

Public Health Green Paper Consultation 2019 Summary Feedback

1 Public Health Green Paper Consultation Summary Feedback

The tables referred to in this summary can be found in Appendix B.

Respondents

There were 477 responses to the public consultation and approximately 600 views were collected from community engagements events, presentations to ward forums and targeted focus groups.

People from a wide range of ages (from 20-79 years) responded to the written and on-line consultation; the largest amount of responses received were from those aged 50-59 years. Table 1 shows that there was an under-representation in responses from children and those aged under 30. To address this gap BeatFreaks were commissioned to develop an interactive prioritisation installation that was used in community settings to engage children and young people in a different way about the priorities.

166 responses (37%) were from people reporting to have a physical or mental health condition; this was marginally lower than would have been expected.

302 responses were received from heterosexual or straight respondents, 21 from people identifying as gay or lesbian, 10 from those identifying as bisexual, 12 as other and 102 who preferred not to say or who declined to answer the question. Table 5 suggests that there was a good response from the LGBT community as the proportion of respondents to the survey identifying as LGBT exceeded what would have been expected compared to the proportion of the Birmingham population identifying as LGBT.

179 respondents identified as Christian, 19 Muslim, 10 Sikh, 142 with no religion and 10 as other. 87 people preferred not to say or declined to answer the question. Table 6 suggests that the Muslim, Hindu and Sikh populations were under represented in questionnaire respondents therefore faith based focus groups with the Muslim, Hindu and Sikh population were commissioned from community providers.

Overarching priority: Health Inequalities

85% of respondents agreed with the Public Health vision and core values as laid out in the Public Health Green Paper. 94% of respondents to the consultation questionnaire agreed or strongly agreed that health inequalities should be considered across our work.

Priority 1: Child Health

90% of respondents to the questionnaire agreed or strongly agreed that Child Health should be one of the priorities.

In addition there was consensus by the faith based focus groups that the three themes were the right themes to focus on in the strategy for child health.

Reducing infant mortality was the highest supported priority within the Child Health area; 91% of respondents agreed or strongly agreed that this should be a priority.

Taking a whole systems approach to childhood obesity was supported by 88% of respondents to the questionnaire. This topic provoked the most interest from the faith base focus groups; participants were surprised by the increase in the rates of obesity in Birmingham from reception to Year 6.

Supporting the mental health of our most vulnerable children was supported 87% of respondents to the questionnaire; however there was support that this should be extended so that support for mental health and wellbeing was a priority for all, not just those in vulnerable groups.

Priority 2: Working age adults

Support for the working age adult theme was also high with 87% of respondents agreeing or strongly agreeing that this should be a priority. Responses from the interactive prioritisation installation run by Beatfreaks to seek the views of young people (those under 30 years) rated working age adults as the highest priority for support as they were seen as the centre of support for both children and the elderly and as such ranked the highest for both priority and potential impact.

Supporting workplaces to improve their employee wellbeing offer was supported by 84% of respondents; addressing the cumulative impact of unhealthy behaviours was supported by 85% and supporting the mental and physical health of our most vulnerable adults was supported by 91% of respondents.

Feedback from the Muslim focus groups suggested that these priorities broadly focussed on the right things yet it was felt that there should be a greater focus on men's health, and in particular men's mental health.

Priority 3: Older adults

92% of respondents supported that older adults should be one of our priority areas. The highest levels of support were for supporting the mental and physical health of our most vulnerable older people, which was supported by 93% of respondents, reducing social isolation which was supported by 92%

of respondents and developing community assets which was supported by 90% of respondents. Providing system wide information and support received the lowest levels of support at 84% of respondents to the questionnaire.

In the Muslim Focus Group, the conversation focused on how significant the group felt the impact of isolation was in older people. Linked to the Child Health priority, participants discussed that there could be a perception that isolation is less of an issue in the Asian community as there are “large families and you look after your elders”, however, the group all agreed that feeling lonely and isolated is not always about whether there are people around you. Some of the group also suggested that this can actually add to isolation in older people. There was an agreement that it was not just vulnerable older adults, but older adults more generally that were at risk of social isolation.

Priority 4: Healthy environment

Whilst the overarching priority of healthy environment was supported by 91% of respondents, the themes within this priority received varying levels of support. Improving air quality was supported by 88% of respondents; increasing the health gains of new developments received support from 83% of respondents and health protection assurance and response including screening, immunisations and vaccinations received support from 90% of respondents.

Maximising the health gains from hosting the Commonwealth Games

Of all the priorities proposed within the Green Paper, maximising the public health gains of the Commonwealth Games received the lowest levels of support, 60% of respondents to the survey agreed or strongly agreed that this should be a priority with 18% of respondents disagreeing or strongly disagreeing.

The faith based focus groups felt that the Commonwealth Games could really help to get children and parents interested in sport but that there would need to be opportunity for them act upon this interest and funding for community level sport. There was also a view that the Games was a good opportunity to get rid of bad or old buildings and lead to new assets that stay for the communities after the games. Overall the groups were very positive and excited about the Games coming to Birmingham.