Appendix 1

WEST MIDLANDS COMBINED AUTHORITY

Long Term Conditions

Diabetes, cancer, cardiovascular disease

Level of need

Diabetes in the WMCA:

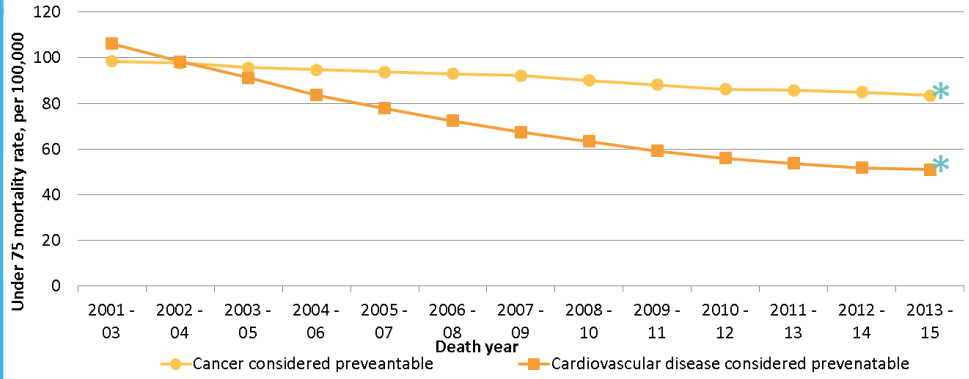
- An estimated 225,000 people (10%) aged 16 and over have diabetes
- Around 49% of people with type 2 diabetes received all 8 care processes
- Around 42% of people with type 2 diabetes achieved treatment targets for glucose control, blood pressure and serum cholesterol

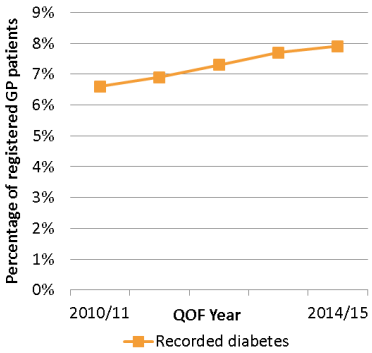
Cancer in the WMCA:

- Incidence: 53% of cancers are diagnosed at an early stage
- Mortality: 1,900 people die prematurely each year due to cancers considered preventable
- 69% of eligible women are screened adequately for cervical cancer, and 72% for breast cancer
- 53% of eligible people were screened for bowel cancer
- 14,000 cancers were diagnosed in 2014: breast, colon, lung and prostate were most common

Cardiovascular (CVD) disease in the WMCA

- There were around 13,000 admissions to hospital for coronary heart disease, and 4,000 for stroke
- 1,900 people die prematurely each year due to cardiovascular disease, approximately 66% are considered preventable





- 49% of eligible people aged 40-74 offered an NHS Health Check received an NHS Health Check
- Therefore, 51% of those offered and NHS health check did not have an NHS Health Check

Inequalities

* West Midlands regional data

- People from deprived areas are 2.5 times more likely to develop Type 2 diabetes
- People from deprived areas are also over three times more likely to develop the serious complications of diabetes including heart disease, stroke and kidney damage, than people from higher socio-economic groups.
- Deaths from CVD have fallen, but the decline has been smaller in the poorest communities.
- The burden of CVD morbidity and mortality is disproportionately shouldered by groups with the lowest socio-economic status
- Individuals lower down the socioeconomic scale have less knowledge of cancer risk factors
- There are differing levels of awareness between BME communities and the general population.
- There is evidence of inequalities at each stage of the cancer patient pathway, from information provision through to palliative care.

WEST MIDLANDS COMBINED AUTHORITY

Long Term Conditions

Diabetes, cancer, cardiovascular disease

Opportunities the WMCA has to make a difference

Diabetes:

- A major risk factor for developing Type 2 diabetes is being overweight or obese
- Approximately 3 in 5 cases of Type 2 diabetes can be prevented or delayed by losing weight through regular physical activity and a diet low in calories
- Lifestyle changes have been shown to work particularly well for participants aged 60 and older
- Action is required to encourage healthy choices in the retail environment, restrict marketing to children, incentivise healthy choices, increasing physical activity levels, promoting healthy living, and improving health in the public sector by increasing the provision of better food options, and workplace physical activity schemes
- Diabetes costs the NHS around £10 billion a year – or around **£500 million** across the WMCA

Cancer:

- 4 in 10 cancers can be prevented, largely through lifestyle changes such as:
  - not smoking, keeping a healthy bodyweight, eating a healthy, balanced diet, cutting back on alcohol, enjoying the sun safely, keeping active, minimise risk of contracting certain infections (such as HPV or hepatitis), being safe at work
- Diagnosing cancer at an early stage improves the outcomes. Population should be made aware of cancer symptoms and continue to encourage participation in screening where applicable
- Early stage cancer treatment is significantly less expensive than treatment for advanced disease
- The population aren't necessarily aware that all of these things are linked to cancer. For example, studies have found that 15 in 20 people don't know obesity causes cancer, and 18 in 20 people aren't aware of the link between alcohol and cancer. Awareness could be increased.
- Four in five (83%) people with cancer are, on average, £570 a month worse off as a result of their cancer.
- Ensure people affected by cancer can claim and receive vital benefits when they need them most
- Ensure welfare support is maintained and people affected by cancer are protected from any future cuts to the welfare budget
- Help people living with cancer return to or remain in work by providing return to work support including vocational rehabilitation.

Cardiovascular disease (CVD):

- The main risk factors linked with CVD: poor diet, physical inactivity, smoking and excessive alcohol consumption. Interventions focused on changing an individual's behaviour are important and are supported by a range of existing NICE guidance
- Dealings between local government agencies and the commercial sector should be conducted in a transparent manner that supports public health objectives and is in line with best practice.
- Consider how existing policies relating to food (and food outlets), tobacco control and physical activity, including those developed by the LA, may impact on the prevalence of CVD locally.
- Identify groups of the population who are disproportionately affected by CVD and develop strategies with them to address their needs

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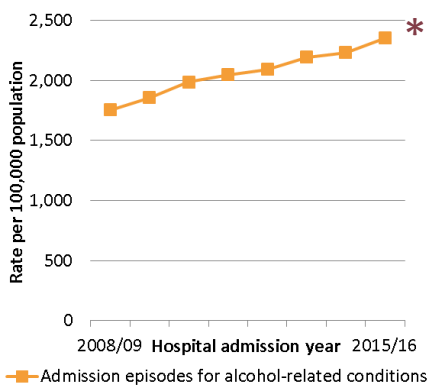
Lifestyle Factors

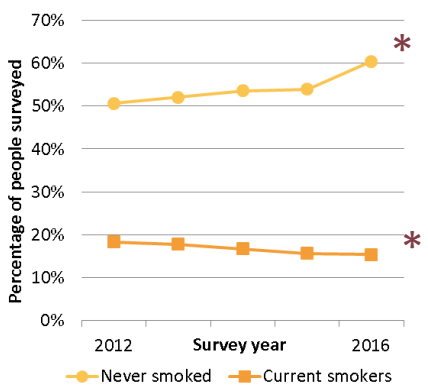
Smoking & Alcohol

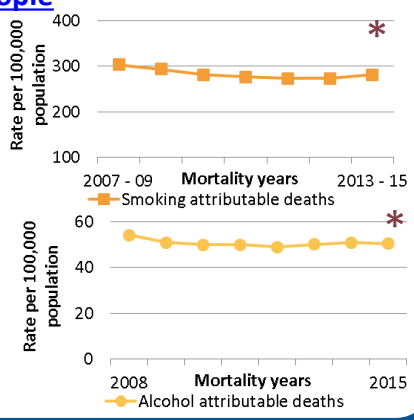
Level of need

In the WMCA:

- There were **64,000** admissions to hospital for **alcohol related conditions** in 2015/16
- **10 million litres** of **pure alcohol** were sold in 2014
- **17,000 years** of life were lost due to **alcohol related conditions**
- **4,000 deaths** per year were **attributable to smoking**
- **26,000 hospital** admissions per year were **attributable to smoking**
- **90%** of 15-year olds **agree** that **smoking causes harm to other people***







*West Midlands Regional data

Opportunities the WMCA has to make a difference

For alcohol:

- Consider ways in which alcohol data can be shared more effectively between different organisations within WMCA.
- Use the licensing legislation within a WMCA partnership approach to create environments that support lower risk drinking, particularly by targeting venues that sell to underage and intoxicated people.
- Promote targeted joined up policing interventions to reduce alcohol related harm linked to the Modern Crime Strategy.
- Promote the wide scale roll out of MECC/IBA in primary care and other services.
- Support the establishment and/or optimisation of alcohol care teams in hospitals.
- Ensure that effective and accessible pathways into treatment services are in place for those who are dependent upon alcohol and in contact with the criminal justice system, including the better and more regular use of alcohol treatment requirements in courts across the WMCA area.
- Nearly half of all violent crime is alcohol-related and 27% of serious case reviews involve alcohol use. Consider a joined up approach to tackling domestic violence across the WMCA area.

For smoking:

- Encouraging all local authorities to employ specific by-laws to establish smoke free areas.
- Strengthening approaches to licencing around the use of shisha.
- Smoking cessation treatments are most effective if used alongside support from a smoking cessation service.
- Potentially, for every £1 spent investing in tobacco-control interventions, £11.38 is saved over the lifetime of a smoker who quits.

Inequalities

- More men than women die from causes attributable to alcohol to alcohol and smoking.
- People in the most deprived areas have higher mortality rates due to alcohol & smoking related causes. Smoking accounts for up to half of the entire mortality differential between social classes.
- Smoking prevalence is highest in those aged less than 55 years.

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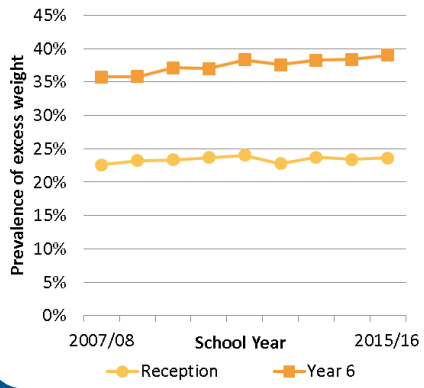
Lifestyle Factors

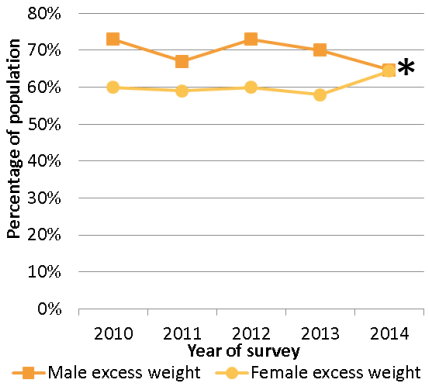
Obesity & Physical Activity

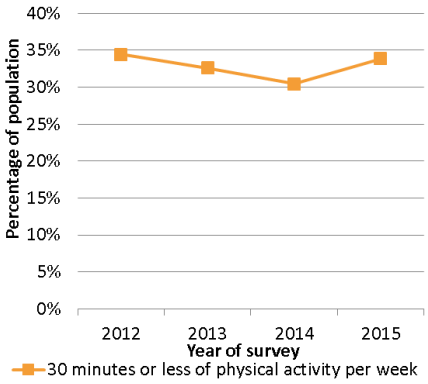
Level of need

In the WMCA:

- **9,000** children aged **4-5 years old** (24%) are **overweight or obese**
- **13,000** children aged **10-11 years old** (39%) are **overweight or obese**
- **1.5 million** adults (67%) are **overweight or obese**
- **760,000** adults (34%) achieve **less than 30 minutes of physical activity** each week
- **1.1 million** adults (51%) complete the **recommended 150 minutes** of physical activity







*West Midlands Regional data

Opportunities the WMCA has to make a difference

Sustained changes to individual behaviours across the whole population will require: multiple actions across all parts of the system, changes to the food, physical activity and social environments.

Working with wellbeing boards, local planning departments, local education departments to:

- Ensure development avoids over-concentration of hot food takeaways in town centres/high streets, and restricts proximity to schools and other facilities for children, young people & families.
- Ensure exercise and active recreation is available to all, in every community across the WMCA.
- Maximise the potential of the many existing assets; common land, woodland, streets, parks, leisure facilities, community halls, and workspaces.
- Consider pricing strategies and point of purchase prompts in grocery stores, vending machines, cafeterias and restaurants to support healthier choices.
- Develop environmental interventions that target the built and obesogenic environment, policies that reduce barriers to physical activity, transport policies and policies to increase space for recreational activity.
- Multi-targeted approaches to encourage walking and cycling to school, healthier commuting and leisure.

Inequalities

Obesity, and lower levels of physical activity are more common among:

- people from more deprived areas,
- older age groups
- some black and minority ethnic groups,
- people with disabilities

WEST MIDLANDS COMBINED AUTHORITY

Giving every child the best start in life

Level of need

Good child development and building resilience to cope

School Readiness

- School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life. Children who don't achieve a good level of development aged 5 years struggle with social skills, reading, maths and physical skills. This impacts on outcomes in childhood and later life such as educational outcomes, crime, health and premature mortality.
- 36% of children aged five in WMCA are not achieving a good level of development at the end of reception.

Resilience

- About 1 in 8 (13.2%) 15-year olds in the WM Region reported low life satisfaction in 2014/15 – similar to England. There is some variation in the proportion of 15-year-olds reporting low life satisfaction, ranging from 11% in Walsall to 16.0% in Birmingham.

Infant mortality reduction

- Around 6 in every 1,000 babies born in the WMCA die before their 1st birthday (approx. 250 deaths per year). Stoke-on-Trent, Birmingham and Walsall currently have the 3 highest rates of infant mortality in England. 5 of the top 11 highest rates of infant mortality nationally are in the wider WM.

Smoking in Pregnancy

- About 1 in 10 women in the WMCA are still smoking at the time of delivery. This equates to approximately 4,000 mothers. There would be over 2,000 less women smoking at the time of delivery if the WMCA had the same rate as the top-performing region (London, 5%).

Breastfeeding

- About 4 in 10 infants in the WMCA are totally or partially breastfed at age 6-8 weeks. This equates to approximately 15,500 infants. There would be over 13,000 more infants being breastfed if the WMCA had the same breastfeeding rate as the top-performing LA (Lewisham, 76.5%).

Child Obesity

- Across the WMCA, 24% of 4-5 year olds and 39% of 10-11 year olds were overweight or obese.

NEETs

- Increasing the participation of 16-24 year olds in education, training and work will make a lasting difference to their individual lives. Young people who don't participate in education, employment and training are more likely to experience reduced future earnings, low skills, poor health, depression, unemployment and early parenthood.
- In 2015, 4% (4,420) of 16-18 year olds in WMCA were not in education, employment or training.
- 45% of those with no reported qualifications had spent more than a year NEET.

WEST MIDLANDS COMBINED AUTHORITY

Giving every child the best start in life

Inequalities

- Infant mortality rates are significantly higher in the most deprived areas of the West Midlands (4.7 per 1,000 births) than the least deprived areas (3 per 1,000)
- 45% of West Midlands infant deaths could be avoided if the rates were identical to the least deprived areas
- There is a notable gender gap in the level of good development by end of reception: 57% males and 72% females

Opportunities the WMCA has to make a difference

Resilience

- School and community-based interventions at scale to support children's mental wellbeing & resilience

School readiness

- Promote good maternal mental health - mental health of caregiver is a strong predictor of wellbeing
- Promote the benefits of learning activities (including encouraging parents to read to children)
- Enhancing physical activity – social, coordination and movement skills, and promote healthy weight
- Parenting support programmes – parenting has a bigger impact on a child's early years than wealth
- High quality early education, particularly for disadvantaged children

Infant mortality

- Coordination and leadership – vital for an effective cross agency approach
- Commissioning – integrated commissioning to ensure a whole systems approach
- Communication – understand the preferences and needs of the local population
- Care pathway development – vital to support sustained improvements in service delivery & quality
- Engagement with high risk groups – more research is required around consanguinity

Adverse childhood experiences (ACEs) are strongly predictive of higher GP use, greater use of emergency care and increased hospitalisation. Work together across agencies to better understand where intervention can have most impact.

Child obesity

- Promote healthy, active lifestyles – schools have an opportunity to demonstrate physical activity
- Implement comprehensive programmes that promote healthy school environments
- Look to adopt a whole community approach to tackling obesity

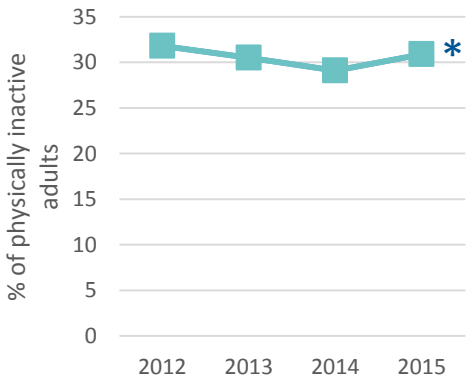
WEST MIDLANDS COMBINED AUTHORITY

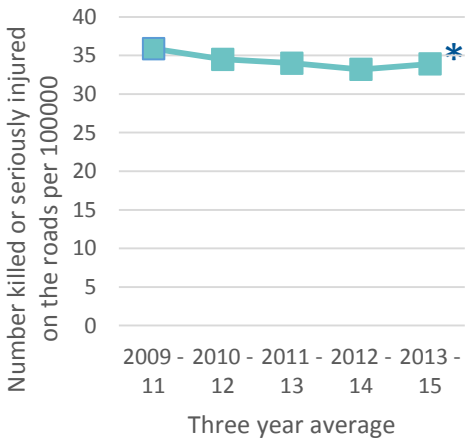
Transport

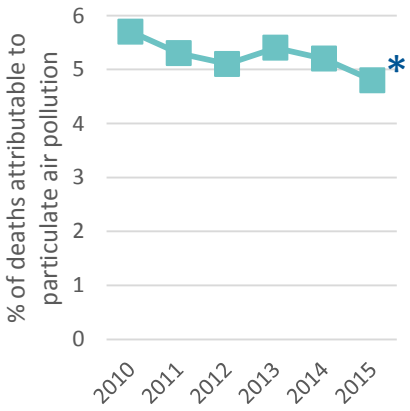
Level of need

In the WMCA:

- 760,000 adults (34%) achieve less than 30 minutes of physical activity each week.
- 3.3% of adults cycle at least three times every week.*
- Every year 900 people are killed or seriously injured casualties on the roads.
- 130,000 people are exposed to road, rail or air transport noise of 65dB or more during the day
- 246,000 people are exposed to road, rail or air transport noise of 55dB or more during the night, the level at which adverse health effects occur frequently.
- 4.8% of all deaths in people over 30 was attributable to particulate air pollution.







* West Midlands Regional data

Opportunities the WMCA has to make a difference

- Develop a strategy to achieve the health objectives in Movement for Growth by
  - Using public health data and evidence to understand the impact of transport.
  - Engaging communities about healthy transport to include their views about proposed schemes.
  - Consider the specific needs of more vulnerable groups in transport schemes.
  - Agreeing a vision for healthy, walkable, streets in the West Midlands.
- Work with WMCA member organisations to develop effective approaches from NICE Guidance to prevent traffic injuries amongst children, improve air quality and increase active travel.

Inequalities

- People who live in deprived areas, with long term conditions, and from some ethnic minorities are less likely to cycle or walk to work. Women are less likely cycle than men.
- Children from deprived areas are more likely to be killed or seriously injured in a traffic collision.
- Children and the elderly are more at risk from poor air quality.
- Deprived areas are more likely to have higher concentrations of air pollutants.

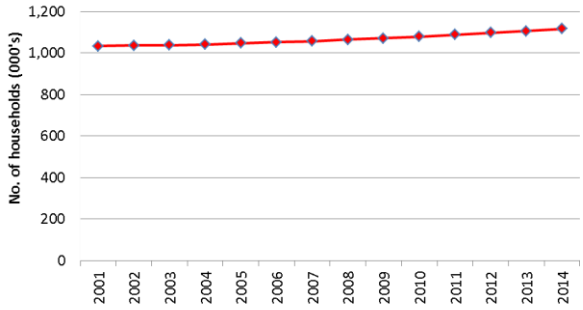
WEST MIDLANDS COMBINED AUTHORITY

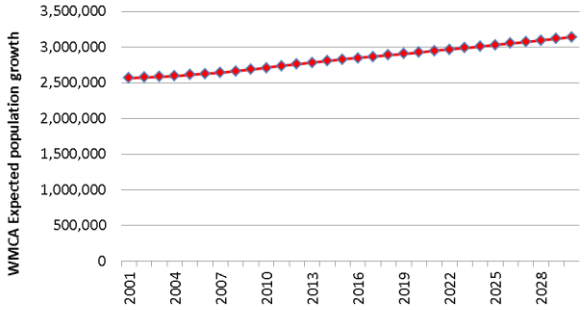
Housing & the built environment

Level of need

Housing Growth

- Across the West Midlands Combined Authority (WMCA), the number of households grew by **8%**, significantly lower than the **12%** seen for the whole of England (DCLG: 2000-2014)
- During the same period, the WMCA population grew by **9%**, compared to **10%** for the whole of England.





- By 2030, the West Midlands population is expected to increase by at least **300,000**.

Housing affordability in the WMCA

Data from the Homes and Communities Agency show that there were **1,698** housing completions between April 2016 and March 2017, of which **854** (**50%**) were affordable homes

- In the 2001 census, **64%** of households were owned outright, or owned with a mortgage
- With increasing demand for households, the proportion of owned households reduced to **60%** in the 2011 census
- **39%** of households were social or private rented, compared to **36%** for England (2011 census)
- This equates to **439,000** households social or privately rented in 2014
- **66,000** of which are potentially unregulated
- Between May 2016 and 2017 house prices across the West Midlands region increased by **5.3%** to an average of £**184,000**

Fuel poverty in the WMCA

- In 2014, **139,139** (**13%**) households experienced fuel poverty, a significant reduction from **14%** seen in 2011.
- If the WMCA was inline with the lowest fuel poverty rates in the country, then there would **be 77,800** fewer households in fuel poverty across the WMCA

Homelessness in the WMCA

- In 2015/16, **1,649** (0.15%) WMCA households were in temporary accommodation, compared with **908** (0.09%) in 2010/11
- If the WMCA was inline with the lowest homelessness rates in the country, then there would be **1,610** fewer households in temporary accommodation

WEST MIDLANDS COMBINED AUTHORITY

Housing & the built environment

Level of need

Adults living in poor housing are at greater risk of:

- Poorer general health (**26%**, compared to **17%** for those living in good housing)
- Low mental wellbeing – **10%** of mothers living in bad housing were clinically depressed
- Respiratory problems including asthma and breathlessness
- Children in overcrowded households are up to **10** times more likely to contract meningitis and three **3** more likely to have respiratory problems.
- Children living in temporary accommodation **3** times as likely to have mental health problems

Inequalities

- During the 2011 Census, **5%** of the England households were overcrowded, with a range of **2.6%** and **7.8%** between the least and most deprived deciles of the country
- This is a similar pattern across the WMCA where **6.6%** (**71,730**) of households were overcrowded
- If the WMCA was inline with the lowest overcrowding rates in the country, then there would be **57,100** fewer overcrowded households in the WMCA

Opportunities the WMCA has to make a difference

- Identify the trends and challenges facing the industry and local communities and to identify the impacts of government policy and investment decisions on housing across the WMCA area
- Ensure sustained changes to individual behaviours, including walking and cycling to school, healthier commuting and leisure and to influence use of green space in and around built areas
- Develop environmental interventions that target the built environment, policies that reduce barriers to physical activity, transport policies and policies to increase space for recreational activity, and ensure these are available in every community across the WMCA
- Maximise the potential of the many existing assets ; common land, woodland, streets, parks, leisure facilities, community halls, and workspaces
- Influence national and local decision makers to support local investment and decisions that help to increase the provision of decent affordable housing across all tenures to meet local needs
- Legislation to limit the number of fast food outlets and off-licences on new build housing estates
- Encouraging all local authorities to employ specific by-laws to establish smoke free areas, specifically in new build housing estates
- The Housing White Paper proposes some interventions to tackle the “broken housing market” through issues such as “planning for the right homes in the right places”, “building homes faster”, “diversifying the market” and “helping people now”
- The National Memorandum of Understanding has numerous agendas including a shared commitment to joint action across government, health, social care and housing sectors.
- The Nation Memorandum of Understanding is a useful vehicle to enable the development of a shared commitment to joint action across government, health, social care and housing sectors
- There are also other PHE tools and resources at Homes for health which provide more detail regarding health and wellbeing, linked to wider determinants of health

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Behaviour change

In the WMCA:

- The scale of change needed go fulfil the ambitions of the WMCA will need radical changes in the cultures and behaviours of the people who live and work in the area.
- A range of population outcomes are a consequence of behavioural and social factors. An estimated 28% of total disease burden in the UK can be attributable to behavioural factors[1] .
- Behavioural factors influence health service use and self-management of long-term conditions.
- Behavioural and social factors influence outcomes wider than health, including work activity, social interaction and antisocial behaviour such a violence, and travel decisions.
- Developing and implementing policies is influenced by the behaviour of decision makers.
- Behavioural change comprises key components in the following WMCA activities: West Midlands on the Move, Transport Strategy, Mental Health Commission, Skills and Productivity Commission, Public Sector Reform work stream.
- Developing and implementing policies is influenced by the behaviour of decision makers.

1. Newton et al., Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet. 2015 Dec 5;386(10010):

Opportunities the WMCA has to make a difference

- Creating a West Midlands wide environmental architecture to support and influence positive behaviour change.
- The WMCA can support the difficult work of providing solutions to challenging behaviour al and social problems. Progressing this understanding will enhance activities at the local level.
- Applying knowledge behavioural science research has shown to increase the effectiveness of targeted interventions, leading to increased cost-effectiveness.
- Large scale behaviour change may offer a means of reducing demand for health and care services.
- Understanding and changing the social attitudes that affect specific at-risk communities and groups, such as people with multiple complex needs and children and young people.
- Improving how health practitioners and policy makers use evidence to set and implement policies and strategies.
- Support the use of evidence from the behavioural science in the planning of the built environment.

Inequalities

- Tackling the social and behavioural determinants of health and wellbeing helps to level the health inequalities playing field.