BIRMINGHAM PUBLIC HEALTH GREEN PAPER

Supporting information to inform the development of the Birmingham Public Health Strategy 2019-2023

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Foreword

I am delighted to present the Birmingham Public Health Green paper.

This document provides supporting information for our public consultation – the responses we receive will inform the development of a new approach to addressing the health challenges and inequalities facing citizens.

In the Green Paper we have set out some of the significant health issues affecting individuals, families and communities in Birmingham. This draws on analysis of the data and sets out some of the evidence based opportunities for action by individuals, organisations and strategic partnerships.

I hope that through the conversations and engagement that support the consultation on the priorities in this Green Paper we will together as citizens and as a City develop a clear sense of the priority areas for action and provide a steer on how to best focus our efforts over the next four years.

As a City we experience significantly worse health than many of our counterparts in the West Midlands, England and Europe. However, we also have one of the most diverse, vibrant and energised populations and strategic partnerships in England.

I believe that through working together at every level: as individuals, families, communities of interest, organisations and partnerships we can—**and we will**—improve the lives of everyone in Birmingham.

I look forward to hearing your thoughts and to working with you to support everyone to achieve their potential in our City.

Dr Justin Varney

Director of Public Health

Birmingham Public Health: Priorities on a Page

Addressing health inequalities because every child, citizen and place matters

Priority 1: Child health

- Reducing infant mortality
- Taking a whole systems approach to childhood obesity
- Supporting the mental and physical health of our most vulnerable children

Priority 2: Working age adults

- Supporting workplaces to improve their employee wellbeing offer
- Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity
- Supporting the mental and physical health of our most vulnerable adults

Priority 3: Ageing well

- Reducing social isolation
- Providing system wide information, advice and support to enable self-management
- Developing community assets
- Supporting the mental and physical health of our most vulnerable older people

Priority 4: Healthy environment

- Improving air quality
- Increasing the health gains of new developments and transport schemes
- Health protection assurance and response including screening, immunisation and communicable diseases

Maximising the public health gains from hosting the Commonwealth Games

Our vision:

To improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves

Our values:

- **Equity**
- **Prevention**
- **Evidence based practice**

Our approach:

- **Population based**
- **Proportionate universalism**
- **Intelligence led**
- **Strategic influence**
- **Communication**
- **Joint working**
- **Health in all policies**

The challenge

Birmingham continues to wrestle with some deep-seated challenges...

OBESITY

25%
of **10–11 year olds** are obese

20% National average

NOT SATISFIED

16%
of 15 year olds are not satisfied with life

1 IN 3 CHILDREN LIVE IN POVERTY

128,000
children **(0–15 yr olds)** live in the bottom decile households

10.8%
growth in number of children aged **5–15** over the next 20 years (2017–2037)

INFANT MORTALITY

7.9 Birmingham

3.9 National average

CYCLING

<1%

percentage of children who cycle to school

PHYSICAL ACTIVITY

(adults 19yrs+)

61.2%
Birmingham

64.9%
National

FUEL POVERTY

17TH
Out of 326 English local authorities, Birmingham ranks 17th for proportion of fuel poor households

LIFE EXPECTANCY

The difference between most affluent and most deprived areas

10.6yrs
less for men

8.2yrs
less for women

SOCIAL CONTACT

>50%

More than half of adult carers would like more social contact

Vision and values

1 Our vision

Here in Birmingham Public Health we have set an ambition to improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves.

2 Our values

We are driven by three values: equity, prevention and evidence based practice.

2.1 *Equity*

Equity is about fairness. We recognise that different groups within Birmingham's population have different needs and may need additional help or support to achieve their full health potential.

2.2 *Prevention*

Focusing energy and resources on preventative interventions means that fewer people will go on to develop specialist health care needs. There are three levels of preventative activities; for each of these there is a different population of interest:

(a) Primary Prevention

Primary prevention means intervening at a population level before disease occurs. Primary prevention is any intervention that may prevent the onset of disease or illness in the future such as legislation and enforcement; immunisation programmes; and education about risky behaviours like poor eating habits, physical inactivity and substance abuse.

(b) Secondary Prevention

Secondary prevention is about reducing the impact of a disease or injury in its early stages. Targeted interventions to manage and/or reduce the risk of a known medical condition progressing or to identify a condition that is not yet symptomatic such as screening, cholesterol lowering medication or workplace adjustments.

(c) Tertiary Prevention

Tertiary prevention refers to the measures taken to manage long-term—often complex—health conditions, for example interventions to improve function, quality of life and life expectancy.

2.3 *Evidence based practice*

We have a responsibility to make the best use of our resources. Knowing what works ensures that the interventions we provide are clinically and cost effective. By drawing on the evidence-base we are able to make better, quicker, evidence based decisions; this helps us to maintain high standards of service and achieve the best outcomes for people.

3 Our Priorities

This document sets out the proposed Public Health priorities for the next four years. Our priorities have been informed by data and intelligence on the areas of need in our City. Within this Green Paper we have set out the reasons each priority has been chosen, and the actions that we and our partners would like to take to address these priority areas and, in turn, improve the health and wellbeing of Birmingham's population.

Public Health approach

"The art and science of preventing disease, prolonging life and promoting health" Acheson

4 What is Public Health?

Public health is about helping people to stay healthy, reducing the risk of getting diseases and injuries and protecting them from threats to their health and wellbeing.

Essentially we can approach public health practice in three ways: **protecting health** (such as minimising the spread of diseases like TB or measles); **improving health** (for example education programmes on healthy lifestyles); and by making sure we have the **right services** in place that are effective, efficient and equitable.

4.1 *What do Public Health specialists offer?*

Public Health is a multi-disciplinary specialist function that offers technical, professional expertise to the Council and NHS partners.

Public Health specialists are regulated by the General Medical Council and UK Public Health Register (UKPHR) and adhere to professional standards set by the Faculty of Public Health. Public Health specialists undergo rigorous post-graduate training which is assessed by professional examinations and competency based appraisal. Once qualified, Public Health professionals undergo an annual revalidation cycle.

We are health professionals and change agents bringing considerable experience, leadership and credibility. Our scientific knowledge takes into account a number of factors including:

- The epidemiology of diseases (how diseases are distributed across the population).
- The positive and negative factors that can cause and are associated with health and wellbeing.
- The evidence underpinning different ways to prevent poor health and wellbeing.
- The root causes of inequalities in health.
- The scientific evidence relating to human behaviour.
- The clinical evidence relating to the natural history of disease.
- The health economic evidence relating to the cost effectiveness of interventions.
- The theory behind cultural and organisational change.

4.2 *What are Health inequalities*

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 *Wider determinants of health*

It is important to look at the root causes of health inequalities so that we can start tackling them. There are a wide range of socio-economic, cultural and environmental factors that have an impact on population health. We call these the "wider determinants of health" because these factors influence and determine the general health of the population.

Dahlgren and Whitehead conceptualised these wider determinants as rainbow-like layers of influence (see figure 1).

The rainbow starts with the genetic and demographic characteristics that influence an individual's health and that are largely fixed. Surrounding this is the individual's lifestyle factors, for example their behaviours and choices around smoking, exercise and diet. The second layer represents the individual's interaction with their families, peers and immediate community. The next layer represents the individual's living and working conditions and their access to goods and services. Finally there is a layer of social, economic, cultural and environmental conditions that prevail in the population.

These wider determinants can have positive, protective and/or negative influence on population health and wellbeing.

Many different interventions and approaches are required to address the root causes of population ill health.

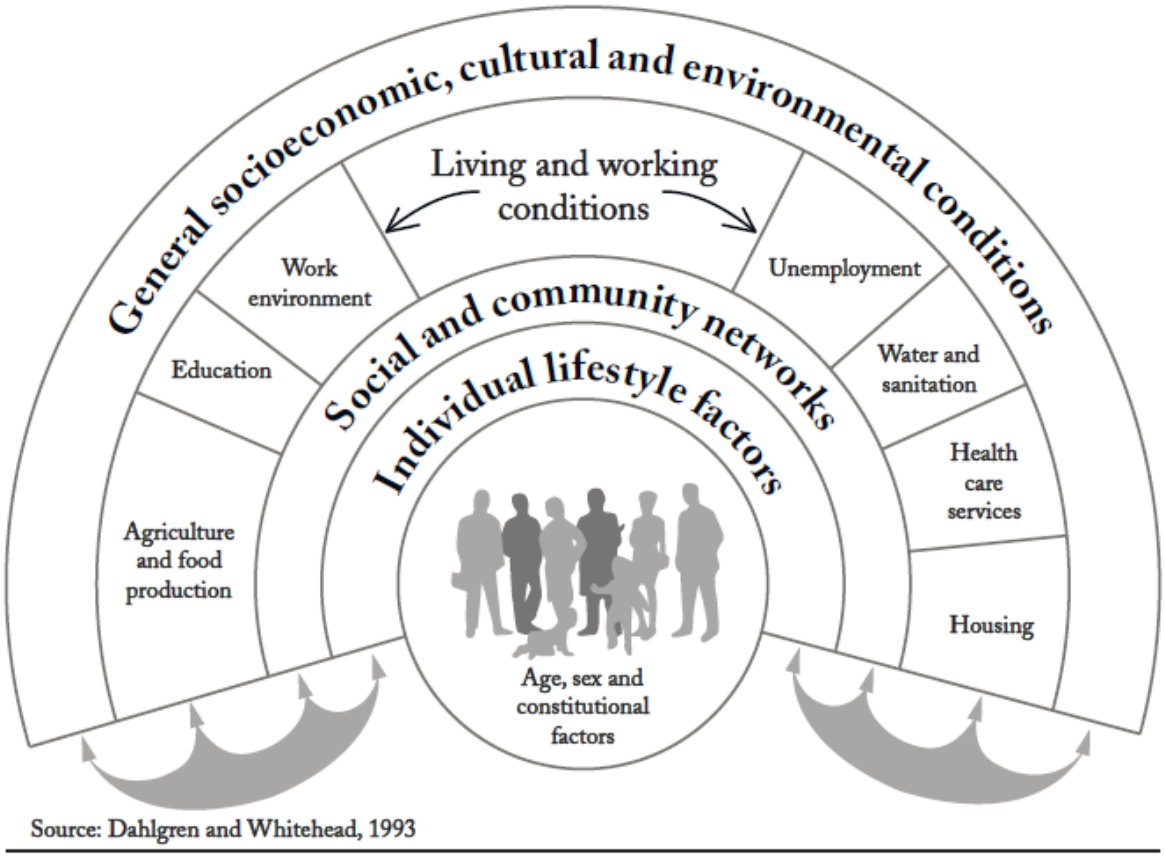

Fig 1: Wider determinants of health; Dahlgren and Whitehead Rainbow model

Source: Dahlgren/Whitehead: European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF)
http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf

5 How we operate

5.1 *Population based*

In Public Health instead of addressing the health needs of an individual person—like in other branches of medicine such as in primary and secondary care—we concentrate on the health needs of groups of people. These groups of interest can be categorised in many ways for example by geographical area, age, ethnicity, school, occupation. Taking a population approach allows us to look at health inequalities and relative needs, enabling us to target our resources accordingly.

5.2 *Proportionate universalism*

Proportionate universalism describes a Public Health approach to service delivery. Traditionally services are either universal (offered to all) or targeted (offered to those in the greatest need according to a specific characteristic or risk factor). Proportionate universalism recognises that "need" is a continuum and that if it is solely those at the greatest level of need that receive help, then those not quite meeting the threshold of greatest need may become more disadvantaged without access to the service. By taking a proportionate universalism approach, services are available to all with a scale and intensity according to the degree of need. This helps to flatten out health inequalities across the population.

5.3 *Intelligence led*

Data and intelligence allow us to monitor and gauge relative levels of need in our population.

We continually analyse national, regional and local statistics from a wide range of routine and specialist data sources to better understand our population, our population's health needs and the health and care services our population receives.

We produce regular reports on the Birmingham population to ensure that we in Public Health, the wider Council and our partner agencies can target our collective resources according to need.

5.4 *Strategic input*

With our in-depth understanding of population needs, evidence based practice and intelligence led services, we are able to offer strategic input across the Council and our partner agencies.

5.5 *Communication*

Communication is important to us; it enables us to raise awareness of health needs and the impact of health inequalities and helps to increase health literacy and understanding in the communities we serve. We will provide timely, honest and transparent information that is relevant to communities. We will continue to share our skills and expertise to promote a Public Health approach in public services.

5.6 *Joint working*

The determinants of health are wide reaching. To truly address complex Public Health issues we need to work jointly with our partners. Figure 2 below represents a whole system approach to obesity but similarly applies to other areas of Public Health. It shows the necessity of joint working to address the health inequalities in our area.

Figure 2: Public Health matters; Whole System Approach to obesity

Source: https://publichealthmatters.blog.gov.uk/2015/10/14/designing-a-whole-systems-approach-to-prevent-and-tackle-obesity/

5.7 *Mandated functions*

Like every other local authority Public Health team, there are a number of functions that we must provide. These include sexual health services (testing and treating of sexually transmitted infections, and contraception); weighing and measuring children in Reception and Year 6; NHS Health Checks; health protection (which is delegated to our Proper Officer in Public Health England); public health advice to NHS commissioners; and health visitor reviews of pregnant women and young children.

Central government is currently reviewing the mandated functions of local authority Public Health.

In addition to our mandated functions, we also have a responsibility to take steps to improve the health of the people who live in our City. This Green Paper sets out the areas we propose focusing on to improve the residents of Birmingham's health based upon evidenced need. The following chapters set out our proposed priorities.

Health inequalities

Birmingham is a place where the health and wellbeing of every child, citizen and place matters

6 What are health inequalities?

Health inequalities are the differences in health status or in the distribution of health determinants between different population groups, for example, differences in mortality rates between people from different social classes, or differences in life expectancy in different geographical areas, such as local authority wards. Figure 3 below shows the health inequalities in life expectancy for both males and females in Birmingham; males living in Sutton Four Oaks can expect to live on average ten years longer than those living in Shard End.

Figure 3: Birmingham life expectancy inequalities

In Birmingham we are striving to reduce inequalities in health and wellbeing. As one of our overarching themes we are proposing to reduce inequalities across the Public Health priority areas – reducing the gap between those with the highest and lowest health and wellbeing outcomes and improving the overall rates within our City.

7 Priority 1: Child health

7.1 *Infant Mortality*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Birmingham has one of the highest rates of deaths in infants aged under 1 year in England. Infant deaths are measured using an infant mortality rate (IMR); this is defined as the number of deaths under the age of one year, per 1,000 live births. It consists of two components: • the number of neonatal deaths (those occurring during the first 28 days of life) • the number of infants who die between 28 days and less than one year In 2014-16, the rate of deaths in infants aged under 1 year in Birmingham was 7.9 per 1,000 (95% confidence interval 7.1, 8.7); this is compared to a rate of 3.9 per 1,000 in England.	The majority of infant deaths are due to immaturity-related conditions and congenital anomalies. However, there are some factors increasing the risk of infant death that can be modified such as: • Smoking in pregnancy • Poor maternal and infant nutrition • Poor vaccination uptake • Limited access to antenatal care	We want to understand why Birmingham's infant mortality rates are amongst the worst in the country – we will be undertaking an in-depth data analysis. We will strengthen preventative services from preconception through to early years, particularly through our Early Help Partnership (to ensure that our prevention offer links with social care); and through the Local Maternity System. The Birmingham and Solihull United Maternity Partnership (BUMP) are rolling out community perinatal mental health support for mothers; and creating local Early Years hubs bringing together a number of health and care services for young families in the community. We want to reduce smoking rates in pregnant women by trialling a smoking cessation pilot delivered midwife support workers.	Reduce the rates of infant mortality in Birmingham. Reduce the gap in infant mortality rates across the City. Reducing smoking rates in pregnancy.

7.2 *Childhood Obesity*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
The National Child Measurement Programme (NCMP) provides us with a measure of obesity for all children in reception and in Year 6. Latest figures show us that 1 in 4 reception children in Birmingham are overweight or obese. In 2016/17, 24.7% of Birmingham's four year olds and 40.1% of 11 year olds were overweight or clinically obese compared to 22.6% and 34.2% in England. We know the risk of obesity is greatest in our most deprived communities and more importantly, this gap has been widening over time. This means that children from low income families face a much higher risk of developing obesity when compared to children from high income families.	In order to avoid future impacts of excess weight, addressing the issues of family nutrition and physical activity are important.	We want to develop a whole system approach to tackling childhood obesity building upon existing programmes and work across different agencies to tackle the numerous determinants of childhood obesity. We've asked our early years partnership to promote physical activity and healthy eating in the postnatal period, particularly for those who are overweight/obese. We want to increase uptake of Healthy Start Food Vouchers (available to families on income benefits). We will be working with fast food takeaways to provide a healthier offer and with supermarkets to make the healthier choice the easier choice. We will be supporting the Naturally Birmingham bid and emerging policy to utilise our green environment to improve physical activity and mental wellbeing.	Against the England benchmark of increasing rates, the target we propose would be to maintain or reduce the gap in childhood excess weight between Birmingham and England. We want to reduce the gap in childhood obesity rates across the City.

7.3 *Supporting the mental and physical health of our most vulnerable children*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
There is strong evidence linking poverty and socio-economic disadvantage with poor health outcomes. More than 1 in 4 children in Birmingham lives in poverty, significantly higher than in England as a whole (16.7%). In Birmingham 78,805 children under the age of 19 live in a low income family, higher than in any other local authority in England. In addition to poverty and socio-economic disadvantage, our most vulnerable children are those who are experiencing or have experienced: • Domestic Violence • Homelessness • Neglect • Parents with substance misuse • Serious Mental Health Conditions • Learning Disabilities Multiple adverse experiences in childhood can result in significant adverse impacts in later stages of the life course. Research shows that groups of children who have had more of these adverse experiences will suffer from worse health and wellbeing.	A Birmingham Health and Wellbeing Board Task and Finish group has explored opportunities to prevent the impact of adverse childhood experiences and developed a prevention framework prompting action in all three prevention domains: Primary prevention: improving opportunities for healthy living and addressing poverty. Secondary prevention: identifying early signs of developmental delay and/or behaviour changes; early identification of struggling families; family focussed specialist services. Tertiary prevention: enquiry into previous adverse experiences in adult and child substance misuse services.	We want to support early years providers to promote physical activity and healthy eating in our Startwell programme. They will also promote good oral hygiene and early nutritional habits to reduce the likelihood of dental caries in children. We want to increase the uptake of Healthy Start Vouchers in families on income benefits. We want to build an evidence base for a "Daily School Mile"; we will be supporting a randomised controlled trial in 40 Birmingham Primary Schools to understand the impacts. We want to understand the impact of adversity in childhood and ensure that our early years providers incorporate this across the system.	Health inequalities – reducing the gap. 90% of all babies and children receive universal checks. Increase in number of children ready to learn at age 2 (as measured via the 2/2.5 yrs. development check) Increase the proportion of children ready for school at the end of Foundation Stage.

8 Priority 2: Working age adults

8.1 *Supporting workplaces to improve their employee wellbeing offer*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
There is a mounting weight of evidence that investment in employee wellbeing can improve the productivity and cost-effectiveness of organisations and society at large. The benefits extend beyond the employee adding value to organisations by increasing productivity and profitability. Organisations which have more favourable indicators of staff wellbeing (e.g. in relation to bullying, harassment and stress) have lower staff turnover, less agency spend, higher patient satisfaction better attendance and better outcome measures. The National Institute for Health and Care Excellence (NICE) estimates that implementing interventions to promote staff wellbeing could save employers between £130 and £5,020 per participating employee by reducing absence or illness at work.	The West Midlands Combined Authority (WMCA) has developed a workplace commitment and toolkit to improve employee wellbeing in the Region; this commitment covers a wide range of areas such as health and safety, manager training, physical activity, active travel, healthy eating and drinking.	We will work together across the Sustainability and Transformation Partnership (STP) to improve the staff health and wellbeing offer to support each other's staff. We will adopt a common engagement standard to promote best practice in how we engage with staff and respond to their wishes and feedback. We will make mental health first aid widely available within workforce training and ensure our managers have the skills to support staff with mental health problems. We will work to ensure that canteens and food available to staff encourage healthy choices and cut down on high fat, sugar and salt content, and that we make available a range of structured exercise options for staff. We will support the WMCA Thrive at work agenda.	We want to achieve a reduction in staff absenteeism. We want to increase staff satisfaction and wellbeing.

8.2 *Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
The top three causes of early death in Birmingham are Coronary heart Disease (CHD), lung cancer and alcoholic liver disease. The risk of getting and dying from these conditions can be reduced by stopping smoking, reducing alcohol intake and increasing physical activity. In Birmingham less than two thirds (62.4%) of adults (aged 19+) meet the recommended levels of physical activity (150+ moderate intensity equivalent minutes per week) (2016/17); (England average 66%).	Many Public Health challenges—including preventable diseases, smoking, and mental ill-health—are more often behavioural and sociological than medical in nature. The reason behind this is that they often arise from behaviours that are underpinned by social and structural determinants. In order to effectively prevent poor health, we need an approach that takes account of the whole person, social context and wider aspects such as education, employment, social norms and the built and online environment. This would be a comprehensive systems approach that draws on multiple behavioural and social sciences, including psychology, behavioural economics, sociology and anthropology.	There are a wide range of evidence based preventative interventions to promote behavioural change towards healthier lifestyles: • Brief advice on physical activity in clinical care (via Acute Trusts and Clinical Commissioning Groups) • Increase active travel; develop active travel plans • Evidence based exercise programmes • Campaigns such as Start4Life, Change4Life and One You • Evidence based weight management services In addition, we want to increase the number of behavioural change programmes and interventions that are underpinned by evidence and share this learning across the system.	Develop skills and competencies to commission and deliver behavioural change interventions and programmes underpinned by behavioural and social science theory and evidence.

8.3 *Supporting the mental and physical health of our most vulnerable adults*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
A nationwide mapping exercise undertaken by Lankelly Chase looked at individuals affected by Multiple and Complex Need – those individuals experiencing two or more of homelessness, substance misuse and offending behaviour simultaneously. Birmingham falls in the top 20 local authorities with the highest incidence of individuals with multiple and complex need at two to three times the national average. The estimated totals for Birmingham and Solihull are: 6,700 individuals experiencing two of homelessness, offending and substance misuse; 2,000 individuals experiencing all three of homelessness, offending and substance misuse; and 1,000 individuals experiencing all three as well as mental health problems.	We can offer targeted services, such as health checks and other preventative services to promote wellbeing and early identification of symptoms for high risk groups, such as people with diabetes, mental illness or learning disabilities. We can reduce stigma around mental health and improve access through early intervention services.	The National Health Checks programme is a universal offer to over 40-74 year olds without a diagnosis of a vascular condition to assess their risk of developing the condition in the next 10 years. We will make sure that this service is targeted towards those communities at higher risk, for example through socio-economic disadvantage and mental health. We will be developing a Suicide Prevention Strategy with our partners to help deliver the West Midlands Combined Authority's "zero suicide" ambition. We will be developing an Autism Strategy for Birmingham.	Health inequalities – reducing the gap.

9 Priority 3: Ageing Well

9.1 *Reducing Social Isolation*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Birmingham is performing significantly worse than the England average, core cities and West Midlands Combined Authority average but is better than its statistical neighbours on the following indicators: % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey (2016/17) Birmingham: 37.3 (32.8, 41.8); England: 45.4 % of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey (2016/17) Birmingham: 28.3 (23.8, 33.3); England: 35.5	Carers assessments are now undertaken by a voluntary organisation leading to improved outcomes. Further work could be done to have a specific focus on social isolation. Commissioners can include a reduction in social isolation as an outcome measure for strengthening community assets through the Neighbourhood networks.	Utilise social assets including green space. We can ensure that the process for carers to access support including for social isolation is made simple, quick and easy. Through the use of information, advice and guidance we can better signpost citizens to local opportunities for social contact Target those who suffer from social isolation who may experience fear of crime and are less active. This group create a greater demand for adult social care, mental health services and acute healthcare. Create opportunities for connecting people with similar needs - groups can offer simple, practical, local support and opportunities for isolated people to meet others in their local area.	Reducing social isolation in adult social care service users and adult carers. Empowering those with health issues to co- produce their own social prescription. If they play a part in the decision making process we hope the solution will be more sustainable and meet other needs such as social interaction. Engage with people who have social, emotional or practical needs to help them find and design their own personal solutions. Empowering individuals and connecting them with others who suffer similar issues should assist in achieving long term sustainable solutions.

9.2 *Proving system wide information, advice and support to enable self-management*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Providing system wide information, advice and support is a key requirement of the Care Act. Enabling self-management supports preventing, reducing and delaying dependency and maximising the resilience and independence of citizens; their families and the community.	We can influence the quality and accessibility of information and advice available.	We want to develop a comprehensive Information Advice and Guidance (IAG) offer with multiple methods of access (online, social media, paper based, face to face etc.). We want to develop a community directory and market place for information, advice and guidance. Where citizens are able to access information on local activities and community groups as well as identify and purchase products and services. We want to provide a single point of contact for people and agencies inside and outside the locality. We want to promote and increase the use of existing services in the voluntary and community sector.	Citizens are able to self-serve. Reduced levels of need due to being aware of how to access preventative support locally – achieved through better Information Advice and Guidance.

9.3 *Developing community assets*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
All communities have strengths or 'assets' that they can contribute to developing local health and wellbeing initiatives. Community assets include not only buildings and facilities but also people, with their skills, knowledge, social networks and relationships.	Local communities and commissioners can work together to recognise these assets, building an initiative from a positive basis rather than solely focusing on the problems and needs of communities, which may risk limiting the possibilities for change.	We can make sure that mechanisms are in place to enable members of the local community to get involved with identifying skills, knowledge, networks, relationships and facilities within the community. We will make sure that our Joint Strategic Needs Assessment includes an assets based assessment of need. Develop our social prescribing offer with partner agencies including strengthening links to green space. We want to echo the Social Care "three conversations" approach to community assets: 1. Understanding what resources and support help people live independently. 2. Understanding what assets are available to support intensive work in a crisis. 3. Understanding what resources, connections and support enable people to live their chosen life.	Community members are recognised as assets and feel valued by commissioners. Local communities and commissioners work together to recognise existing assets that health and wellbeing initiatives can be built on.

9.4 *Supporting the mental and physical health of our most vulnerable older adults*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
There is strong evidence linking poverty and socio-economic disadvantage with poor health outcomes.	We can offer targeted services, such as health checks and other preventative services, to promote wellbeing and early identification of symptoms for high risk groups, such as people with diabetes, mental illness or learning disabilities. We can reduce stigma around mental health and improve access through early intervention services.	We will be developing a tool to predict the future need for Adult Social Care. We want to introduce a holistic approach to managing mental and physical health.	Achieve an improvement in mortality rates of people with a mental health condition.

10 Priority 4: Healthy Environment

10.1 *Improving air quality*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Children in high pollution areas are four times more likely to have reduced lung function when they become an adult. The fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5) is: Birmingham: 6.2% England: 5.3%	We can work with schools and communities to understand the impact of air quality on children's health. We can work with partners to enable cleaner ways to travel. We can champion the development of Green Travel Districts to improve air quality, transport safety and physical exercise. We can support flexible or home working and cycling to work, where practical, to prevent unnecessary journeys and emissions and to improve staff productivity and wellbeing.	We will work with partners to develop Air Quality Improvement plans and proposals in Birmingham. We will advocate for NOx tubes so that we can monitor air quality outside schools. We will embed air quality into the planning of the Commonwealth games. We will work with partners across the Sustainability and Transformation Partnership (STP) to improve air quality in our City. We will work in partnership to supporting the development of an evidence base around the impact of air quality on health and wellbeing outcomes.	We want to achieve a reduction in poor air quality exposure.

10.2 *Increasing the health gains of new developments and transport schemes*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
We have the opportunity to create health promoting places to live which promote social interaction; are inclusive; safe and accessible and support healthy lifestyles.	Planning policies and decisions should consider the social, economic and environmental benefits of estate regeneration. Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities. We should also be considering sustainable transport and active travel at the earliest stages of new developments so that opportunities to promote walking, cycling and public transport use are identified and pursued and that the environmental impacts of traffic and transport infrastructure are minimised. We should be using the Local Authority's planning powers to help deliver estate regeneration to a high standard. We can encourage Health Impact Assessments for all new developments.	We have created Birmingham City Council's Developer's Toolkit to influence changes in the built environment to improve health. Support the development of the Birmingham Design Panel. Share learning from Birmingham Design Panel with other areas. We will embed active travel and air quality into the planning and delivery of the Commonwealth games. We will be supporting the use of Health Impact Assessments in new developments such as Langley and Peddimore.	Health promoting environments.

10.3 *Health protection assurance and response including screening, immunisation and communicable diseases*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
National vaccination programmes are commissioned by NHS England – these include childhood vaccinations, annual influenza and the Human Papilloma Virus (HPV) programme. These vaccinations are mainly delivered in General Practice (GP) Surgeries in primary care and are overseen by Public Health England and NHS England. In Birmingham population vaccination coverage is significantly worse than the England average, other large cities and other West Midlands areas for shingles, flu, and childhood vaccines such as measles, mumps and rubella (MMR). MMR is a safe and effective combined vaccine; the national target for MMR vaccination coverage in the population is 95%. In Birmingham the average take up is 82.9% however this hides huge variation across GP practices where uptake ranges from 20-100%.	The Royal College of Paediatrics and Child Health's State of Child Health report suggests several actions to improve vaccination uptake: • Robust data collection and follow up. • Recognise social factors affecting vaccine uptake. • Further research into methods to improve vaccine uptake amongst families who make a conscious decision not to vaccinate their child. • All child health professionals to improve vaccination rates and if necessary to signpost families to register their children with a GP.	We will continue to monitor vaccination uptake via our Health Protection Forum - seeking assurances on delivery and holding the relevant organisations to account for delivery. We recognise that Practice based variation in uptake exists but we want to be able to understand the barriers to uptake across demographic groups.	Reduce variation and increase uptake in vaccination uptake across the City.

11 Maximising the public health gains from hosting the Commonwealth Games

Birmingham City Council has set out the vision that Birmingham should be a great city to grow up in, live in and grow old in, recognising health and wellbeing within this.

The Birmingham Commonwealth Games in 2022 gives a unique opportunity to make this vision real and use the games as a catalyst for a long term health legacy. This legacy has the potential to be far reaching including improving mental health and wellbeing, creating healthier environments that encourage physical activity, building skills and community cohesion, and forging new lasting partnerships and ways of working between the organisations responsible for delivering the games.

Public Health and partners are already working in areas that will contribute towards maximising the Public Health gains of hosting the Commonwealth Games, for example reconnecting communities with their environment and building in air quality and active travel into operational requirements for the Games.

We will seek opportunities for promoting the sustainability of the Games through better decision making and to reduce the impact on the environment in the long term.

The design of residential flats and houses in the Athlete's village and the transport schemes to move people around during the Games will have a long term impact on health. There is the opportunity for these developments to connect to the legacy of the Games, and as the schemes progress there will be many opportunities to show how they can be developed to best impact on health.

The Local Authority and partner agencies will minimise risks to population health by making sure there is an appropriate health protection response to communicable diseases and by improving accessibility of health services during the Games.

Construction of facilities can increase noise and air pollution as well as increase traffic injury risk or other occupational injuries. Some of these are managed by the construction companies but local communities can also be involved to work out the best ways to mitigate risks.

Birmingham Public Health

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