

## Health and Wellbeing Board

11 September 2017

Title: Walsall Plan "Our Health and Wellbeing Strategy 2017-2020"

- Priorities 3: Enable and empower individuals to improve their physical and mental health
- Priorities 9: Develop an environment to enable healthy lifestyles

### 1. Purpose

The purpose of this report is to discuss key performance indicators relating to priorities 3 and 9 and provide an update on progress towards these priorities.

### 2. Recommendations

- 2.1 That the HWBB notes the progress made towards these priorities and approves the programmes of work.
- 2.2. That the HWBB approve the proposed key performance indicators relating to priorities 3 and 9.

### 3. Report detail

- Health is primarily shaped by factors outside the direct influence of health care. These include good work, education, housing, resources, our physical environment and social connections. As demonstrated in the attached infographic Appendix A.
- The Council are undertaking a number of transformation projects which aim to develop greater efficiencies across a range of services resulting in improved delivery and outcomes for customers. One of these projects is led by Public Health called "Improving health, reducing inequalities: everyone's business" which is focussed on building a healthy environment for residents. Membership of this Board includes officers from Transport, Planning, Environmental Health, Resources, Clean Green, Housing and Procurement.
- The Healthy Spaces Steering Group which feeds into this project includes officers from Public Health, Clean and Green and Sports and Leisure. The aim of this group is to pool expertise and develop programmes of work to ensure better use of Walsall's outdoor space and other assets, particularly in the promotion of healthy living.
- The Healthy Spaces overall vision is "Working together to maximise use of our public spaces to provide a safe and welcoming environment for all citizens to live a healthy, active lifestyle".
- The vision focuses on Programme, People and Place similar to the Black Country Economic Plan and includes a broad strategic approach across a range of key settings. This includes;

- Green Spaces
  - Schools
  - Leisure Centres
  - Community/ Home Based
  - Workplace
- An action plan has been developed to roll out a range of evidence based infrastructural improvements/ interventions that will have a population impact on health, particularly those living in areas of greatest deprivation. It also details an approach to further develop healthy parks and green spaces alongside a longer term plan to revise existing service/ delivery model leading to increased efficiency and impact. Please see the Healthy Spaces Steering Group vision of a healthy park (Appendix B attached) which includes numerous examples on how this can be achieved. These include:
    - Led walks, jogs and cycles
    - Active travel corridors
    - Individual and volunteer group led activities
    - Signposted walking and cycling routes tailored to ability
    - Active play areas
    - Individual and corporate volunteering schemes
    - School targeted programmes e.g. Forest Schools and A\*Stars
    - Utilisation of park based venues for the community
  - A number of these interventions are currently being delivered and Appendix C (attached) set out proposed key performance indicators aligned to key settings within the Healthy Spaces Vision which contribute to priorities 3 and 9 for approval.

#### **4. Implications for Joint Working arrangements:**

- Benefits of a more integrated approach and pooling resources with a range of departments including transport and planning to develop a healthy environment will include increased efficiencies and greater impact on health.
- In order to achieve a healthy environment this programme of work cuts across other boards, teams and externally commissioned services highlighting that this programme cannot be achieved in isolation.

#### **5. Health and Wellbeing Priorities:**

- Physical inactivity and obesity is associated with many chronic diseases including diabetes, coronary heart disease and some cancers. Physical inactivity threatens the health and well-being of individuals and places a burden on public resources in terms of health costs, on employers through lost productivity and on families because of the increasing burden of long-term chronic disability. It is estimated that the consequences of physical inactivity in the Walsall population cost the local economy £33m per year<sup>1</sup> through increased sickness absence, reduced productivity and increased cost to individuals and for their carers. An inactive person spends 37% more days in hospital and visits the doctor 5.5% more often<sup>2</sup>.

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<sup>1</sup> Walsall Joint Strategic Needs Assessment: 2013

<sup>2</sup> Sari N. Physical inactivity and its impact on healthcare utilization. *Health Econ* 2009, 18:885–901.

- These programmes of work will positively contribute to the following marmot principles;
- By creating a healthier environment through evidence based infrastructural improvements/ interventions and increased physical activity opportunities this will help to **improve mental wellbeing** and make **healthier choices easier**. There is strong evidence linking an individual's proximity to quality green spaces to improved mental wellbeing<sup>3</sup>.
- Rolling out forests schools, continuing to deliver the A\*Stars programme, increasing usage of green spaces and provision of alternative education options will support **giving every child the best start in life**.
- **Money, home, job** – Supporting residents to manage their own health and wellbeing through a healthy environment and offering accessible self help materials and will provide a more sustainable workforce for Walsall. Volunteering and alternative employment support will act as a stepping stone into longer term employment.
- Increasing utilisation of outdoor spaces for exercise/ health reasons and improving emotional health and wellbeing will **reduce the burden of preventable disease, disability and death**.

## Author

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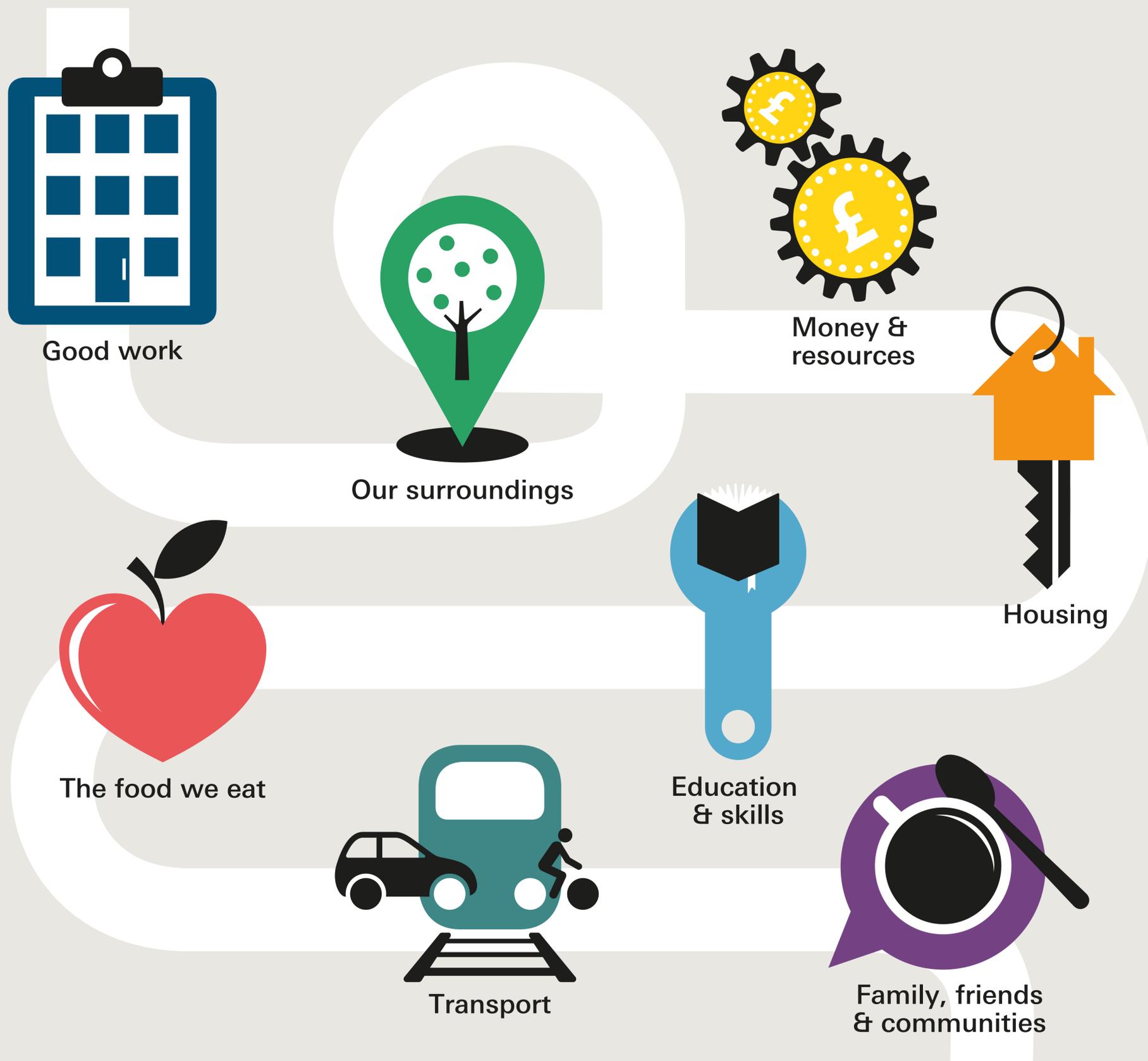
<sup>3</sup> WHO (2010). *Urban Planning, Environment and Health: From Evidence to Policy Action. Meeting Report*. Copenhagen, Denmark: WHO Regional Office for Europe

# What makes us healthy?

AS LITTLE AS

**10%** of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

Led Walks, Jogs and Cycles



Support to local economy e.g. Traineeships



Active Travel Corridors allowing Commuting



Signposted Walking and Cycling Routes tailored to ability



Park based venues fully utilised e.g. older people activities, mental health support, Resilient Communities



Individual and volunteer led group activities



School targeted programmes e.g. traded services – Forest schools, visible food growing story telling areas



Healthy on-site catering e.g. Health Switch



Active play areas



Individual and corporate volunteering schemes e.g. plant growing, inclusive Friends Groups



Branded notice boards at each entrance e.g. programme information, park visits



Junior park run



# THE WALSALL PLAN

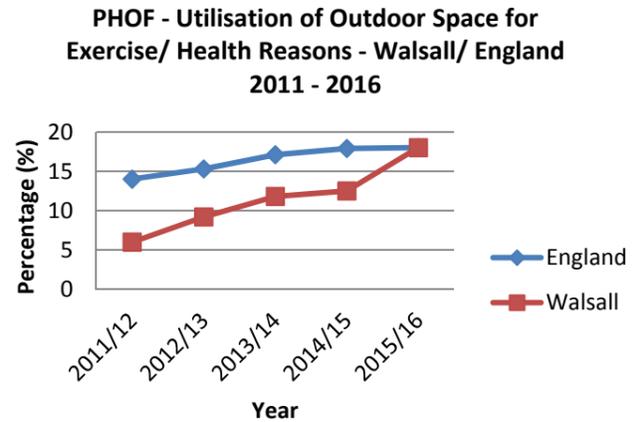
Priority 3. Enable and empower individuals to improve their physical and mental health  
 Priority 9. Develop an environment to enable healthy lifestyles

**KEY SETTINGS**

**PARKS AND GREEN SPACES**



- PHOF - Utilisation of outdoor spaces for exercise/ health reasons
- People counters data

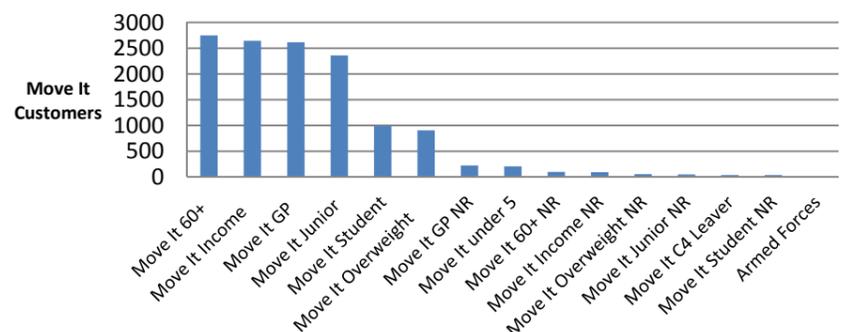


**LEISURE CENTRES**



- Number of Move It Members

**Nos of Move It Customers in Walsall Leisure Centres Aug 2017**



**SCHOOLS**

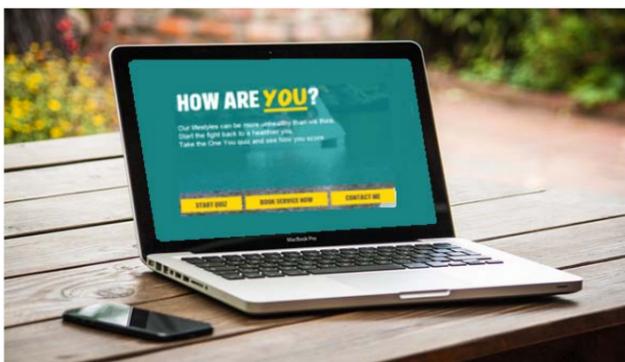


- Increase levels of Walking, Cycling and Scooting (combined) to greater than the national average by 1%

**Annual Travel Survey 16/17 How Primary School Pupils Travel to and from school**

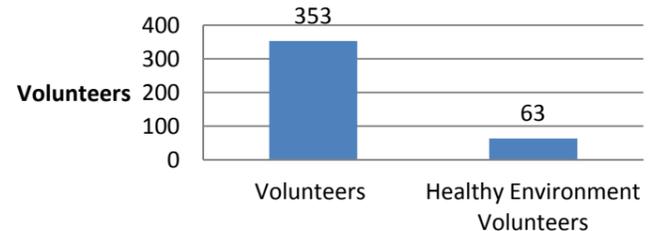
| Aged 5-10 Years | Data Type       | Walking | Cycling | Cars  | Car Share | Public Transport | Other |
|-----------------|-----------------|---------|---------|-------|-----------|------------------|-------|
| Aged 5-10 Years | National        | 44.0%   | 1.0%    | 48.0% | N/A       | 6.0%             | 1.0%  |
|                 | Walsall Average | 51.8%   | 2.2%    | 41.4% | 2.3%      | 2.3%             | 0.0%  |
|                 | Diff            | +7.8%   | +1.2%   | -6.6% | 2.3%      | -3.7%            |       |
|                 |                 |         |         |       |           |                  |       |

**COMMUNITY/ HOMEBASED**



- Number of volunteers accessing Healthy Environment roles
- Numbers accessing self help through One You Walsall

**Nos of Volunteers Through One Walsall including Healthy Environment Roles - April 17 - Aug 17**



**Numbers accessing self help tools through One You Walsall (Aug 16 – June 17)**

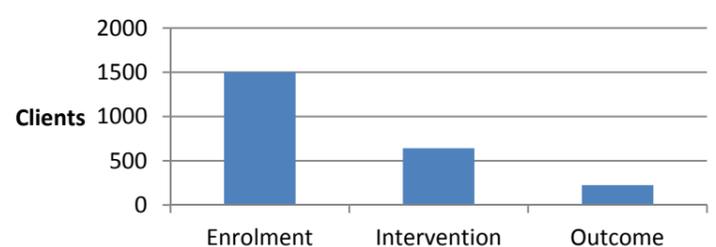
| Universal On-line Quiz Aug | Self Help Clients | +VE Change Reported by Self Help Clients |
|----------------------------|-------------------|--|
| 2,372                      | 1,156 (49%)       | 78% (n = 679)                            |

**WORKPLACE**



- Numbers engaged in employment support (IMPACT/BBO)
- Number of positive outcomes (e.g. Employment)

**IMPACT programme Enrolments and Employment Outcomes June 16 - Aug 17**



Target (July 18) = Support 3,500 residents with 1000 entering sustainable work