

Creating a Bolder, Healthier City

Birmingham Health and Wellbeing Board Strategy
2022-2030

Introduction

Across our city people experience health inequalities every day that impact directly and indirectly on their lives, sometimes this impact is clear and evidence such as chronic disease that limits independence and autonomy, others are less obvious such as the adverse events and exposures in childhood that impact across a lifetime on education, employment and life chances.

Tackling these health inequalities cannot be achieved by any single agency and must be rooted in peoples lived experience and be shaped with local communities of place, identity and interest.

Most health inequalities are driven by factors that sit outside the National Health Service. In essence by the time the health bit of the inequality reaches the NHS it is embedded and the challenge of rebalancing and mitigating the disease is significantly harder than if intervention had been earlier before the disease even appeared.

Therefore, Creating a Bolder, Healthier City focuses up-stream of disease, as well as reducing inequalities for those already living with chronic ill health, through focusing on shaping a healthier environment of opportunity for citizens to access affordable, sustainable, and enjoyable healthy lives that enables them to achieve potential and aspirations at every age.

This strategy is the statutory Health and Wellbeing Strategy for Birmingham overseen through the statutory Health and Wellbeing Board. Working as a partnership across the City at citizen, community, city and regional levels, the Board and its partners will collaborate to create environments that enable healthier lives, employment and education approaches that support people to achieve their potential, and communities that support people together in positive and productive ways that improve their health and protect them from threats to their health and wellbeing.

Vision

Our shared vision is to create a healthier city where every citizen, at every stage of their life, in all communities can make healthy choices that are affordable, sustainable and desirable to support them to achieve their potential for a happy, healthy life.

This vision is underpinned by the following principles for action

- Citizen focused and informed by citizens lived experience
- Consciously focused on reducing inequalities
- Consciously promoting equality and inclusion
- Data and evidence informed and action research enabled action

Co-production methodology

This strategy has been shaped and formed over the last three years drawing on the input and engagement with citizens, partner organisations and national policy changes. In 2019 there was a public consultation on public health priorities for the city, this demonstrated strong support for addressing health inequalities in a way which addressed up-stream drivers of illness and disease as well as reducing the inequalities affecting those who are already living with the burden of ill health.¹ This led to the creation of four new sub-groups of the health and wellbeing board to add to the existing Health Protection Forum. Through these multi-agency forums we have been exploring the topics and themes in more depth and working to translate these into deliverable strategies for action. The four forums are:

- Creating a Healthy Food City
- Creating an Active City
- Creating a Mentally Healthy City
- Creating a City Without Inequality

In 2020 Birmingham worked in partnership with the London Borough of Lewisham to establish the Birmingham and Lewisham African and Caribbean Health Inequalities Review. The BLACHIR review is supported by an external advisory board of community representatives and an academic advisory board. The review takes a thematic approach to exploring the specific inequalities affecting our African and Caribbean communities through a mixed methods approach to reviewing evidence and insight working towards specific actions to achieve change through the Health and Wellbeing Boards. This approach to engagement in capturing citizen insight has been further strengthened through a series of commissioned focus groups and engagement sessions through the Seldom Heard Voices projects on physical activity and food, the Birmingham Food Conversation, the Covid Impact Survey, the use of ethnographic research in the Annual Director of Public Health Report and the re-commissioning of the Birmingham Poverty Truth Commission.

These voices and insights are used throughout the strategy to remind readers of how this strategy must continually reflect and learn from the lived experience of our citizens. The Covid-19 pandemic shone a harsh and relentless light onto inequalities as the pandemic disproportionately impacted on our most challenged and disadvantaged communities. The learning from the last twelve months of responding to the pandemic has informed the development of the strategy and been strengthened through the reinforcing of community conversations and engagement. Over 2021-22 the draft strategy has been consulted on with citizens, communities and Health and Wellbeing Board partners.

Background

Snapshot of the inequalities of the city. There are many ways to describe the health inequalities in Birmingham so we have grouped them into three dimensions:

Health inequalities and the wider determinants of health

It is well understood that health and disease are mainly the result of the wider determinants in a person's life rather than their genetics or age.² Factors such as poverty, education, housing, employment and the environment in which we live, work and play all impact on our health and wellbeing. Some of the most significant drivers of health inequality are:

- Poverty
- Housing
- Education
- Employment
- Environment

The Director of Public Health Annual Report 2019/2020 'Complex Lives, Fulfilling Futures' highlighted the challenges that adults living with multiple and complex needs face and reflected on how we as a city partnership can inspire action across Birmingham to support all our citizens to thrive.³

Inequalities between Birmingham and the rest of the West Midlands and England:

There are many areas of public health where Birmingham has worse outcomes than other areas in the West Midlands or England, some of the most stark include:

- The infant mortality rate in Birmingham is 7.0 compared to 3.9 for England and 5.6 for the West Midlands (rate is a crude rate of deaths per 1,000 live births between 2017-2019).⁴
- The mortality rate in women for deaths under 75yrs due to Cardiovascular disease in Birmingham is 57.3 compared to 43.4 for England and 47.0 for the West Midlands (rate is measured in deaths/100,000 population between 2017-2019).⁵
- Smoking attributable death rates in Birmingham are 274.8 compared to 250.2 for England and 249.3 for the West Midlands. (rate is measured as deaths per 100,000 population between 2016 and 2018).⁶

Inequalities within Birmingham between different areas:

Birmingham is a big city and across the city there is a ten year difference in life expectancy between some wards of the city. The inequalities between different areas can reflect both differences in assets such as access to green space, better quality housing, more comprehensive healthcare, as well as deficits and barriers such as poverty and language barriers. These inequalities within the city include⁷:

Life expectancy at birth for males in Heartlands is 71.8yrs compared to 83.8yrs in Sutton Four Oaks, a 12yr difference.

Life expectancy at birth for females in Heartlands is 76.9yrs compared to 86.4yrs in Sutton Redditch, a 9.5yr difference.

- In Nechells the rate of death from coronary heart disease is just over 2.5 times higher than the rate in Sutton Roughley.
- The incidence of breast cancer in Rubery and Rednal is 2.8 times that of Lozells.
- Rates of childhood excess weight in reception class are 1.7 times higher in Kings Norton South than in Sutton Trinity, and in Year 6 the rates in Handsworth are 2.2 times higher than Sutton Trinity.
- Hospital stays for self harm in Druids Heath and Monymynde are 4 times the rates in Sutton Wyldes Green.

Life Expectancy by Birmingham railway stations⁸

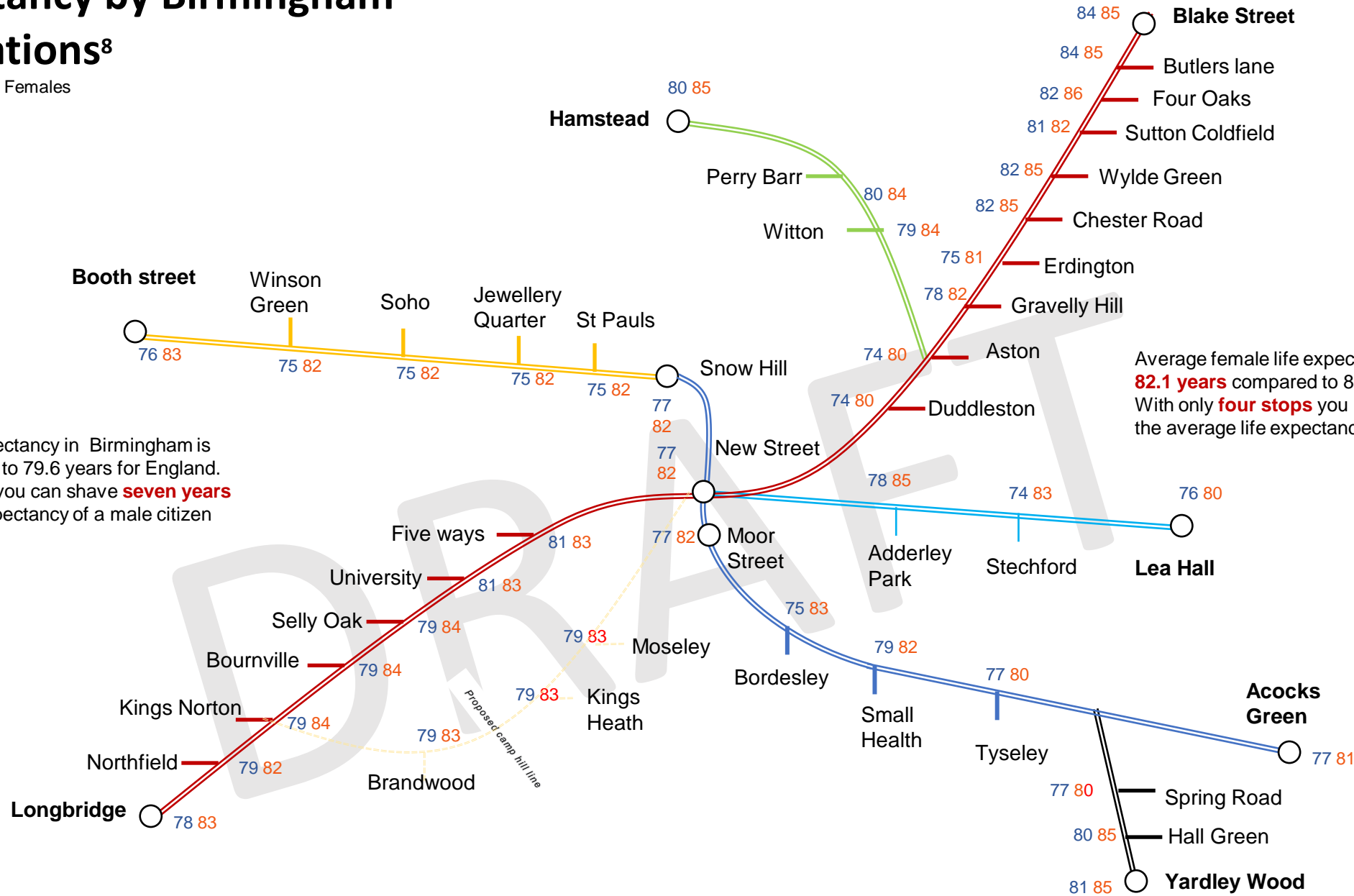
at birth (2016/18) Males & Females

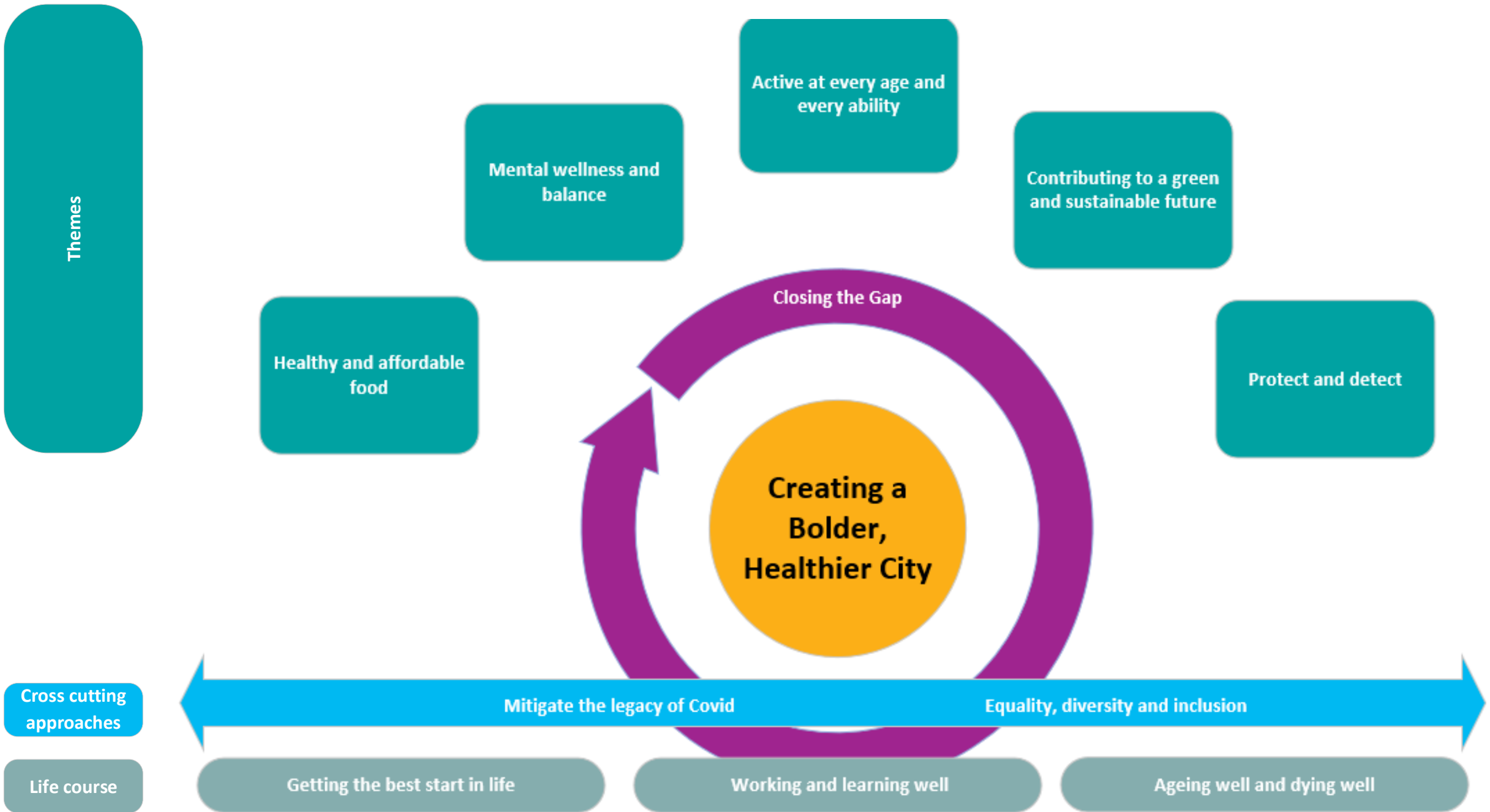


Average male life expectancy in Birmingham is **77.7 years** compared to 79.6 years for England. With only **nine stops** you can shave **seven years** off the average life expectancy of a male citizen



Average female life expectancy in Birmingham is **82.1 years** compared to 83.2 years for England. With only **four stops** you can shave **five years** off the average life expectancy of a female citizen





Creating a Bolder, Healthier City



The Health and Wellbeing Board recognises the importance of a thematic approach with cross-cutting action throughout the life course. Creating a Bolder, Healthier City has been co-produced and with the Health and Wellbeing Board and its partners. It will be underpinned by a series of delivery strategies and action plans.

The framework has five core themes for action covering wider determinants, health protection and environmental public health. The core themes have been developed through previous consultation, engagement and research. This includes the 2019 consultation on Birmingham's public health priorities and launch of the sub-forums alongside the existing Health Protection Forum in response to this consultation. Four of the core themes in the framework align with the existing sub-forums.

1. Healthy and Affordable Food (Creating a Healthy Food City)
2. Mental Wellness and Balance (Creating a Mentally Healthy City)
3. Active at Every Age and Ability (Creating an Active City)
4. Contributing to a Green and Sustainable Future
5. Protect and Detect (Health Protection Forum)

The Health and Wellbeing Board supports a life course approach and this is reflected in the framework, aligning with the Birmingham and Solihull Integrated Care System Outcomes Framework. The five core themes run throughout the life course which is split into three life stages:

- Getting the Best Start in Life
- Working Well
- Ageing and Dying Well

In addition to previous consultation and engagement, the framework has also been informed by the experience and response to the pandemic, as well as an ongoing commitment to equality, diversity and inclusion. The framework contains two cross-cutting approaches present in all five core themes and the life course strands:

- Mitigate the Legacy of Covid
- Equality, Diversity and Inclusion

The Health and Wellbeing Board is committed to reducing inequalities. The aim of the framework is to close the gaps and inequalities at pace and scale across the city, which Health and Wellbeing Board sub forums will be tasked to demonstrate progress on through their action plans.

Delivering this vision will require leadership and action from all the sub-forums and our partners. The Board also recognises the importance of this framework interconnecting with the emerging priorities of the NHS Integrated Care Systems and their duty to address inequalities and the responsibilities and strategies of the Police and Crime Commissioner as well as other public sector, business, academic and community partners.

CLOSING THE GAPS

Throughout the work of the Health and Wellbeing Board partnership there is a focus on reducing health inequalities and under each theme of action there is work to address specific inequalities.

There are lots of inequalities affecting citizens in Birmingham and although we will address some through the individual thematic strands, 'closing the gap' provides opportunity to highlight a specific set of gaps and prioritises action on these above others.

Through this encompassing theme we want to highlight a focus on specific opportunities for action to address health inequalities that are linked to poverty and marginalisation and dedicate specific resource and effort to addressing these in more detail.

Birmingham is a diverse and bold city with an ever growing range of opportunities yet too often specific groups of citizens are left behind because of marginalisation and structural barriers and challenges.

There is clear evidence of significant gaps for people experiencing homelessness, care leavers, people living in poverty, carers, veterans, sex workers, people living with learning disabilities, people in contact with the justice system, and people with significant mental health issues. For some citizens these experiences are intermittent or transient and for others these are challenges that last across a lifetime.

Working as a partnership we want to build on the innovation in the city working with these communities, such as the Birmingham Poverty Truth Commission, to ensure these citizens and their communities are not left behind.

Each lead partnership and organisation has responsibility to explicitly address these inequalities in the implementation of the Strategy and this will be monitored through the Health and Wellbeing Board.

In 2018, in the West Midlands, the rate of new HIV diagnoses in the Black African population was **45 times** that of the white population (per 100,000 population).⁹

In Birmingham **over half (53.7%)** of people with Diabetes live in the **most deprived areas (IMD)**.¹⁰

In January 2021, those who are significantly limited by their health or disability **were five times more likely** to face food insecurity than those without health care needs. Before the pandemic they were three times more likely.¹¹

Infant mortality is highly correlated with poverty, and rates are particularly high within the poorest decile of the population. **28.1% of Birmingham children live in low income families**, compared with 17.0% nationally.¹²

The Board has chosen to focus on five key areas of inequalities in the delivery of the framework:

- *Inequalities linked to Deprivation*
- *Inequalities affecting Disabled Communities*
- *Inequalities affecting Inclusion Groups (e.g. people experiencing homelessness, sex workers, care leavers, veterans and those in contact with the justice system)*
- *Inequalities affecting different Ethnic Communities*
- *Inequalities of Place (I.e. variation/inequalities between Wards)*

Through the delivery of the framework we will explicitly explore, highlight and respond to the health inequalities in these areas and in each area of work we will seek to undertake explicit work in the delivery of this strategy to close the gaps and improve outcomes for citizens.

Why should you have to get to rock bottom before someone comes in? if they catch you, then you won't hit there'
Quote from ethnographic research on complex lives, multiple needs.

THEME 1. HEALTHY AND AFFORDABLE FOOD

Birmingham is a diverse, global, vibrant city with over a million citizens, however too many of our citizens face challenges accessing affordable, healthy, sustainable food.

Eating healthily underpins so much of our physical and mental health, we celebrate and commiserate with food and the food system contributes millions to the city economy. It is one of the most fundamental basis of a healthy life.

The food system spans growing food, transforming food, transporting it and selling it in raw, transformed and cooked forms as well as recycling and waste. This system exists in all of our lives, from growing tomatoes in window boxes to the restaurants and take-aways on our high streets.

We want Birmingham to be a city where every citizen can eat an affordable, healthy diet, and enjoy their food. Working with partners focused on inequality in relation to poverty we want to ensure that access to good quality food choices is as equitable as possible. We also want the food they eat to be ethically and safely produced, and environmentally sustainable.

We want Birmingham to be a city where the food economy is vibrant; reflects the diversity of our communities; and is financially successful and sustainable contributing to a circular economy for food which reduces waste, increases valuable employment opportunities for local people, minimises environmental harm and maximises the local assets of the city and West Midlands region creating a healthy food city.

Leadership for Action

The Creating a Healthy Food City Forum will take leadership of this work, linking with other key partnerships such as the Food Poverty Group.

BY 2030 WE WILL WORK TOGETHER TO

- Increase the uptake of healthy start vouchers in eligible families to at least 80% by 2027
- Reduce the % of 5yr olds with visually obvious dental decay to below 20% by 2030
- Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030
- Increase the % of adults regularly eating '5-a-day' to more than 55% by 2030
- Ensure that the Healthy City Planning Toolkit is utilised in 90% of developments in the City

Key Actions

We will achieve our ambition through a matrix of activity across the partnership of the Health & Wellbeing Board, this will include:

1. Co-develop and implement a new Birmingham Food Strategy to create a healthier, affordable, safe and sustainable food system for the city.
2. Maximise the potential for improving access and affordability of healthy food through economic and planning levers, for example through the Healthy City Planning Toolkit and the opportunity of the East Birmingham Strategy.
3. Work specifically on food justice and food security as a challenge in our most deprived communities, especially for children and families.
4. Strengthen and build our learning and practice through local, national and internal partnerships i.e. BINDI, MUFPP, Delice Network and Sustainable food places.
5. Work with our academic partners to improve our understanding of the food system and how we can link action to impact more clearly so we can further our reach and impact.
6. Focused work on increasing healthy food literacy and deepen our understanding how to enable and empower this in different communities, especially across our ethnic communities.

'This is what I eat at home. First of all, I eat crisps. I eat burger at night-time every day. I eat pizza, I eat fries, I watch TV, ok. Morning I eat cereal, I eat cake. I eat everything healthy'
Quote from a focus group with Primary School children of First-Generation Migrants

THEME 2. MENTAL WELLNESS AND BALANCE

Mental wellbeing is as important as physical wellbeing, it is often said that there is no good health without good mental health, yet this is an area that often fails to get parity.

The drivers of poor mental health are complex but this does not mean that we should not try to address them and take action to address inequalities in mental wellness.

We recognise that mental wellness and balance is not the same as happiness, and that we will all experience periods of low mood and imbalance, but by taking a public health approach to mental wellness and balance we can support people to navigate these times successfully and continue on a positive life journey.

We also recognise that we must have accessible and culturally appropriate mental health services that support people living with addictions and mental health clinical conditions.

Although the suicide rate in the city is relatively low this does not mean we should be complacent and we must work together towards a shared ambition of zero deaths through suicide and zero admissions due to self-harm, especially in children and young people.

Balance is a broad term but in this context we are focused on those behaviours which reflect addiction, especially smoking, alcohol & drugs.

As a partnership we are committed to creating a mentally healthy city where every citizen is supported to achieve mental wellness and balance to navigate life's challenges.

Leadership for Action

The Creating a Mentally Healthy City Forum will lead this theme with support from the Suicide Prevention Advisory Group, the NHS Mental Health Partnership and the Creating a City Without Inequalities Forum.

BY 2030 WE WILL WORK TOGETHER TO

- Reduce the prevalence of depression and anxiety in adults to less than 12% by 2030
- Reduce our suicide rate (persons) in the city to be in the lowest 10 UTLA in England by 2030
- Reduce the emergency intentional self-harm admission rate to be within the lowest 10 UTLA in England by 2030
- Reduce the smoking prevalence in adults with a long-term mental health condition to at least the national average by 2027
- Close the gap between people with a long term health conditions, including explicitly those with severe and enduring mental health issues, in employment and those without
- Achieve the ambitions of triple zero, to have zero deaths or overdoses linked to alcohol or drugs by 2030 and have no people living with substance addictions without support services

Key Actions

We will achieve our ambition through a matrix of activity across the partnership of the Health & Wellbeing Board, this will include:

1. Be ambitious in our delivery of our partnership action plans to address mental wellbeing including the Prevention Concordat and Suicide Prevention action plan.
2. Develop, enhance and implement evidence-based interventions to improve mental wellness and balance, including arts and culture based interventions.
3. Ensure that we have embedded early intervention, brief advice and signposting in all services.
4. Take proactive steps to close the inequalities in employment and education for people with long term conditions, including specifically those with severe and enduring mental health issues.
5. Deliver the ambitious partnership work required to achieve the targets set out in the Triple Zero Strategy to tackle harm from drugs and alcohol in our City.

*'I don't want to live anymore. I don't want to go on anymore. Because everything I care about has been taken away from me. Whether it's through substances, social services, police, you name it - everything I know and care about has gone from me' –
Quote from a Rough Sleeper in Birmingham.*

THEME 3. ACTIVE AT EVERY AGE AND ABILITY

If everyone in Birmingham moves more, we will see major improvements in health and happiness, social connectivity, resilience, and environmental benefits in our communities.

Being physically active can prevent and improve long term conditions including cardiovascular disease, diabetes and cancers and is also a viable part of treatment pathways.

In Birmingham during 2019/20 29% of people aged 16 years and over were categorised as physically inactive, compared to 23% nationally – that is they did less than 30 minutes of moderate intensity physical activity a week.¹³

The Covid-19 pandemic has decreased activity levels across Birmingham, and changed our daily habits, often reducing travel and leading to a more sedentary way of life. However coming through the pandemic, the 2022 Commonwealth Games provides a visible global celebration of sport and activity, one of its key legacy outcomes must be to inspire us all to be active every day.

There are however significant and visible inequalities in inactivity and we need to focus on these areas of greatest inactivity and create understanding and empathy, coupled with a wider accessible and affordable range of every day opportunities to enjoy being active. Including safe routes and infrastructure to enable walking and cycling, local safe, affordable and attractive sports, and activities in accessible locations, working to position physical activity as a viable option for everyone in our city.

Leadership for Action

The work to address this theme will be led through the Creating a Physically Active City Forum and Birmingham Sport and Physical Activity Alliance.

BY 2030 WE WILL WORK TOGETHER TO

- Reduce the % of adults who are physically inactive to less than 20% by 2030
- Increase the % of adults walking or cycling for travel at least three days a week by at least 25% by 2030
- Reduce the inactivity gap between the most active 10 wards and the least active 10 wards
- Reduce the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030

Key Actions

We will achieve our ambition through a matrix of activity across the partnership of the Health & Wellbeing Board, this will include:

1. Collaborative working to realise the potential of the physical activity system to achieve the greatest impact.
2. Improve physical activity data and evidence to guide and inform practice and governance.
3. Introduce technology including apps and gamification to increase inclusive physical activity participation for all including Birmingham's diverse range of communities and under represented groups.
4. Prioritising active travel in local neighbourhoods.
5. Utilise physical activity to enhance community cohesion through targeted community events and interventions.
6. Physical activity to be embedded as a viable part of treatment pathways for long term conditions.

*'Think Football is the anchor for my week, maintaining wellbeing in a supportive environment, while being physically active. It has quite literally saved my life' -
Quote from Think Football Participant, Aston Villa Foundation*

THEME 4. CONTRIBUTING TO A GREEN AND SUSTAINABLE FUTURE

There is good evidence demonstrating that the natural environment around us can both harm our health, e.g. through air pollution, and can improve our health, both physically and mentally through direct facilitation e.g. green gyms, and through exposure and interaction e.g. nature trails.

Therefore the Health and Wellbeing Board has a vested interest in actively supporting the City in its approach to creating a green and sustainable future.

Creating this future for our green, blue (water) and white (air) environments will require action on many fronts led by a number of different partners, including the Future Parks Accelerator Board, the Brum Breaths Board and the Climate Change Taskforce.

This theme aims to promote and protect health by improving outcomes for conditions linked to the environment, as well as using the opportunities of a green and sustainable future to improve the health and wellbeing of citizens.

This includes the opportunity of nature and improving our environment as a pathway to wellbeing. This means using the green and blue spaces in our city and appreciating our environment and its value in improving the physical and mental health of our population.

As a City we are blessed by having a huge number of natural assets but there are inequalities in those who access them and how they are used to benefit health.

Creating a healthy city involves seizing the opportunity to support the creation of health promoting places to live. These places promote social interaction; are inclusive; safe and accessible and support healthy lifestyles.

Leadership for Action

This theme will be taken forward through the work of the Future Parks Accelerator Board, Brum Breaths Board and the Climate Change Task Force.

BY 2030 WE WILL WORK TOGETHER TO

- Reduce the fraction of mortality attributable to particulate air pollution to less than 4.5% by 2030
- Increase the utilization of outdoor space for exercise/health reasons to over 25% by 2028
- Increase the daily utilization of green and blue spaces to 25% of the population by 2030
- Increase volunteering in green and blue spaces to at least 10% of the population by 2027

Key Actions

We will achieve our ambition through a matrix of activity across the partnership of the Health & Wellbeing Board, this will include:

1. Collaborate to further develop and implement the evidence base for health and wellbeing interventions that utilise the natural environment for health gain.
2. Ensure all partners are playing active roles as anchor organisations to support the Clean Air Strategy and Climate Change Route to Zero Strategy
3. Work with our partners to celebrate and maximise the potential benefits to physical and mental health of our natural environment
4. Address the inequalities in utilisation of natural space for health benefit between our communities, especially for disabled people and those from ethnic communities.

'The secret to using nature as a mood booster is to find activities in a green space that match the outcome you are looking for. For some, going to a quiet park to escape their daily routine will bring peace of mind and a sense of freedom. Others may use their natural landscapes to challenge themselves with activities like running or cycling. Some are intoxicated by simply interacting with animals.' -
Quote from, Witton Lodge Community Association

THEME 5. PROTECT AND DETECT

The Protect and Detect theme is focused on the work we can do together to protect citizens from harm and detect early diseases such as cancer and HIV and from violent crime including gang violence and domestic abuse.

Protecting citizens from harm is a broad theme and much of the important work is led in this area through the Children's Safeguarding Partnership, Adults Safeguarding Partnership and Community Safety Partnerships, and Health and Wellbeing Board partners are committed to supporting this work.

Protection includes the important role of vaccination in preventing infectious diseases that can cause death and disability including measles, mumps and rubella, influenza and now covid-19. Across many immunisations the uptake in Birmingham is worse than the regional and national levels and this has to improve.

Protecting citizens from infectious diseases also includes opportunities for action on environmental health and sexual and reproductive health and having a robust cross-partnership response to local outbreaks and incidents of infectious disease.

Detecting disease and illness is important because it allows for earlier treatment and in general better outcomes for citizens. There are a series of national screening programmes across the life course from antenatal and pregnancy screening through to cancer screening in adult and older adult life. As with immunisation, uptake rates of many of these screening programs are below regional and national rates and targets; the gaps need to be closed.

Leadership for Action

This theme will be taken forward through the work of the Health Protection Forum and other partnership forums, primarily the Community Safety Partnership.

BY 2030 WE WILL WORK TOGETHER TO

- Achieve the national ambitions or targets for all national immunisation programs
- Achieve the national targets for all national screening programs
- Halve the variation in uptake (inequality) for all immunisation and screening programs
- Reduce the overall rates of new sexual health infections, including HIV, through early diagnosis and treatment to close the gap between Birmingham and the national average.

Key Actions

We will achieve our ambition through a matrix of activity across the partnership of the Health & Wellbeing Board, this will include:

1. Take a whole-system approach to immunisation and screening to drive uptake and close the inequalities in uptake.
2. Deliver Fast-Track accreditation for Birmingham and deliver an evidence-based approach that drives down HIV and Blood Borne Virus infections.
3. Embed a Public Health whole-system approach to violence reduction, including gang violence and domestic abuse.
4. Ensure all members of the Board are playing an active role in responding to, and preventing, violence, abuse and crime.
5. Develop our understanding of, and response to, the health and wellbeing needs of individuals in contact with the Justice system and address identified inequalities.

Quote to follow –
Quote from xxxx

CROSS CUTTING APPROACH: MITIGATE THE LEGACY OF COVID

The Covid-19 pandemic is a global challenge that has exposed and worsened inequalities in our society. It has had a sustained and devastating impact on our city and has had a disproportionate impact on many of our most deprived and diverse communities.

Research has been undertaken to understand the impact of the pandemic on our city and on our citizens. Engagement with and listening to communities has been ongoing and crucial throughout this time. The citizens of Birmingham have experienced the pandemic in different ways, and for many it will have a lasting impact. Restrictions have saved many lives but our resilience decreased with passing milestones, dates and uncertainty. We have experienced a detrimental impact on our mental and physical health as a result of the direct and indirect effects of the pandemic on our clinical care, health behaviours and social circumstances. We have felt the pressure of the economic shock on our health and wellbeing, as well as individual and collective financial insecurity and uncertainty. COVID-19 has affected our relationships and reduced contact and increased isolation for many. It has been experienced as a societal crisis and has revealed systemic issues.

The pandemic has exacerbated many of the existing inequalities in our city. These inequalities are primarily reflected in differences in infection rates and death rates between different communities. It has also been reflected in the vaccine uptake. Many of these inequalities are not understood due to limitations in data recording and reporting. There is limited data on the inequalities in the way that restrictions to mitigate the impact of COVID-19 have impacted different communities. The impact of restrictions on accessing healthcare and services (such as screening and immunisations) is not clearly understood, but these longer-term inequalities are anticipated.

Inequalities that existed prior to the pandemic have defined people's experience during the crisis. The Health and Wellbeing Board and its partners are committed to mitigating the legacy of COVID-19 and the drivers of inequalities that have deepened and widened as a result of the pandemic.

Mitigate the impact of Covid on Mental Wellbeing

According to the Birmingham COVID-19 Impact Survey, by July 2020 more than half (53%) said their mental health had deteriorated since the pandemic started.¹⁴

The impacts on mental wellbeing include bereavement, loneliness, common mental health issues such as anxiety and depression. Some are legacy of direct impacts of disease and illness, others due to the impacts of risk reduction restrictions and isolation.

The leadership of this cross cutting approach will be taken forward through the Creating a Mentally Healthy City Forum.

Address the long term impacts of Covid on health

One in 6 middle-aged people and one in 13 younger adults with COVID-19 report long COVID symptoms.¹⁵

The impact of 'long covid' are still emerging. It will require new pathways of care and support across the health and social care and community and voluntary sector. As well as a positive and supportive response from the education and employment sector to support individuals affected.

Work on this cross-cutting approach will be led through the NHS ICS System Leadership.

Reduce the drivers of the inequalities in Covid case rates and mortality ahead of the next pandemic

COVID-19 mortality rates for people younger than 65 were 3.7 times higher in the most deprived areas than the least deprived areas in England between March 2020 and March 2021.¹⁶

The background to these inequalities are complex, layering employment, deprivation, ethnicity and baseline health and we need to explore how this drove the inequalities in infection and in death during the pandemic so we can prevent it happening again.

Work on this cross cutting approach will be taken led by the Creating a City Without Inequality Forum.

CROSS CUTTING APPROACH: EQUALITY, DIVERSITY AND INCLUSION

The Health and Wellbeing Board will undertake a cross-cutting approach to equality, diversity and inclusion. The aim is to ensure that these values are at the centre of our ambitions, actions and leadership in order to tackle inequalities that exist in our society. Health and disease outcomes, as well as opportunities, are often conditional on a series of factors.

In our approach we are explicitly focused on the legally protected characteristics as well as specific identities of experience.

The legally protected characteristics are Age, Gender Identity, Sex, Race, Sexual Orientation, Religion and Belief, Disability, Pregnancy and parenthood, Marriage and Civil Partnership. We recognise that these don't exist in isolation and that inequalities can be even greater in people who have multiple minority characteristics e.g. disabled and lesbian women experience more inequalities than able bodied heterosexual women.

The term identities of experience includes people with lived experience of homelessness, carers, veterans, sex workers, those in contact with the justice system, those with experience of the care system. There is consistent evidence of health inequalities affecting these groups.

The COVID-19 pandemic exposed and exacerbated existing inequalities, including the disproportionate impact on people from minority communities especially from ethnic and disabled communities and in many communities of experience.

The Board will take acting in a cross-cutting way through the delivery of the topics and themes but there are also some specific projects that we will continue to learn from and build on some of the targeted approaches to understand these inequalities and respond to them, including the Birmingham Poverty Truth Commission, Veterans Deep Dive, Birmingham and Lewisham African and Caribbean Health Inequalities Review.

Protected Characteristics

Age
Gender/Sex
Gender Identity
Religion and Belief
Pregnancy and Parenthood
Race and Ethnicity
Marriage and Civil Partnership
Disability
Sexual Orientation

'Sometimes the difficulty is going to come for example, I am black and I share all the experiences of black people but am also Muslim as well. I have got two things that many people don't have. The person who is just Muslim cannot experience the black issue and black people who are not Muslim will not experience the Muslim issue.'

A quote from a participant in Birmingham Healthwatch report into experiences of Somali people.

Identities of Experience

Homelessness
Carers
Care Leavers
Sex Workers
People in contact with Justice System
Veterans

LIFE COURSE: GETTING THE BEST START IN LIFE

Birmingham is one of the youngest cities in Europe and fertility rates remain higher than the national average.

There is clear evidence that the foundations laid down for life from even pre-conception through childhood and adolescence can have positive or negative impacts across an individual's entire life. Some of these are underpinned by poverty, and child poverty is a significant challenge for the city, but many are also driven by the environment and support available to children, young people and families.

Birmingham continues to have a higher stillbirth and infant mortality rate than the national average and too many babies are born with a low or very low birth weight. Highlighting the need for our approach to start before conception working with potential parents to plan parenthood safely and support them through pregnancy.

As children grow we see inequalities continue in primary and secondary school years and we see high levels of vulnerability emerging that will undoubtedly create more challenges for these young people in achieving their potential as they progress to adulthood. There are significant inequalities between different groups of children and we have a duty of care to children and young people with special educational needs and disabilities, and those who come into contact with our care system to address these proactively and with vigour.

Across a wide range of indicators for children and young people there is clear evidence that children in Birmingham could be given a better start in life so that the gaps between our city and the national average close and our children face the future on more equal terms. The Board is not the only partnership forum in this space and it must work collaboratively with others to achieve the step change in outcomes for children we want to see.

Leadership for Action

This theme will be led by the Birmingham Children's Strategic Partnership and the Birmingham and Solihull Maternity Improvement Partnership (BUMP)

BY 2030 WE WILL WORK TOGETHER TO

- Reduce infant mortality in Birmingham by 25% by 2027 and by 50% by 2030
- Improve the percentage of children achieving a good level of development by 2-2.5yrs to over 83% and at the end of Reception to 75% by 2030.
- Halve the rate of children killed and seriously injured (KSI) on Birmingham's roads by 2030
- Reduce the under 18 teenage conception rate to close the gap between Birmingham and the national average by 2030
- Halve the hospital admissions due to asthma in young people under 18yrs by 2027
- Reduce the rate of first-time entrants (10-17yrs) to the youth justice system by 25% by 2030

Key Actions

We will achieve our ambition through a matrix of activity across the partnership of the Health & Wellbeing Board, this will include:

1. Establish an Infant Mortality Task Force to drive action at pace across the partnership.
2. Develop a coherent partnership approach to supporting adolescent health and wellbeing to interconnect with strategies on youth justice.
3. Develop the evidence-based approaches to support families to give children the best start in life, especially around childhood obesity and mental wellbeing.
4. Support the work led through Education and Skills to improve children's life chances through education, especially for SEND children and their families.

"I have not been eating the greatest as my family is struggling to provide because they're unemployed. I have lost a significant amount of weight due to not having 3 meals a day.....I start my day without energy and finish it with even less, this means I'm always tired and don't have the energy to do anything and leaves me less motivated and not caring about everything. "

Asian Male (17), Young People's Survey

LIFE COURSE: WORKING AND LEARNING WELL

This theme is focused on working age adults in Birmingham and reflects the importance of work and learning throughout our adult life.

Too many adults across the city lead unhealthy lives and although choice is a factor, a lot of this is enabled because of the environment we live and work in and we have to work on multiple levels to create a city that supports all adults to be healthier at work and at home.

There is a clear and two-way relationship between education, and employment and health. Ill health and poor wellbeing can be a barrier to education and employment, and similarly a lack of education or employment can create barriers to health and wellbeing.

Learning is one of the five pillars of wellbeing, both through the things we learn and the act of learning itself. An important part of this is creating and maintaining health literacy as it underpins people's ability to make informed choices about their own health and wellbeing and the challenges of health literacy in our city have been clear through the pandemic.

Many adults spend much of their week in the workplace, whether in person or virtually, and in the same way that schools create spaces for supporting healthier lives in children, there is an opportunity for the employers across Birmingham to support their staff to lead healthier lives. We must work with both public and private sector organisations and trade unions to create healthier workplaces for all.

Leadership for Action

This theme will be lead by the Creating a City Without Inequalities Forum and the ICS Inequalities Partnership, with clear collaboration with relevant partnership groups such as the Homelessness Health Partnership Board

BY 2030 WE WILL WORK TOGETHER TO

- Increasing the % of the estimated individuals who smoke accessing smoking cessation services and achieving a 4-week quit by 20% by 2030
- To reduce the percentage rate of long-term musculoskeletal problems to 5% below the England average by 2030
- Reduce coronary heart disease admissions rate (all ages) by 20% by 2030
- Reduce the percentage of adults from ethnic communities with Type 2 Diabetes to match the demographic profile of our city by 2030
- Increase the number of targeted health checks (e.g., for people with learning disabilities, carers and severe mental health issues) by 25% by 2027
- Reduce the rate per 1000 of homeless young people (16-24 years) to the England Average
- Achieve 50% of all medium and large businesses in Birmingham being part of the Thrive at Work programme

Key Actions

- Reducing the impact of poverty and income in equity on health amongst disadvantaged groups across the life course through targeted co-developed evidence-based approaches.
- Establish a programme for addressing clinical health inequalities in care and clinical outcomes at a Primary Care Network and Practice level led by the ICS Place programme.
- Deliver the African and Caribbean Health Inequalities review and if successful establish a similar inequalities review for different minority communities.
- Use the leverage of anchor organisation supply chains to encourage participation in Thrive at Work programme alongside other key commitments such as Living Wage and Modern Slavery commitments.

'Through Thrive at Work, staff have generally understood the importance of wellbeing and self-care. However Covid-19 has made wellbeing even more of a hot topic in the care sector.' *John Taylor Hospice, WMCA Thrive at Work Member*

LIFE COURSE: AGEING WELL AND DYING WELL

Although Birmingham is young city, it has a growing number of older adults, many of who are living with multiple health conditions. With the expected number of older people living in poor health set to rise, it is important that we invest in prevention and approaches that help people age well.

The frequency of preventable conditions such as Dementia, Parkinson's Disease and frailty does increase as people age, so our ambitions would be to reduce the impact of these conditions. This can be achieved through partnership working, to create an Age Friendly City, that supports older adults to fully participate in their communities and builds on the successes of Dementia Friendly communities in Birmingham.

Integration is key to our approach and as we age, we want health and social care services to collaborate to provide integrated solutions that support citizens to remain independent and connected to communities and their families and friends.

We also have a responsibility to support people at the end of their life to die with dignity and as comfortably as possible, whatever their age. At the end of life, we all hope for a peaceful end. To achieve this, we must work together to support citizens and their families to die with dignity and at a chosen place of death. We must ensure that pathways for end of life are compassionate and inclusive and appropriate support is provided to those bereaved as well as those who are dying.

Leadership for Action

This theme will be implemented working in partnership with the End of Life Coordination Group, the Neighbourhood Network Scheme and the Birmingham and Solihull Dementia Interface Pathways group.

BY 2030 WE WILL WORK TOGETHER TO

- Halve the gap in healthy life expectancy at 65yrs between Birmingham and the national average for both men and women
- Increase the percentage of eligible citizens offered an NHS Health Check who received it to over 70%
- Improve the detection of dementia by increasing the % of people estimated to be living with dementia who are diagnosed and receiving care and support to over 75% by 2030
- Reduce the rate of emergency hospital admissions due to falls in people aged 65yrs and over to below the national average
- Improve the carer-reported quality of life score for people caring for someone with dementia to equal to or above the national average
- Reduce the Excess Winter Deaths to close the gap between the actual and expected number of deaths in people aged >85yrs by at least 20%

Key Actions

1. Strengthen our engagement and understanding of ageing in Birmingham's diverse communities and in those in inclusion groups such as the homeless, so we can support them better.
2. Have a clear and visible prevention and early intervention approach to support healthy independent ageing for all citizens
3. Become a recognised Age Friendly City and Compassionate City by 2027.
4. Establish a Healthy Ageing Academic Partnership to increase the evidence base for interventions that support healthy ageing.

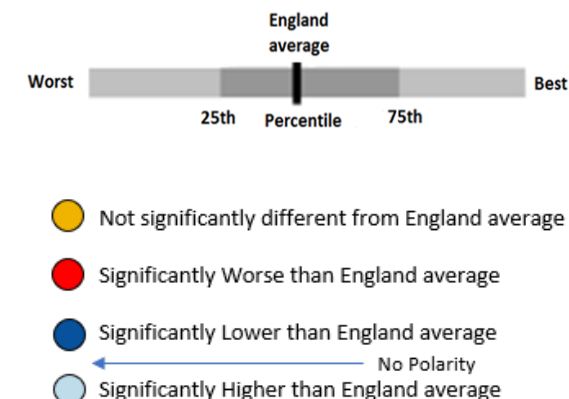
'I just barely go out anymore, the only place I feel safe is home. And all the exercise classes have stopped. So due to lack of exercise I'm getting more and more immobile. My knees are seizing up. And I used to do the shopping myself, I used to get exercise going from shop to shop. Now I get it delivered. I miss that movement. I've never been to the doctors for aches and pains as much as in the last 6 months .' -
Quote from ethnographic research on Impact of Covid-19 on Birmingham

Measuring Impact

Within each of the strategic themes there will be a matrix of indicators developed for reporting to the Health and Wellbeing Board but these sit underpinning the longer term indicators that will change over multiple years.

These metrics will take many years to change but are good indicators of the impact of the strategy over the next five to ten years and are good ways of monitoring whether we are truly achieving the level of change to impact on citizens lives at scale and in a sustained way.

Indicator	B'ham Number	B'ham Stat	Eng Avg	Eng Worst	England Range	Eng Best
Infant mortality rate (2017-2019) ¹⁷	336	7.0	3.9	7.5		2.0
Child mortality rate (1-17 years) 2017-19 ¹⁷	125	15.2	10.8	25.7		5.7
Healthy Life Expectancy at birth 2017-19 (Male) ¹⁷	n/a	58.5	63.2	53.7		71.5
Healthy Life Expectancy at birth 2017-19 (Female) ¹⁷	n/a	59.3	63.5	55.3		71.4
Life expectancy at birth 2017-19 (Male) ¹⁷	n/a	77.9	79.8	74.4		84.9
Life expectancy at birth 2017-19 (Female) ¹⁷	n/a	82.4	83.4	79.5		87.2
Life expectancy at 65 2017-19 (Male) ¹⁷	n/a	18.3	19.0	16.4		23.2
Life expectancy at 65 2017-19 (Female) ¹⁷	n/a	20.8	21.3	18.8		24.9
Inequality in life expectancy at birth 2017-19 (Male) ¹⁸	n/a	8.7	9.4	14.8		2.9
Inequality in life expectancy at birth 2017-19 (Female) ¹⁸	n/a	5.2	7.6	13.3		1.5



The table shows the headline metrics that will be used to track progress and impact of this strategy moving forward.

By nature many of these are deficit based metrics however they are standardised routinely collected indicators that can be benchmarked locally and nationally.

There are many metrics that align with each of the eight priority themes and the delivery groups will identify specific and measurable indicators that can be used in the short to medium term to track change and inform the delivery of the strategy.

Governance & Relationships for change

Creating a Bolder, Healthier City will be led by the Birmingham Health and Wellbeing Board who will work alongside many partnership groups and networks that collaborate with the Board and its partners.

The Board will receive annual updates on the progress of the Strategy once published and there will be a matrix delivery plan coordinated by Birmingham City Council Public Health division alongside an indicator matrix tracking progress against the ambition outcomes.

Health and Wellbeing Board

Sub-Forums

- Creating a Mentally Healthy City Forum
- Creating a Healthy Food City Forum
- Creating an Active City Forum
- Creating a City Without Inequalities Forum
- Health Protection Forum

NHS Strategic Partnerships

- Birmingham & Solihull Integrated Care System
- Birmingham & Solihull Provider Collaboratives
- Birmingham & Solihull Mental Health Partnership
- BUMP

Birmingham Safeguarding Partnerships

- Children's Safeguarding Partnership Board
- Adult Safeguarding Partnership Board
- Domestic Abuse Strategy Board
- Re-offending Prevention Partnership

City Partnership Relationships

- Children's Strategic Partnership
- Community Safety Partnership
- City Board
- Youth City Board



References

- ¹ Birmingham City Council Public Health. 2019. "Birmingham Public Health Green Paper." Accessed July 28, 2021. https://www.birminghambeheard.org.uk/people-1/birmingham-public-health-green-paper/supporting_documents/Birmingham%20Public%20Health%20Green%20Paper%20.pdf.
- ² Dahlgren G, Whitehead M (1993). Tackling inequalities in health: what can we learn from what has been tried? Working paper prepared for the King's Fund International Seminar on Tackling Inequalities in Health, September 1993, Ditchley Park, Oxfordshire. London, King's Fund, accessible in: Dahlgren G, Whitehead M. (2007) European strategies for tackling social inequities in health: Levelling up Part 2. Copenhagen: WHO Regional office for Europe: http://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf
- ³ Birmingham City Council Public Health. 2020. "Complex Lives, Fulfilling Futures - Director of Public Health Annual Report."
- ⁴ Public Health England. 2021. "Birmingham Child Health Profile."
- ⁵ Public Health England (based on ONS source data). 2017-19. "Mortality Profile." *Under 75 mortality rate from all cardiovascular diseases*. Accessed July 28, 2021. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133009/pat/6/par/E12000005/ati/302/are/E08000025/iid/40401/age/163/sex/2/cid/4/tbm/1>.
- ⁶ ONS mortality file, ONS LSOA single year of age population estimates and smoking status from Integrated Household Survey/Annual Population Survey, relative risks from The Information Centre for Health and Social Care, Statistics on Smoking, England 2010. 2016-18. "Local Tobacco Control Profiles." *Smoking attributable mortality*. Accessed July 28, 2021. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000005/ati/302/are/E08000025/iid/113/age/202/sex/4/cid/4/tbm/1>.
- ⁷ Birmingham City Council Public Health (Locally calculated rates based on ONS/NHS Digital sourced data).
- ⁸ Birmingham City Council Public Health (based on ONS Deaths 2016/18). 2021. "Life Expectancy by Birmingham Railway Stations."
- ⁹ Public Health England. 2020. "Annual Epidemiological Spotlight on HIV in the West Midlands (2018 data)." February. Accessed July 28, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864734/HIV_spotlight_west_midlands_2018.pdf.
- ¹⁰ Birmingham City Council Public Health (Locally calculated based on NHS Digital Inpatients data).
- ¹¹ Goudie, Shona, and Zoe McIntyre. 2021. "The Impact of Covid-19 on Household Food Security." *Food Foundation*. 1 March. Accessed July 29, 2021. https://foodfoundation.org.uk/wp-content/uploads/2021/03/FF_Impact-of-Covid_FINAL.pdf.
- ¹² Gibbon and Griffith. 2020. "Infant mortality in Birmingham – the headline figures." *Public Health England, December*. Accessed July 30, 2021. <https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=Z9wDik7qsRz16zomqgpkjMfLaTic%2BhOCO8CZZ1SnjgBfgeX45df2UA%3D%3D&rUzwRPf%2BZ3zd4E7lkn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCTpHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSffXsDGW9IXnlG%3D%3D=hFfIUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFfIUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJfF55vVA%3D&FgPIIEJYlotS%2BYGoBiSoIA%3D%3D=NHdURQburHA%3D&d9Qji0ag1Pd993jsyOJqFvmyB7XOCSQK=ctNJfF55vVA%3D&WGewmoAfeNR9xqBuxOr1Q8Za60IavYmz=ctNJfF55vVA%3D&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJfF55vVA%3D>.
- ¹³ Public Health England (based on the Active Lives Adult Survey, Sport England). 2019/20. "Physical Activity - Percentage of physically inactive adults." *Fingertips*. Accessed July 28, 2021. <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000005/ati/402/are/E08000025/iid/93015/age/298/sex/4/cid/4/tbm/1/page-options/car-do-0>.
- ¹⁴ Birmingham City Council Public Health. 2020. "COVID-19 Impact Survey."
- ¹⁵ Steves, Claire. 2021. *Up to one in six people with COVID-19 report long COVID symptoms*. 24 June. Accessed July 23, 2021. <https://www.kcl.ac.uk/news/up-to-one-in-six-people-covid-19-long-covid-symptoms>.
- ¹⁶ Tinson, Adam. *What geographic inequalities in COVID-19 mortality rates and health can tell us about levelling up*. 2021 July. Accessed July 2021, 22. <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-geographic-inequalities-in-covid-19-mortality-rates-can-tell-us-about-levelling-up>.
- ¹⁷ Public Health England (Fingertips). 2017-19. Measuring Impact 1 (Bespoke Profile). Accessed August 4, 2021. <https://fingertips.phe.org.uk/indicator-list/view/xJTHhBVRT0#page/1/gid/1/pat/6/par/E12000005/ati/302/are/E08000025/iid/92196/age/2/sex/4/cid/4/tbm/1>.
- ¹⁸ Public Health England (Fingertips). 2017-19. *Measuring Impact 2 (Bespoke Profile)*. Accessed August 4, 2021. <https://fingertips.phe.org.uk/indicator-list/view/Eyne0sEKA0#page/1/gid/1/pat/6/par/E12000005/ati/402/are/E08000025/iid/92901/age/1/sex/1/cid/4/tbm/1>.