CREATING A CITY WITHOUT INEQUALITY

Action Planning

2019-2020

NAME:	
JOB TITLE:	
ODC ANICATION.	
ORGANISATION:	
DATE:	
PLEASE COMPLETE BY:	Friday, 17 January 2019

1.0 Creating a City without Inequality - The Narrative

Our Story

Birmingham has one of the most diverse, vibrant and energised populations in England, and many of our citizens enjoy healthy and fulfilling lives. However, as a City we experience significantly worse health than many of our counterparts in the West Midlands, England and Europe and face many challenges, including:

- 10 year difference in life expectancy between the least and most affluent areas of the city;
- significantly higher likelihood of being admitted to a hospital, receiving mental health support, or die prematurely;
- twice as high infant mortality as the England's average;
- Significant gaps in employment for those with mental health issues and learning disabilities.

The health and wellbeing of the people of Birmingham is influenced by factors such as lifestyle, living and working conditions, wealth, environment, culture and access to services. Barriers restricting access to appropriate advice, support and treatment are major causes of differences in life expectancy across the city, and are often underpinned by systematic failures across multiple local, regional and national agencies.

Our Vision

Creating a City without Inequality is about creating the same opportunities for every citizen of Birmingham to live a healthy and fulfilling life and improving health and wellbeing of those experiencing health inequalities.

Our Action

To deliver on this ambition, a cross party and multi-agency approach is required, working in partnership in order to prevent poor health and wellbeing of those at the greatest risk. With a shared purpose of working together to develop and deliver a joint upstream action to tackle the drivers for health inequalities in Birmingham, the CCWI Forum can make an impact. Doing this requires a whole system approach to ensure that services promote equity and that changes in one part of the system do not adversely impact on demand in another.

The forum will lead on a robust action plan that will underpin the delivery of the inequalities priorities agreed by the Health and Wellbeing Board (fig 1) and regularly report the progress to the Health and Wellbeing Board.

Governance

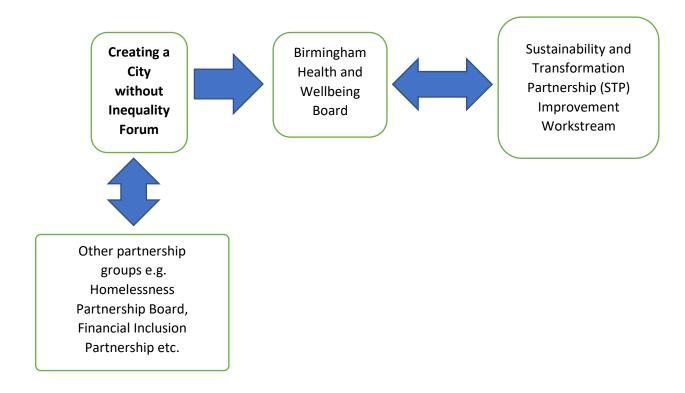


Figure 1 Health and Wellbeing Inequalities dashboard

	Physical Health Mental Health		Wellbeing	
Micro level	Chronic disease: Type 2 Diabetes and CHD (recorded prevalence)	Chronic Disease: Depression (gap between recorded and modelled prevalence)	Immunisation rates (various) (Health Protection Forum)	
Macro level	Physical activity and inactivity (Creating a Physically Active City)	Healthy life expectancy	Economic inactivity for health reasons	
Special interest	Smoking in pregnancy	Gap in employment rates for mental health and learning disabilities	Gap in school readiness for those with free school meal status	

Questions:

1.	Do yo	u	agree	with	the	narrative	?
	YFS	,	NO				

2. Is there anything missing from the narrative? If so, please specify.

3. Other comments:

2.0 GUIDING PRINCIPLES

Following feedback from the Creating a City without Inequality workshop, key themes were identified which could be defined as principles underpinning the Forum's strategic action:

- Prevention and upstream action
- Equity
- Integration, coordination and connectivity across the whole system of services and support
- Co-production and value of lived experience
- Self-help and education

Questions

1. Do you agree with these as our guiding principles?

YES / NO

2. Would you like to add any other principles that you think must be included?

3.0 ACTION PLANNING

In discussion with your colleagues/ partners, please suggest preventative actions that can help tackle the drivers of health inequalities in Birmingham. Please use the diagrams provided to complete the task. See overleaf.

Inequality:

People with disabilities who are not in employment are less likely to benefit from positive health outcomes. The proportion of people with learning disabilities in employment within Birmingham is currently 1.37% compared to 5.4% nationally.



Vision objective:

An increase in the proportion of persons with learning disabilities and mental health issues in employment.



Impact Indicator:

Gap in employment rates for mental health and learning disability

- No. of persons with disabilities in employment
- Gap in the employment rate for those in contact with secondary mental health services

ACTIONS				
Action or event	Owner	Timescales	Expected outcome	
e.g. PURE Project				

Inequality:

People of working age who are not in employment due to ill health or disability find it harder to return to work and worsening of their health outcomes. In Birmingham the number of claimants due to ill health or disability is 6.8% compared to 5.4% for England.



Vision objective:

An increase in the number of working age people experiencing ill health or disability being supported to return and returning to employment.



Impact Indicator:

Economic inactivity for health reasons

- No. of persons of working age in receipt of ESA due to ill health or disability
- No. of persons in employment in receipt of DLA



Action or event Owner Timescales Expected outcome					

Inequality:

Children from more deprived backgrounds are at a greater risk of poorer development and health outcomes. In Birmingham the gap in school readiness between children with a free school meal status and the general population is 7.9%.

Vision objective:

Reduction of the gap in school readiness between children with a free school meal status and the general population.

Impact Indicator: Gap in school readiness for those with free school meal status

Metrics:

 Percentage of children with a free school meal status achieving a good level of development at the end of reception



ACTIONS				
Action or event	Owner	Timescales	Expected outcome	

Inequality:

Birmingham males have a healthy life expectancy of 59.9 years compared to 63.4 years for England. Birmingham females have a healthy life expectancy of 58.9 years compared to 63.8 for England. There are clear links between deprivation related inequalities and healthy life expectancy.



Vision objective:

Reduction of deprivation related inequalities to increase healthy life expectancy in both males and females.



Impact Indicator: Healthy life expectancy

- Healthy life expectancy male/female
- Gap between lower socio-economic populations and the general population – male/female



ACTIONS				
Action or event	Owner	Timescales	Expected outcome	

Inequality:

Diabetes may result in considerable morbidity and have a detrimental impact on quality of life. Coronary heart disease (CHD) is the single most common cause of premature death in the UK. In Birmingham the gap between best and worst performing practices for recording diabetes prevalence is 18.1% and CHD prevalence is 5.1%.

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Vision objective:

Equity of diagnosis across the city.



Impact Indicator:

The recorded prevalence of diabetes and coronary heart disease

Metrics:

The recorded prevalence of diabetes and CHD within all GP practices



ACTIONS				
Action or event	Owner	Timescales	Expected outcome	

Inequality:

Depression is expected to be the world's second most disabling disease by 2020. In Birmingham the gap between the expected (modelled) level of diagnosis and the actual diagnosis is as high as 11.9%.



Vision objective:

Equity of diagnosis across the city.



Impact Indicator:

Depression (gap between recorded and modelled prevalence)

- The prevalence of depression within all Birmingham GP practices
- Gap between the modelled prevalence and GP practice prevalence



ACTIONS				
Action or event	Owner	Timescales	Expected outcome	



Pregnant women who smoke are at a greater risk of complications during their pregnancy and labour. Smoking affects the growth and development of the baby and may be a cause of stillbirth, premature birth and sudden unexpected death in infancy. In Birmingham 8.2% of women smoke during pregnancy (compared to 10.8% in England).

Vision objective:

A reduction of the number of women smoking during pregnancy

Impact indicator: Smoking in pregnancy

Metrics:

Smoking status of pregnant women at time of delivery

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ACTIONS				
Action or event	Owner	Timescales	Expected outcome	

