

	<u>Agenda Item: 9</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	19 March 2019
TITLE:	BIRMINGHAM HEALTH AND WELLBEING BOARD PRIORITIES: HEALTH INEQUALITIES
Organisation	Birmingham City Council
Presenting Officer	Dr Justin Varney, Director of Public Health

Report Type:	Information Report
---------------------	---------------------------

1. Purpose:
This is an information report on the Birmingham Health and Wellbeing Board's strategic priority of health inequalities.

2. Implications:		
BHWP Strategy Priorities	Health Inequalities	✓
	Childhood Obesity	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		✓
Financial		
Patient and Public Involvement		
Early Intervention		✓
Prevention		✓

3. Recommendations

- 3.1 It is recommended that the Birmingham Health and Wellbeing Board:
- AGREE health inequalities as one of the Board's strategic priorities;
 - NOTE that one of the focuses for the April 2019 Board Away Day will be developing a shared action plan to support the inequalities dashboard.

4. Background

- 4.1 Birmingham Health and Wellbeing Board has provisionally agreed two strategic priorities to focus on during 2019/20 through the Board development sessions in Autumn 2018, these are:
- Childhood Obesity
 - Health Inequalities
- 4.2 Health inequalities are the unjust differences in people's health across the population and between specific population groups. Health inequalities are avoidable and are socially determined. We use data and intelligence to highlight where certain groups are disadvantaged in terms of their ability to live longer, healthier lives.
- 4.3 Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population.

5. Discussion

- 5.1 The population of Birmingham face significant health inequalities across a broad range of areas and issues; these vary across communities and different segments of the population. These include (but are not limited to):
- Life expectancy
 - Life expectancy at birth for men (77.6yrs) in Birmingham is 1.2yrs less than the West Midlands average and 2yrs lower than the England average. For women (82.0yrs) the gap is less, 0.7yrs lower than WM and 1.1yrs lower than England.

- Infant mortality
 - The rate of infant mortality in Birmingham is 7.8 per 1,000 live births, placing Birmingham as one of the worst in the country at double the England average rate (3.9 per 1,000 live births).
- Childhood obesity
 - 40.3% of children aged 10-11 in Birmingham are classified as being overweight or obese, this is 6% higher than the England average of 34.3% and 3% higher than the other core cities average at 37.1%.
- 16-17 year olds not in education, employment or training
 - 9.2% of Birmingham's 16-17 year olds are not in education, employment or training compared to 6.0% in England as a whole and 5.6% in the West Midlands.
- Employment rates
 - 64.4% people aged 16-64 in Birmingham are in employment which is over 10% lower than the England average of 75.2% and almost 5% lower than the West Midlands average of 69.1%
- Hip fractures in people aged over 65
 - The age standardised rate of emergency admissions for hip fractures in males aged 65 and over in Birmingham is 497.5 per 100,000, this is higher than both the England average (410.7 per 100,000) and West Midlands average (431.0 per 100,000)
- Cancer screening coverage
 - Bowel cancer screening coverage in Birmingham is 48.1% of those eligible, this is 11% lower than the England average (59.0%) and over 5% lower than the West Midland average (54.8%).

5.2 As health inequalities across the City encompass such a wide range of issues, the Board may wish to break down health inequalities into a number of different areas to enable an in-depth discussion of the latest inequalities data, suitable indicators, background information and expert opinion in order to effect change.

5.3 One way that the Board could consider splitting health inequalities is at the

following levels:

- Macro/City level
- Micro/Community level
- Special focus

- 5.4 Where macro issues are city wide where the inequality is between the population of the city and the rest of the region or country such as infant mortality or the percentage of people aged 16-64 in employment; micro issues are those regarding particular sub-groups of our population or specific geographic communities, such as in Shard End 43% of children aged 0-15 are living in poverty compared to 7.1% in Sutton New Hall. Special focus would allow for exploration of inequalities of special interest to the Board such as immunisations and screening, avoidable emergency admissions, domestic abuse, learning disabilities, social isolation, or the effects of having a number of known risk factors (adverse effects) in childhood (ACES).
- 5.5 It is proposed that at the Strategic Away Day the Board will be asked to prioritise the areas it wishes to focus on within these three levels where there are measurable indicators that can be tracked in a reasonable time frame to assess impact and progress of actions.
- 5.6 The ambition for the Board is that the indicators will be supported by SMART objectives with leadership distributed across the membership of the Board to reflect the partnership approach.
- 5.7 We hope that partners will rotate in leading presentations to the Board on the topic areas to further expand the discussion and action to effect change.
- 5.8 It is suggested that at its development day in April, the Board:
- consider and prioritise health inequality topics under the headings macro, micro and special focus;
 - select specific measures for each topic to be included on a health inequalities dashboard so that progress can be assessed; and
 - agree the Board partner lead for each measure and develop some initial thinking on specific SMART actions to effect change.
- 5.9 This work programme will inform the development of a Joint Health and Wellbeing Strategy and will help align partnership work on inequalities.

6.	Future development
6.1	A long-list of possible topics and potential indicators will be presented at the Board's development session in April 2019.
7.	Compliance Issues
7.1	<i>Strategy Implications</i>
	This paper is concerned with the Health and Wellbeing Board's monitoring of its strategic priority: health inequalities.
7.2	<i>Governance & Delivery</i>
	Monitoring of progress will be undertaken by the Board; planning of delivery of individual health inequality topic areas will be assigned to a named lead from across the Board's partner organisations.
7.3	<i>Management Responsibility</i>
	To be confirmed at the Board's development session in April 2019.
7.4	<i>Diversity & Inclusion</i>
	The nature of inequalities is that they are associated with minority communities and individuals and hence an enhanced focus on inequalities is likely to benefit diverse communities. However through the process of developing the action plan and indicator dashboard there will be explicit discussion of diversity and inclusion aspects to consider if the prioritisation has excluded or ignored any specific groups.