including commissioning of Mother and Baby Units through specialised commissioning, workforce development and regional perinatal MH networks) with an increase each year, reaching £140m nationally in 2020/21 as outlined in the Implementation Plan.

8.10 Within the West Midlands a service is now in place within each STP since 1st April 2019. Nationally all services are working towards seeing: 4.5% of their local birth rate in 2019/20, 6.4% of their local birth rate in 2020/21

<b>STP/Service Footprint</b>	<b>Funding received in year 2018/19</b>	<b>Service in place since 1st April 2019</b>
Birmingham and Solihull	Expansion of Wave 1 service across footprint (previous funding for expansion of locally funded service)	Yes
Black Country	Formulation of new service	Yes

Coventry and Warwickshire	Formation of a new service/expansion of small locally funded service	Yes
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8.11 To support the local development of new services and this work within the West Midlands, in 2016 NHS England through the West Midlands Clinical Network established the West Midlands Perinatal Mental Health Network. Over the last three years this network has continued to grow and provide support across the area. This has included regular network meetings and opportunities for sharing learning and good practice.

8.12 The Clinical Network has also delivered a programme of training, funded by NHS England and Health Education England, to support the development of these services and enable women to receive evidence-based treatment, closer to home, when they need it.

## 9.0 Getting the Community Involved

9.1 At the heart of the Thrive Action Plan was a commitment to engage the public and create heightened levels of mental health literacy in the region as well as developing programmes to tackle stigma.

9.2 Mental Health First Aid England - Mental Health First Aid (MHFA) England is a training and campaigning organisation. They offer a range of evidence-based training courses from awareness to skill development. WMCA and MHFA England are working in partnership to increase mental health literacy in the region. The overall target is to train 500,000 people in mental health awareness and skills by 2026 (Thrive Action Plan, 2016), with 200,000 of these being trained with MHFA England courses.

9.3 In line with the development of the Lord Stevenson and Paul Farmer review (2017) there has been a significant shift in the push to improve work place mental health. Challenging the assumption that the Health and Safety at Work Act 1974 a movement is growing to ensure that Mental Health First Aid trained staff are included in the work force at a similar level to physical First Aiders. Equally there is an anticipatory duty under the Equality Act 2010 which puts a responsibility on businesses and employers to provide accessible support as they would do for all other protected characteristics.

9.4 Input - MHFA England fund a Regional Development Coordinator for 3 days a week to work in the region, based at the WMCA head office. WMCA provide office space, IT equipment and most valuably the local contacts and opportunity for partnership working across the West Midlands.

9.5 Output - In total 42 000 people have been trained by MHFA England in the region. There has been a significant increase in people being trained year on year. In 2017 at the launch of the Thrive Action Plan there were 4,896 people trained, in 2018 there were 10,878 people and this year to 31 August there have been 13,223 people trained.

9.6 Within this total there is also a campaign led by WMCA and MHFA England to train 5,000 people from the sport and recreation sector by the start of the Birmingham Commonwealth Games 2022. As part of MHFA England's commitment to give back part of their profit to the community they have fully funded 6 courses with more to follow in the coming months for people working with young people in sport and recreation organisations.

9.7 Scalable Plan - The appointment of a Regional Development Coordinator by MHFA England was for 2 years from April 2018. An extension to this partnership is in discussion to allow for the concentrated work on the mental health literacy target in the Thrive Action Plan and to continue with and further increase the amount of people being trained in the West Midlands.

9.8 In addition, Work Programme 8 of the Midlands Engine Mental Health Productivity Programme includes mental health literacy and training targets and so it is planned to extend the effective work done in the West Midlands to the whole of the Midlands this will include a further 45,000 work place staff being trained in the wider region.

9.9 Evaluation of Mental Health First Aid training courses can be found at:  
<https://mhfaengland.org/mhfa-centre/research-and-evaluation/>

9.10 This is Me - This is me is a workplace mental health campaign created by Barclays 2013 and adopted by the Lord Mayor's Appeal which seeks to change attitudes around mental health and create more inclusive workplaces though:

- Storytelling; encouraging employees to share their experiences of mental health challenges to help normalise the conversation around mental health
- Green Ribbon campaign: encouraging staff to wear the Lord Mayor's Appeal Green Ribbon as a way of raising awareness of mental health.
- Samaritans E-learning: an interactive training tool which teaches employees the skills to look after their emotional health and look out for others, before they reach crisis point.

9.11 Input and staffing - This is Me West Midlands has one member of staff working part time on this project and has a budget of 10K from WMCA the budget (current in year spend total of £360.50) to go towards programme literature, events to raise awareness of This is Me and maintaining engagement with registered organisations of campaign across the West Midlands.

9.12 Outputs - With the launch of This is Me in the West Midlands in January 2019, there was an aim to get 120 organisations signed up by January 2020. So far, 99 organisations have signed up to date.

9.13 Evaluation – the evaluation of This is Me is completed by the Lord Mayor's Appeal who own This is Me nationally and conduct an annual survey to capture engagement and perceived impact of the campaign in organisations who are registered. The 2019 survey is currently live, and findings and impacts will be shared later this year.

9.14 Scalable plan for the future - With the Midlands Engine Mental Health and Productivity Pilot, This is Me West Midlands is being scaled up to be launched in the East Midlands with a target of 400 organisations to be signed up to This is Me in the Midlands by July 2022. To reach target, 33 organisations are to be signed up to This is Me every quarter over the next three years. To raise awareness of This is Me, showcase events will be provided to small, medium and large enterprises across the Midlands along with other programmes including Thrive at Work, Every Mind Matters, Mental Health first Aid and Time to Change.

## **10 Conclusion**

10.1 This report has sought to give an overview of the current work streams within the Thrive Action Plan and a view of the current inputs, outputs and options for scalability.

10.2 The programme team employed by the WMCA is small with only 6 FTE posts and a budget of 110K for non-staff discretionary spend to seek support and design for future programmes. It has however been successful in generating significant commissioned work and additional staff either seconded or supporting through various models due to the high level of support from regional partners connected with the programme.

10.3 The programmes although challenging for a variety of different reasons have started to show a positive shift in the way mental health is viewed in the region. It is however recognised that there is still significant work to do and the team value the continued support from the Wellbeing Scrutiny Committee, Wellbeing Board and wider partnerships established throughout the last three years.

## **11.0 Financial Implications**

11.1 Funding for the delivery of the programmes is a mixture of Grant funded programmes and funding within the WMCA. The funding is outlined within the body of the report. Further scalability will require additional funding sources from outside the WMCA funding envelope.

## **12. Legal Implications**

12.1 WMCA legal team have advised upon all the current relevant work strands. Any additional strands of work including any new programmes or extensions will seek appropriate authority.

## **13. Equalities Implications**

13.1 An equality forum (Citizen Jury) was established as part of the Mental Health Commission which sought to identify the underpinning inequality presenting through the project strands. This approach is developing into a wider Independent Advisory Group which will seek to support programmes of work and the wider system to tackle stigma and discrimination.

## **14. Inclusive Growth Implications**

14.1 Data and intelligence has driven the development of targeted inclusivity and geographical areas to reduce levels of inactivity and inequalities in those who take part.

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

15.1 Delivery is either West Midlands or in targeted locations as a trial or where evidence suggests impact could be greatest.

## **16. Other Implications**

None

## **17. Schedule of Background Papers**

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SUMMARY - KEY KPIs

	Referrals	Number Randomised	Number in Treatment Group	Vocational Profile Complete	Number with Job Start	Number sustained work for 13 weeks
Month Total	581	309	158	56	31	14
Target	603	460	228	180	58	39
Lot 1 - Wolverhampton	114	76	38	2	9	1
<i>Remploy</i>	132	110	55	45	16	10
Lot 2 - Sandwell and West B'ham	206	106	56	36	9	5
<i>Prospects</i>	175	125	61	45	15	10
Lot 3 - Birmingham South Central	95	61	31	10	6	3
<i>Remploy</i>	132	110	55	45	16	10
Lot 4 - Dudley	166	66	33	8	7	5
<i>Dudley and Walsall MH Trust</i>	164	115	57	46	12	9
Total to date	5749	3098	1498	1063	317	198
<i>Lot 1 - Wolverhampton</i>	1065	625	289	213	75	42
<i>Lot 2 - Sandwell and West B'ham</i>	1932	992	498	361	72	48
<i>Lot 3 - Birmingham South Central</i>	1073	667	321	189	82	49
<i>Lot 4 - Dudley</i>	1679	814	390	300	88	59
Target to date	8089	6180	3077	2486	714	368

- 
September's referrals at 96% of target
- 
Randomisations at 67% of target
- 
Jobs at 41% of target
- 
54% of referrals have been randomised to date
- 
71% of total treatment group have a VP
- 
21% of total treatment have started work
- 
Total referrals to date at 71% of target
- 
Total randomisations to date at 50% of target

REFERRALS

September 2019 is a record breaking month for referrals. This month 581 participants were referred, the most generated in a month to date and 22 off of the

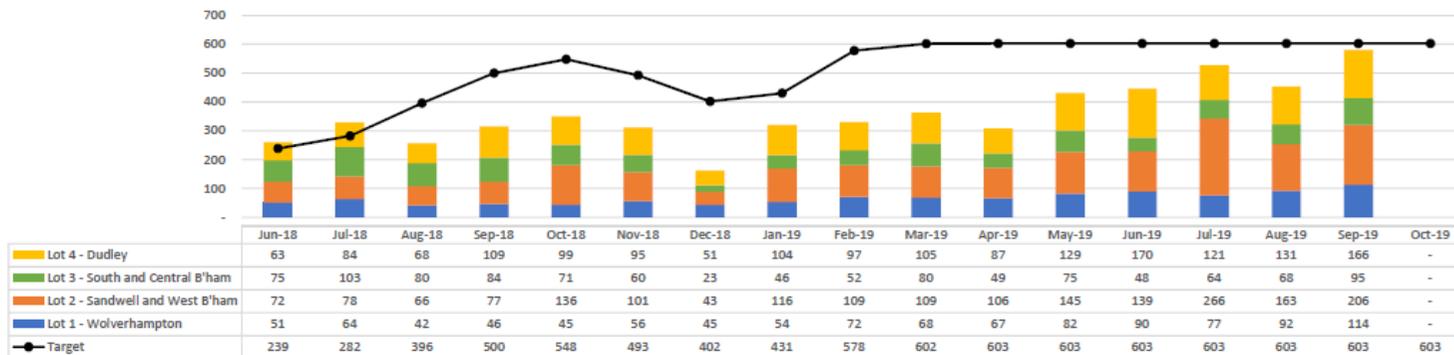
It has also been a record breaking month for randomisations. This month 309 participants were randomised, the most achieved in a month to date.

Wolverhampton randomised a record 76 participants, whilst Birmingham randomised a record 61 in month.

Both Sandwell and Dudley randomised their second highest amount of participants to date with 106 and 66 respectively

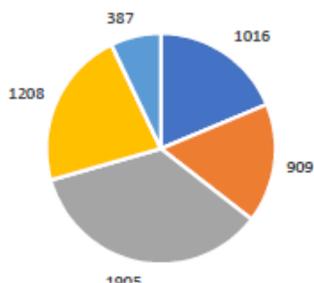
There was a total of 170 referrals across the 4 Lots through the GP Pilots in September 2019.

Referrals by Month



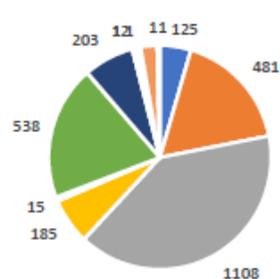
Page 74

Referral Sources - To Date



- Primary Care - GP
- Community - Health
- Community - Non-Health
- Self-Referral
- Other

Referral Sources - detail



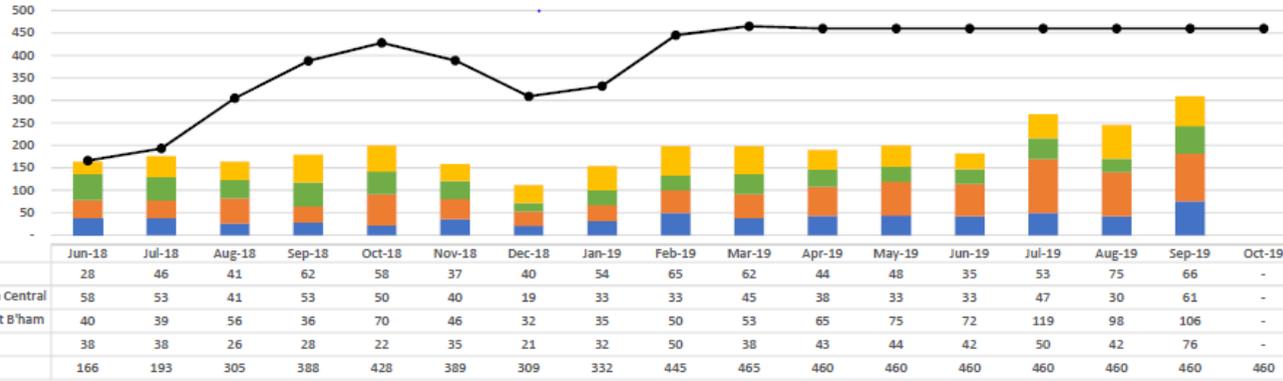
- Job Fair/ Employment Event
- IAPT
- Community Partner
- Occupational Therapy
- Crisis Team
- Care Leavers
- Family/ Friends
- Fire Service
- Self referral from GP practice
- JCP
- College/Further Education
- Advertising/marketing
- MSK/Physio
- Nursing Team
- Pharmacy team
- Police / Probation

NUMBER OF PEOPLE RANDOMISED

Randomisations by Month

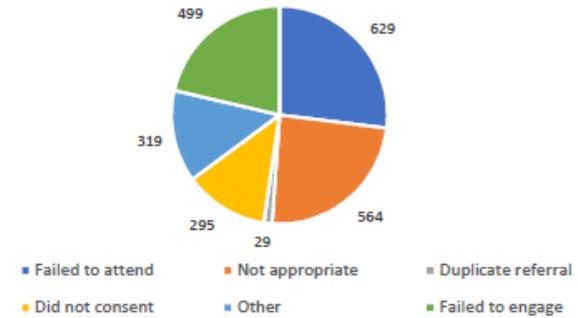
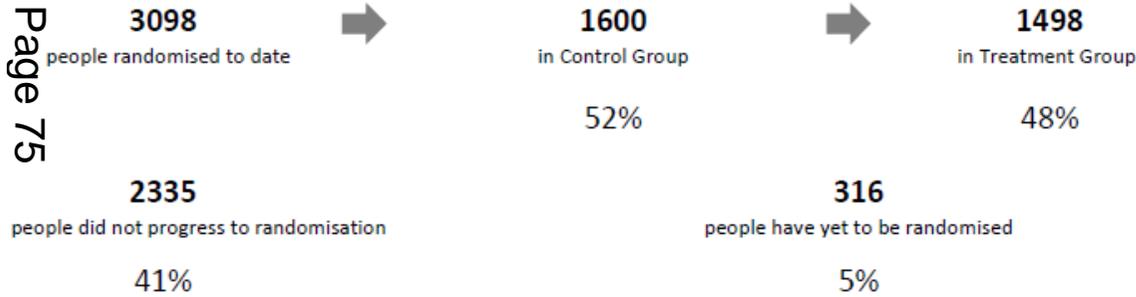
Currently each Lot's overall conversion rate of referrals to randomisations are:

- Lot 1 - 58%
- Lot 2 - 52%
- Lot 3 - 62%
- Lot 4 - 50%



Reason for not progressing to randomisation

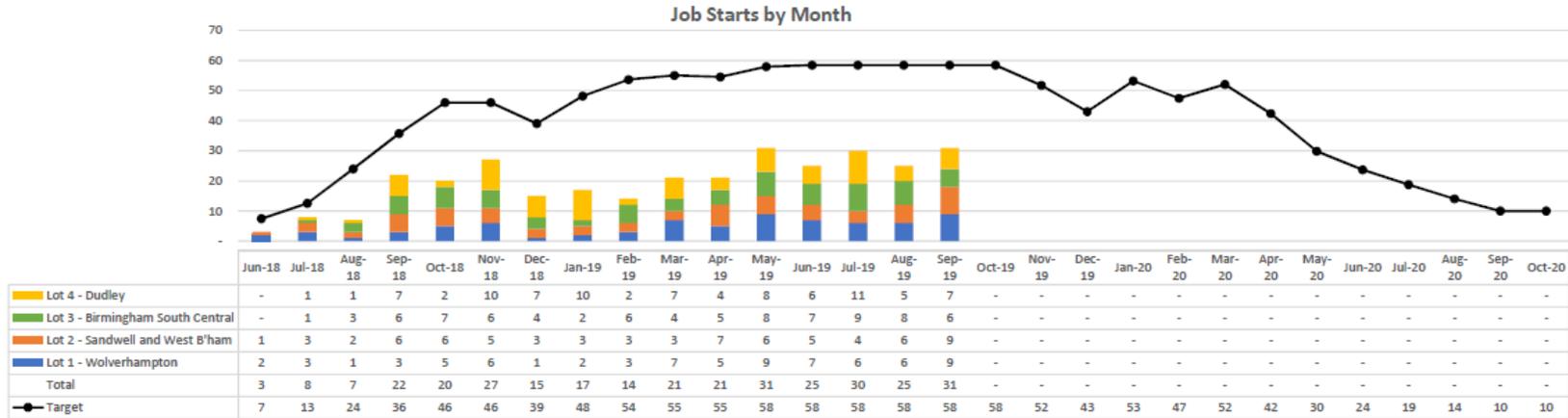
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This month has seen our record number of job starts matched at 31. Both Wolverhampton and Sandwell supported 9 participants into work, a record for both Lots.

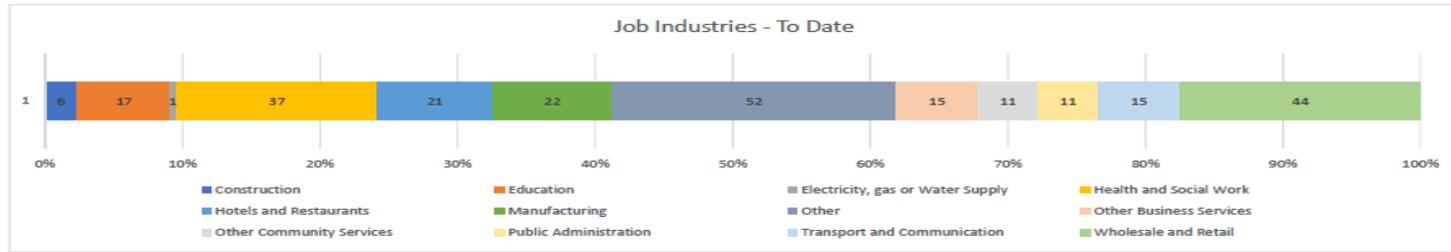
There has now been over 300 participants supported into work since the trial began, with 360 jobs between them.

Number of People with a Job Start



**JOBS (CONT'D)**

**Job Industries**



**Examples of Job Roles**

Quality Engineer

Aquatic Apprenticeship

Retail Assistant

Quality Engineer/Inspector

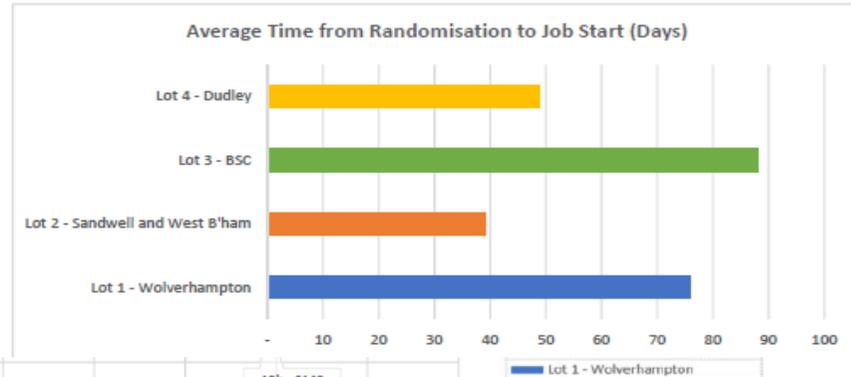
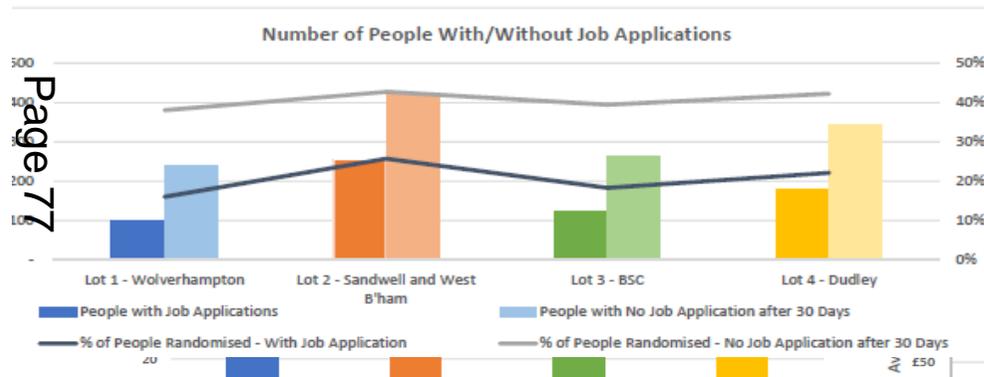
Litter Picker

Data Analyst

Chef

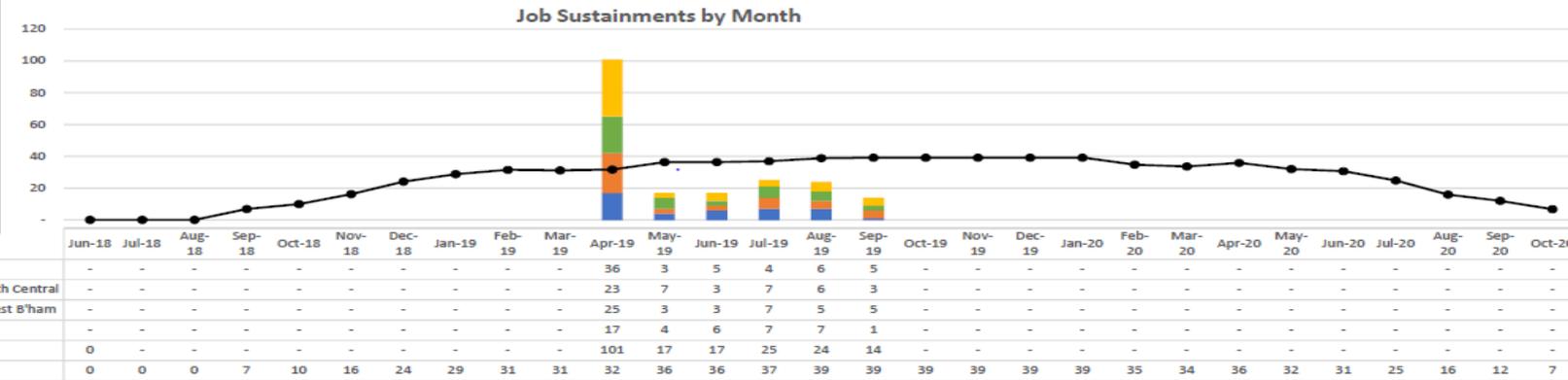
Aviation Engineer

**Job search metrics**



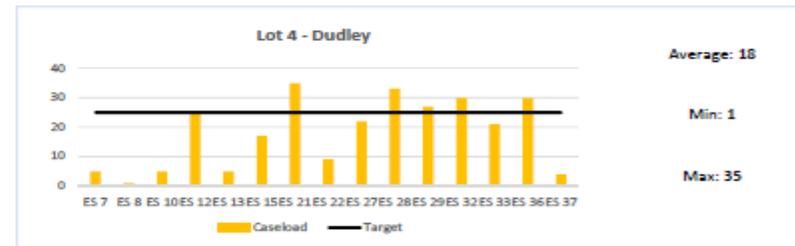
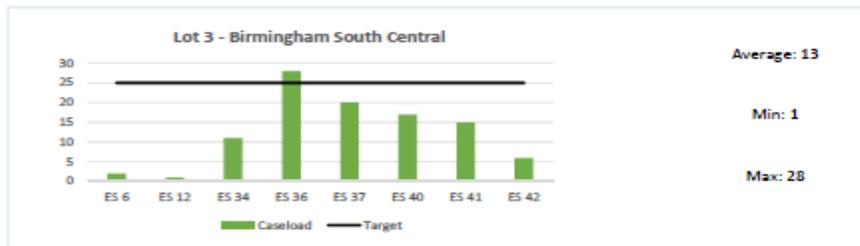
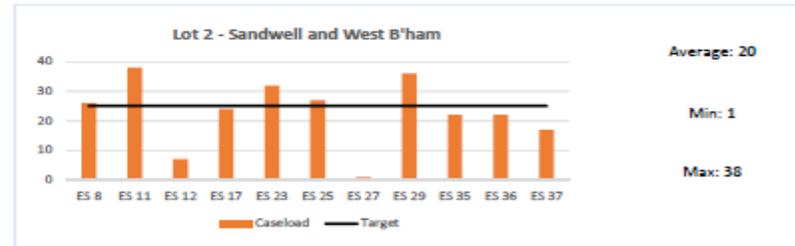
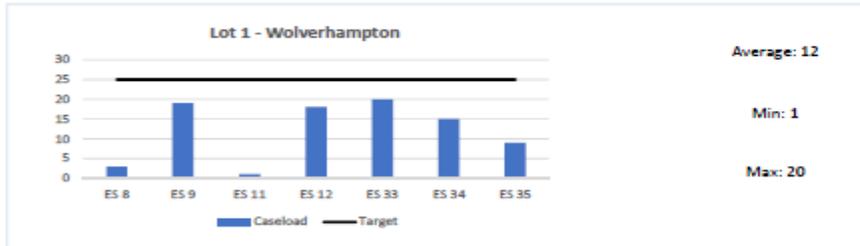
**Number of People Sustaining Work for 13 weeks**

Job sustainments capture is now fixed and included in KPI exports, as of April 2019. This has led to a spike generated in April 2019



QUALITY MEASURES

Caseloads



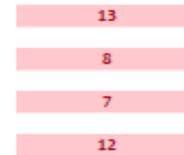
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Time between randomisation and first interaction with an ES

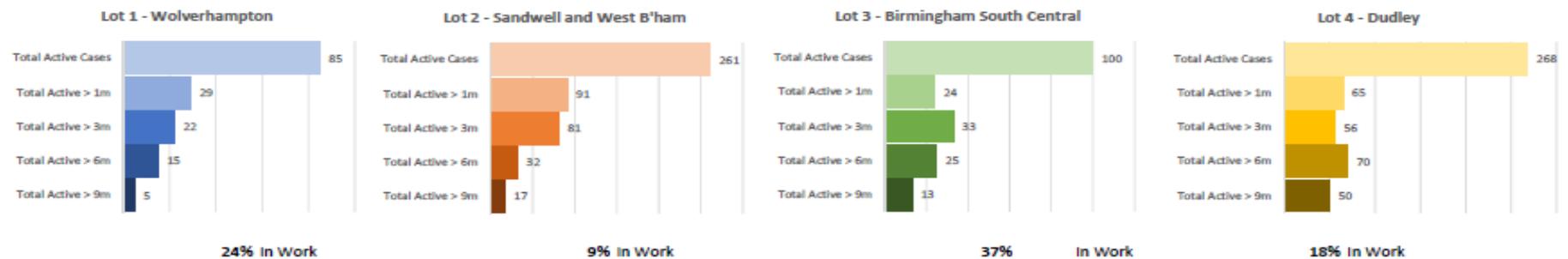
Average time to first interaction (THIS MONTH)



Number of clients with first interaction >2 days after randomisation



Active cases





## Wellbeing Board

<b>Date</b>	24 October 2019
<b>Report title</b>	West Midlands on the Move
<b>Portfolio Lead</b>	Cllr Izzi Seccombe – Wellbeing Board Chair
<b>Accountable Chief Executive</b>	Deborah Cadman OBE, West Midlands Combined Authority email: <a href="mailto:Deborah.cadman@wmca.org.uk">Deborah.cadman@wmca.org.uk</a> Tel: (0121) 214 7800
<b>Accountable Employee</b>	Simon Hall Physical Activity Policy & Delivery Lead Email: <a href="mailto:simon.hall@wmca.org.uk">simon.hall@wmca.org.uk</a> Tel: 0121 214 7093
<b>Report has been considered by</b>	Sean Russell, Wellbeing Director, WMCA

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

**The Wellbeing Board is recommended to:**

- 1. To note the progress in the delivery of current priorities.**
- 2. Agree for the WMCA to explore the wider potential of Include Me WM in delivering a more inclusive and customer focused West Midlands.**
- 3. To note the Terms of Reference for the WM on the Move Executive Group reporting into the Wellbeing Board.**

## 1. Purpose

This paper outlines the achievements in delivering West Midlands on the Move and sets out the next steps to develop the west midlands partnership needed to get more people active and reducing the inequalities in those who take part.

## 2. Background

- 2.1 At its last meeting, the Wellbeing Board discussed the delivery of WM on the Move priorities including the Black Country Place Based Fund. Table 1 on page 3 summarises the progress and next steps for each work strand.
- 2.2 As work strands develop, we are beginning to see the more widespread adoption of Include Me West Midlands, designed to improve sport and physical activity service provision so that it is more inclusive and disabled customer focused. We are seeing improvements in staff training in terms of how organisations communicate and listen to disabled people and organisations.
- 2.3 This includes organisations applying Include Me WM to their organisation as a whole and for work wider than sport and physical activity. The WMCA is seeking the Wellbeing Board's approval to explore the roll-out of Include Me WM beyond the sport and physical activity area and to understand what its implications are in terms of improving services to disabled citizens including its fit within wider inclusion agenda.

## 3. Collaborative Engagement

- 3.1. At the last meeting, the Wellbeing Board approved the Sport England and WMCA 's Commitment to Collaboration and a commitment to working with Local Authorities as well as stakeholders to jointly facilitate greater participation in physical activity and reduce the inequalities amongst those who take part.
- 3.2. We have agreed this approach with Local Authorities and stakeholders such as Public Health England, Active Partnerships and the WMCA with financial support being provided by Sport England to recruit further expertise to deliver a best-in-class approach to deliver our common goals on reducing inactivity and associated inequalities. This includes:
  - Developing the shared cultures, values and principles which are rooted in community, the distinctiveness of a Local Authority and how we work together at a West Midlands level to address the barriers and deliver at scale.
  - Embed a West Midlands community of learning programme so that we learn and scale best practice, learn from what doesn't work (lessons learned) and how we best apply this for the future work.
  - Shape our next 3-year WM common priorities where working together can have the greatest impact.
- 3.3. The WMCA aims to start this work with partners by the end of November 2019.
- 3.4. To take this forward and following consultation, the WMCA intends to establish a WM on the Move Executive/Partnership Group bringing stakeholders together to drive forward common work. This will report into the Wellbeing Board setting out its direction,

thereby driving collaboration and shared accountability. The Terms of Reference are outlined in Appendix 1.

- 3.5. We will see great work across the WM and our own shared priorities are beginning to make a difference. We also wish to evaluate the extent of the impact, our collaborative engagement is having as this will be critical to enable the West Midlands to deliver long term wellbeing and inclusive economy growth by getting more people active.

Programme	Summary	Achievements	Geography	Next Steps
<b>Include Me WM</b> Pledge and Supporter	Getting more organisations to be inclusive and disabled customer focused in their approach to physical activity provision	<ul style="list-style-type: none"> <li>32 IMWM supporters.</li> <li>27 organisations working towards IMWM</li> </ul>	WM	<ul style="list-style-type: none"> <li>Target 50 IMWM supporters by Dec 19</li> <li>First Supporters Event by Nov 19</li> <li>Public Awareness Campaign by Feb 19</li> </ul>
<b>Include Me WM</b> Disabled Citizens Network	Disabled Citizens voice in the co-design, production and evaluation of sport & physical activity services.	<ul style="list-style-type: none"> <li>5 citizens supporting the development of work.</li> <li>Disability Rights UK contracted to lead workstream</li> </ul>	WM	<ul style="list-style-type: none"> <li>Baseline assessment of user groups and networks by December 2019.</li> <li>First Network event by December 2019</li> </ul>
<b>Include Me WM</b> Health and Social Care Training	Increasing the number of disabled people active through Health & social care professionals	<ul style="list-style-type: none"> <li>9 social prescribing link workers trained</li> </ul>	WM	<ul style="list-style-type: none"> <li>Meeting with professions such as Occupational Therapists, Eye Link Worker, Social workers to design accredited programme by February 2020</li> </ul>
Physical Activity 5000	Improving inclusivity and mental health literacy in the sport and physical activity sector	<ul style="list-style-type: none"> <li>65 sport &amp; physical activity staff trained in inclusivity &amp; mental health</li> </ul>	WM	<ul style="list-style-type: none"> <li>Appoint Training partner by November 2019</li> <li>150 additional people trained by June 2020.</li> </ul>
Swift Public Transport Trial	Trial behaviour change in disabled people using public transport to places to get active	<ul style="list-style-type: none"> <li>Consultation with Sport England, TfWM, Wolverhampton &amp; Coventry</li> </ul>	Coventry Wolv.	<ul style="list-style-type: none"> <li>Project Plan to be finalised for Sport England approval by December 2019.</li> <li>Launch February 2020</li> </ul>
<b>Goodgym WM</b>	Social movement getting more people active by doing community good including befriending referral programme	<ul style="list-style-type: none"> <li>2135 community deeds</li> <li>351 people active</li> <li>9 volunteer visiting identified isolated older people (Sept 19)</li> </ul>	Bham Coventry Solihull Warwick/LS	<ul style="list-style-type: none"> <li>Launch of Goodgym Warwick/LS on 16 October.</li> <li>Increase in the number of people who are befriending isolated older people by March 2020</li> </ul>
<b>Public Space Trial</b>	A trial in working with the community to design community active spaces	<ul style="list-style-type: none"> <li>4 public spaces identified with 4 Local Authorities</li> </ul>	Cov Walsall, Sand & Wolv.	<ul style="list-style-type: none"> <li>Project Plan approved by Sport England &amp; Local Authorities by Nov 19.</li> <li>Community consultation starts Feb 19</li> </ul>

<b>Black Country Fund</b>	Insight, social prescribing campaign to get more people active	<ul style="list-style-type: none"> <li>• Invitation to tender out</li> </ul>	Black Country	<ul style="list-style-type: none"> <li>• Insight and intelligence completed &amp; community connectors in post by Spring 19</li> </ul>
<b>Digital and Physical Activity</b>	Understanding how improvements in digital e.g. 5G can get more people active		Bham	To be confirmed
<b>Mental Health through Sport</b>	Using physical activity as a vehicle to improve mental wellbeing	<ul style="list-style-type: none"> <li>• Dementia &amp; physical activity trial launched in May 19</li> <li>• Mental Health &amp; Sport Symposium launched</li> <li>• Mind/Sport England bid submitted by Sport Birmingham</li> </ul>	WM	<ul style="list-style-type: none"> <li>• Trial evaluation results December 2019</li> <li>• Symposium to be held December 2019</li> <li>• Mind/Sport England Regional Network launched by in Winter 2019.</li> </ul>
<b>Walking and Cycling</b>	Encourage more people to walk and cycle for health, physical activity and active travel	<ul style="list-style-type: none"> <li>• Implementation of local cycling and walking infrastructure plans</li> <li>• Better Streets Fund launch and assessment of 200+ projects</li> </ul>	WM	<ul style="list-style-type: none"> <li>• Development of Physical Activity Walking and Cycling offer by Winter 2019.</li> <li>• Better Streets Fund announcement by Winter 2019</li> </ul>

Table 1 – Implementation progress.

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

- 4.1 Funding for the delivery of the Sport England partnership and for social movements form part of the 2019/20 budget.
- 4.2 Any additional funding will be externally sourced.

#### **5 Legal Implications**

- 5.1 WMCA legal team have approved Sport England Award and have an agreed Grant Agreement and Memorandum of Understandings in place for relevant work strands.

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

- 6.1 An Equality Impact Assessment has been undertaken for WMCA and Sport England funded projects and progress against actions are monitored.

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

- 7.1 Data and intelligence has driven the development of targeted inclusivity and geographical areas to reduce levels of inactivity and inequalities in those who take part.

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

- 8.1 Delivery is either West Midlands or in targeted locations as a trial or where evidence suggests impact could be greatest.

#### **9 Other Implications**

None

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

## Appendix 1 – Draft West Midlands on the Move Executive Group

### Draft WEST MIDLANDS COMBINED AUTHORITY – WEST MIDLANDS ON THE MOVE EXECUTIVE GROUP TERMS OF REFERENCE

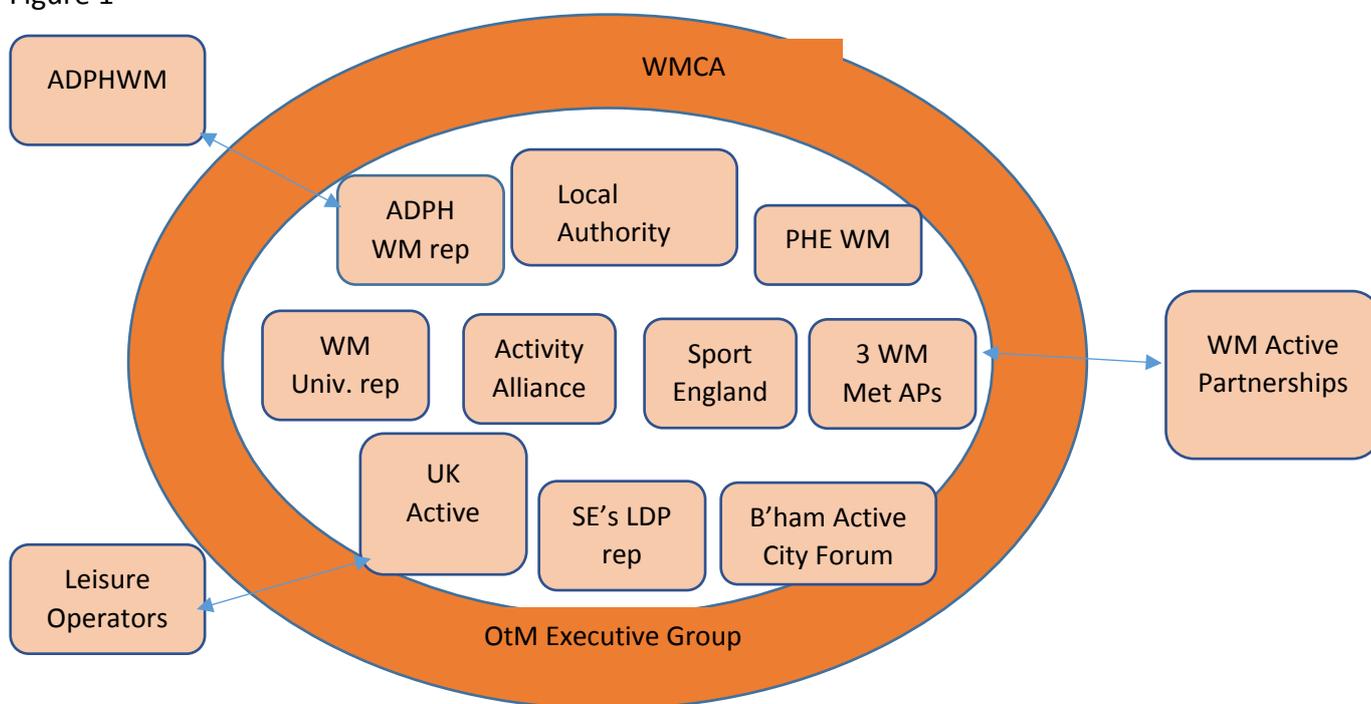
#### INTRODUCTION

The WMCA is working collaboratively to deliver the West Midlands on the Move Strategic Framework (WMotM) to reduce the levels of physical inactivity and the inequalities in those who take part. This is a commitment that supports inclusive economic growth and population health and wellbeing. There is a shared ambition to reduce inactivity and close the inequalities in physical activity as many levels of the system being led through Health and Wellbeing Boards, the independent Active Partnerships and a significant footprint of charities, businesses and individuals.

West Midlands on the Move provides a strategic framework that draws on international and national evidence and policies including the Government’s Sporting Futures (2016), Public Health England’s Everybody Active Every Day (2015) and Sport England’s Towards an Active Nation (2016). Addressing the barriers which prevent and maximising the opportunities to encourage people to adopt active lives requires action at every level of the system and WMOTM provides a framework for sharing, learning, scaling and collaborative leadership at scale to mobilise the population into every day activity to improve health and support sustainable economies.

In addressing the barriers and opportunities to getting more people active, we need to work collaboratively to influence those who are

Figure 1



## **WEST MIDLANDS ON THE MOVE EXECUTIVE GROUP**

### **TERMS OF REFERENCE**

#### **AIMS**

- i. To enable the West Midlands to be the best it can in improving the individual and community wellbeing and inclusive economic growth by reducing levels of physical inactivity and closing the inequalities in physical activity across the West Midlands.
- ii. To promote collaborative working across the sector to influence and change in policy, practice and behaviours from local to national where there is common interest.
- iii. To inform and influence policy, practice and resources in those identified common priorities which impact on getting more people active and reducing the inequalities in those who take part, particularly where there are regional levers for action such as in transport and housing.

#### **FUNCTIONS**

- I. To steer the direction of the West Midlands on the Move Strategic Framework implementation and embedding these ambitions, outcomes and impact across the West Midlands.
- II. To scope and define the need for a West Midlands bringing together local insight, intelligence, monitoring and evaluation and whether it will strengthen the understanding of our communities (data and intelligence) and the barriers, opportunities and evidence.
- III. To oversee the development and delivery of agreed common priorities. This includes establishing and receiving reports from working and task and finish groups where and when agreed.
- IV. To influence the development of major plans and wider policy and service redesign. This would include reports and presentations from Senior leaders from relevant sectors, that are relevant to West Midlands working.
- V. To influence WM activity, supporting engagement with wider stakeholder networks and activity, identify and scale up good practice and agreeing where greater alignment and new resources are needed to deliver change.
- VI. To consider and monitor joint investment plans to take common work forward.
- VII. To receive reports from each area on progress in implementation including how good practice could be delivered at scale.

#### **ACCOUNTABILITY**

- i. Accountable to the WMCA Wellbeing Board and supported by the WMCA Lead Local Authority CEO and WMCA Director for Public Service Reform.
- ii. The Group will provide progress updates, advice and recommendations to other relevant WMCA and agreed external committees flowing through the WMCA's Wellbeing Board.
- iii. The accountable officer is the WMCA's Physical Activity Policy and Delivery Lead.

#### **LEADERSHIP**

- i. The Chair will be the WMCA Board agreed Physical Activity Political Champion.

- ii. The Group shall nominate an annual vice chair rotating between constituent authorities and stakeholders.

## **MEMBERSHIP**

- Chair
- Constituent Authority Portfolio holders for physical activity and sport
- WMCA including Transport for West Midlands
- 3 Non-Constituent Authority Portfolio holders for physical activity and sport
- Public Health England West Midlands Regional Director Representative
- Active Partnership Chairs (Sport Birmingham, Active Black Country, Think Active) nominated Chair and Director
- 2 Association of Directors of Public Health West Midlands Physical Activity Portfolio lead
- Activity Alliance
- Sport England ex-officio, advisory member.
- WM Universities/WM Combined Universities Representative
- Sport England's Local Delivery Pilot Representative
- UK Active (representing leisure operators)
- Voluntary Sector Representative
- Police, Violence and Crime Prevention Representative
- Community Representation.

## **SUBSTITUTES**

- i. Group members can nominate one substitute to attend and act on their behalf if they cannot attend. This needs to be agreed in 5 working days advance of the meeting with the WMCA's Monitoring Officer.

## **BUDGETS AND VOTING**

- i. The group will agree an annual implementation programme, to be resourced by the WMCA and partners allocated to common priorities and an investment plan identifying what is needed.
- ii. Where possible recommendations will be agreed by consensus, if a vote is required the majority vote will be required. The Chair will retain the casting vote if there is a tie.
- iii. Ex-officio members will not have voting rights.

## **QUORUM**

- i. This needs to be the WMCA Political Champion or vice chair and a minimum of 5 other members.
- ii. The Group may invite other representatives on to the Board as Advisors or ex-officio members.

**FREQUENCY**

- i. The Group shall meet up to 4 meetings a year scheduled around the WMCA committee meetings

**SERVICING**

- i. The WMCA's governance team will service the group working with the Physical Activity Policy and Delivery Lead.