Birmingham Joint Health and Wellbeing Strategy

Creating a Bolder, Healthier City 2022-2030

Our vision

To create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.

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Foreword

Cabinet Member for Adult Health and Social Care

For far too long Birmingham has been impacted by inequalities affecting our citizens' health. Pre-pandemic Birmingham had significantly high health inequalities already with a 10-year gap in life expectancy within some of our inner-city areas compared to the more affluent outer city areas.

The devastation from the COVID-19 pandemic has only worsened our city's health. Across Birmingham, many are suffering from long Covid, bereavement and worsened outcomes for people with long-term health conditions. The economic impact of people losing their jobs has consequently limited their options to make healthier choices.

As the Cabinet Member for Health and Social Care, Chair for Birmingham Health and Wellbeing Board, and with a background in healthcare, I have worked in Local Authority to improve the unjust and preventable health differences that have left our communities with poorer health outcomes.

The way we change the unfairness is focussing primarily on the work of the Health and Wellbeing Board to reduce health inequalities. This will involve action from the board members involving political, clinical, professional and community leaders from across the care and health system to come together to improve the health and wellbeing of our local population.

So, in response to the last 18 months, previous consultation insight, including citizens, partner organisations and national policy changes, we have listened, consulted, and co-produced the Joint Health and Wellbeing Board Strategy: 'Creating a Bolder, Healthy City'.

The approach sets out our clear and bold ambitions over the next eight years (2022-2030), based on a series of core themes across the life course. It will include the key actions, indicators to measure our progress, and the leadership required to achieve our ambitions. Addressing some of the critical challenges Birmingham faces to tackle health disparities and mitigate the legacy of the COVID-19 pandemic.

The reach of this strategy will be relevant across Birmingham from members of the public, health care professionals, academics, and our voluntary sector. The way to tackle health inequalities is through a collaborative approach. It is now for us as leaders to work together through the Health and Wellbeing Boards, the new Integrated Care System Partnerships for our Birmingham communities, to deliver this ambitious 'Creating a Bolder, Healthier City' strategy.

We want Birmingham to be a city where every citizen, wherever they live and at every stage of life, to be able to make choices that empower them to be happy and healthy. We are grateful for the honesty, contribution, and insight of all of those who have shared their experiences through the development of this strategy. We must be committed to a better future for our citizens, and we must work together to seize every opportunity set out in this strategy to make Birmingham healthier for all.

Councillor Paulette A Hamilton

Cabinet Member for Adult Social Care and Health

Chair Birmingham Health and Wellbeing Board

Joint Birmingham City Health and Wellbeing Strategy on a Page

Creating a Bolder, Healthier City (2022-2030)

Our Vision

To create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.

Our vision is underpinned by **four key principles** that require strong partnership and collaboration across the local system. We need all stakeholder groups and their partners forging ahead together to achieve successful delivery.

- Citizen-driven and informed by citizens' lived experience
- Consciously focused on reducing inequalities through promoting equality, diversity and inclusion
- Data and evidence-informed and research-enabled action
- Impact of COVID-19 pandemic mitigated as part of our legacy work

Our five core themes within the Strategy set out our local priorities:

1. Healthy and Affordable Food
2. Mental Wellness and Balance
3. Active at Every Age and Ability
4. Contributing to a Green and Sustainable Future
5. Protect and Detect

There are three encompassing life course themes:

- Getting the Best Start in Life
- Living, Working and Learning Well
- Ageing Well and Dying Well
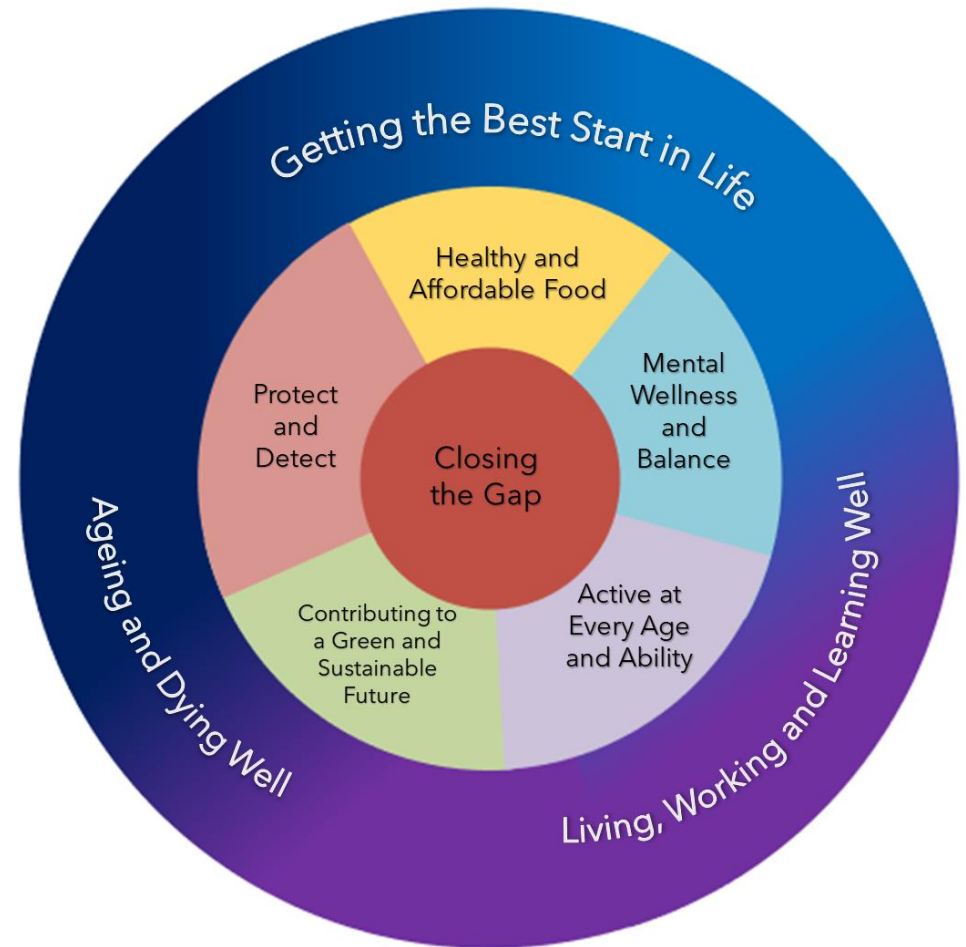
Introduction

People living in Birmingham experience challenges every day that directly and indirectly impact their health and may lead to far-reaching consequences that may limit their independence and autonomy. It is well understood that health and disease are predominantly the result of the wider determinants of a person's life rather than genetics or age.[1] Factors such as poverty, education, housing, employment and the environment in which we live, work and play all impact our health and wellbeing.

Health inequalities permeate our communities. The effect of social, economic, and environmental factors known as the 'causes of the causes'[2], or wider health determinants, are significant contributors to people's overall lifetime health from birth to death. Consequently, adverse events and exposures that persist in our communities from childhood may impact developmental milestones, education, employment and life chances. They remain less noticeable than disease, thereby leading to growing health inequalities.

Most health inequalities are driven by factors outside our National Health Service (NHS). By the time the health aspects of inequality reach the NHS, they are likely embedded. The challenge of rebalancing and mitigating ill health is significantly more complex than if the intervention had occurred earlier.

Creating a Bolder, Healthier City (2022 to 2030) aims to focus our local effort upstream by tackling the structural barriers and transforming our citizens' quality of life and health outcomes. In addition, reducing health inequalities experienced by those already living with chronic ill-health is paramount. It will be achieved by shaping a healthier environment and fairer opportunities for citizens to live affordable, sustainable, and enjoyable healthy lives. Birmingham will be a city that enables them to reach their potential and aspirations at every age.

Our statutory health and wellbeing strategy will be overseen through the Birmingham Health and Wellbeing Board. Working as a partnership across the city at citizen, community, local and regional levels, the Board and its partners will collaborate to create environments that enable healthier lives. This will be achieved by focusing on five core themes and the life course. The Strategy purposely addresses the urgent need to mitigate against the impact of the ongoing COVID-19 pandemic on our citizens' lives and the need to continuously create and drive a culture of equality, diversity, and inclusion. It aims to close gaps and reduce inequalities at pace and scale across the city. The Health and Wellbeing Board fora will be tasked to demonstrate progress on these priorities through their action plans.

To attain their potential, we must value our citizens by offering genuine equal opportunities across the city, such as housing, employment, and education. Communities can proactively lead the local effort to make our city bolder and healthier for all.

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[1] 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

[2] https://www.instituteofhealthequity.org/in-the-news/articles-by-the-institute-team-/inclusion-health-addressing-the-causes-of-the-causes---the-lancet-

Statistics will be presented as infographics

Health Inequalities in Birmingham

Tackling health inequalities requires commitment and multi-agency action. Our approach must be rooted in people's lived experiences and be shaped from the onset with involvement from local communities of place, identity and interest.

Inequalities between different areas can reflect differences in assets and deficits or barriers. This can include variations in access to greenspace, quality housing, more or less comprehensive healthcare, levels of poverty and language barriers.

Some of the inequalities within the city are described below.[3]

Inequalities between Birmingham, West Midlands and England

- Males born in Birmingham can expect to live 58.5 years in good health (healthy life expectancy). This is lower than the West Midlands (61.5 years) and England (63.2 years).[4]
- Females born in Birmingham can expect to live 59.3 years in good health (healthy life expectancy). This is lower than the West Midlands (62.6 years) and England (63.5 years).[5]
- Deaths due to cardiovascular disease (2018-20) in Birmingham were 57.3 (per 100,000 population) compared to 43.4 for England and 47.0 for the West Midlands.[6]
- Deaths due to smoking in Birmingham (2018-20) were 274.8 (per 100,000 population), which is higher than England (250.2) and the West Midlands (249.3).[7]
- 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).[8]

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[3] Birmingham City Council Public Health (Locally calculated rates based on ONS/NHS Digital sourced data).

[4] Public Health England (based on ONS source data): https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000005/ati/102/are/E08000025/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[5] Public Health England (based on ONS source data): https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000005/ati/102/are/E08000025/iid/90362/age/1/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[6] 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.

[7] 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.

[8] 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.

- COVID-19 mortality rates for people younger than 65 were 3.7 times higher in England's most deprived areas than the least deprived areas between March 2020 and March 2021.[9]

Inequalities within Birmingham

- There are ten-year differences in life expectancy between some of the 69 wards across the city. There is:
  - A twelve-year difference between life expectancy at birth for males in Heartlands (71.8 years) compared to Sutton Four Oaks (83.8 years).[3]
  - A nine and a half year difference between females' life expectancy at birth in Heartlands (76.9 years) compared to Sutton Reddicap (86.4 years).[3]
- In Nechells, the rate of death from coronary heart disease is over 2.5 times higher than the rate in Sutton Roughley.[3]
- The incidence of breast cancer in Rubery and Rednal is 2.8 times that of Lozells.[3]
- Rates of excess weight for children in reception class are 1.7 times higher in Kings Norton South than in Sutton Trinity. In Year 6, the rates in Handsworth are 2.2 times higher than Sutton Trinity.[3]
- Hospital stays for self-harm in Druids Heath and Monyhull are four times the rates in Sutton Wylde Green.[3]

Inequalities: Core themes

Theme 1: Healthy and Affordable Food

- Obesity (including severe obesity) in children in Year 6 (2019/2020) in Birmingham is 25.5% and in England is 21.0%.[10]
- The percentage (%) of adults regularly eating '5-a-day' (2019/20) in Birmingham is 52.60%, and in England, it is 55.40%.[11]

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[9] 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.

[10] Fingertips Public Health Profiles https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/90323/age/201/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[11] Fingertips Public Health Profiles https://fingertips.phe.org.uk/search/eating#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/93077/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Theme 2: Mental Wellness and Balance

- The percentage (%) people reporting depression and anxiety in Birmingham (2016/17) was 14.6%, while the England average was 13.7%.[12]

Theme 3: Active at Every Age and Ability

- The percentage (%) of adults who are physically inactive in Birmingham (2019/2020) is 28.90% compared to England 22.90%.[13]

Theme 4: Green and Sustainable Future

- The fraction of mortality attributable to particulate air pollution (2019) is 5.80% in Birmingham, and in England, it is 5.10%.[14]

Theme 5: Protect and Detect

- The MMR vaccine (against measles, mumps, and rubella) for 2-year-olds (one dose) in Birmingham is 85.70% compared to England at 90.60% (2019/2020).[15]
- The uptake of the national breast screening programmes (2019) in Birmingham is 68.20% compared to England at 74.50%.[16]

Inequalities: Life course

Getting the Best Start in Life

- Birmingham's infant mortality rate is 7.0 (deaths per 1,000 live birth) compared to 3.9 for England and 5.6 for the West Midlands (2017-2019).[17]
- 28.1% of Birmingham children live in low-income families, compared with 17.0% nationally (2016).[18]

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[12] Fingertips Public Health Profiles
https://fingertips.phe.org.uk/search/depression#page/4/gid/1/pat/6/ati/102/are/E08000025/iid/90647/age/168/sex/4/cid/4/tbm/1/page-options/car-do-0

[13] Fingertips Public Health Profile https://fingertips.phe.org.uk/search/physically%20inactive

[14] Fingertips Public Health Profile
https://fingertips.phe.org.uk/search/pollution#page/4/gid/1/pat/6/ati/102/are/E08000025/iid/30101/age/230/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[15] Finger tips Public Health Profile
https://fingertips.phe.org.uk/search/mmr#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/30309/age/31/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[16] Fingertips Public Health Profile
https://fingertips.phe.org.uk/search/screening#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/22001/age/225/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[17] Public Health England. 2021. "Birmingham Child Health Profile."

[18] Gibbon and Griffith. 2020. "Infant mortality in Birmingham – the headline figures." Public Health England. December. Accessed July 30, 2021. https://bit.ly/3h6wGps.

Living, Working and Learning Well

- The percentage (%) of adults aged 40-64 years with Type 2 Diabetes (2018/19) in Birmingham and Solihull (BSol) is 47.2%, compared to England which is 43.0%[19]
- Smokers that have successfully quit at four weeks (2017/18) in Birmingham is 1,627 (per 100,000 population) compared to England which is 2,070.[20]

Ageing and Dying Well

- Women at 65 years old in Birmingham are expected to spend 8.5 years of their life in good health. This is 2.6 years less than the England average (11.1 years).[21]
- Men at 65 years old in Birmingham are expected to spend 6.9 years of their life in good health. This is 3.7 years less than the England average (10.6 years).[22]

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[19] Fingertips Public Health Profile
https://fingertips.phe.org.uk/search/Type%202%20Diabetes#page/1/gid/1938133107/pat/159/par/K02000001/ati/15/are/E92000001/iid/93209/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/eng-vo-1.

[20] Fingertips Public Health Profile
https://fingertips.phe.org.uk/search/smoke#page/1/gid/1938132792/pat/159/par/K02000001/ati/15/are/E92000001/iid/1211/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/eng-vo-1

[21] Fingertips Public Health Profile
https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/15/ati/402/are/E08000025/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

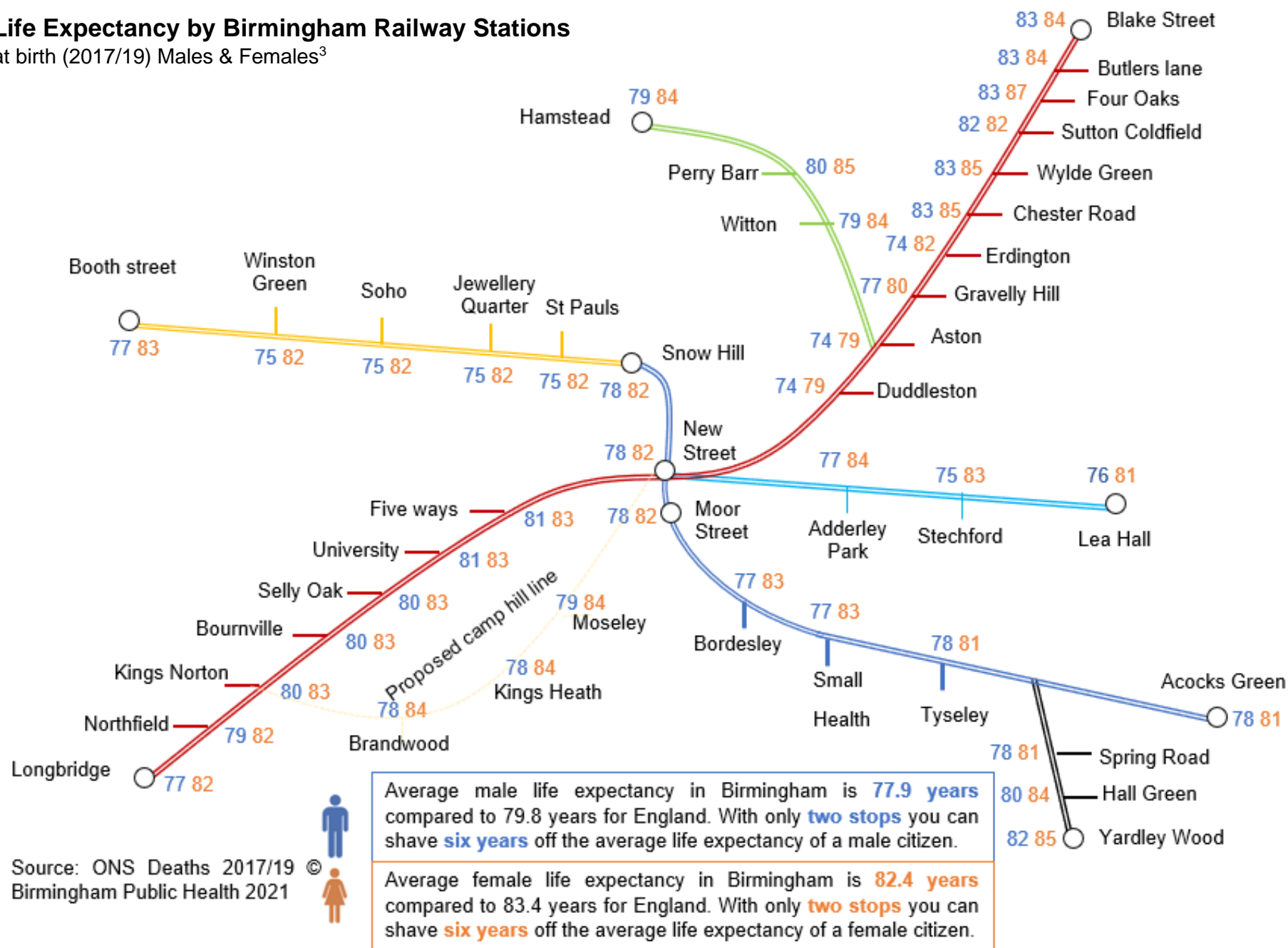[22] Fingertips Public Health Profile
https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/15/ati/402/are/E08000025/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

Life Expectancy by Birmingham Railway Stations
at birth (2017/19) Males & Females[3]

83 84 — Blake Street

83 84 — Butlers lane

83 87 — Four Oaks

82 82 — Sutton Coldfield

79 84 — Hamstead

80 85 — Perry Barr

83 85 — Wylde Green

83 85 — Chester Road

79 84 — Witton

74 82 — Erdington

77 80 — Gravelly Hill

74 79 — Aston

74 79 — Duddleston

Booth street

Winston Green

Soho

Jewellery Quarter

St Pauls

77 83

75 82

75 82

75 82

75 82

78 82 — Snow Hill

78 82 — New Street

77 84 — Adderley Park

75 83 — Stechford

76 81 — Lea Hall

78 82 — Moor Street

Five ways — 81 83

University — 81 83

Selly Oak — 80 83

Bournville — 80 83

Kings Norton — 80 83

Northfield — 79 82

Longbridge — 77 82

Proposed camp hill line

79 84 — Moseley

78 84 — Kings Heath

78 84 — Brandwood

77 83 — Bordesley

77 83 — Small Health

78 81 — Tyseley

78 81 — Acocks Green

78 81 — Spring Road

80 84 — Hall Green

82 85 — Yardley Wood

Average male life expectancy in Birmingham is **77.9 years** compared to 79.8 years for England. With only **two stops** you can shave **six years** off the average life expectancy of a male citizen.

Average female life expectancy in Birmingham is **82.4 years** compared to 83.4 years for England. With only **two stops** you can shave **six years** off the average life expectancy of a female citizen.

Source: ONS Deaths 2017/19 ©
Birmingham Public Health 2021

Closing the Gap

The health inequalities identified across Birmingham need to be prioritised and urgently addressed at the individual, community and local level to achieve our goal.

'Closing the gap' provides an overarching goal by highlighting specific areas of focus that cut across the city. It directs the system to focus on a principal target that brings together the priorities set out within this Strategy making this the central focus of all we do locally.
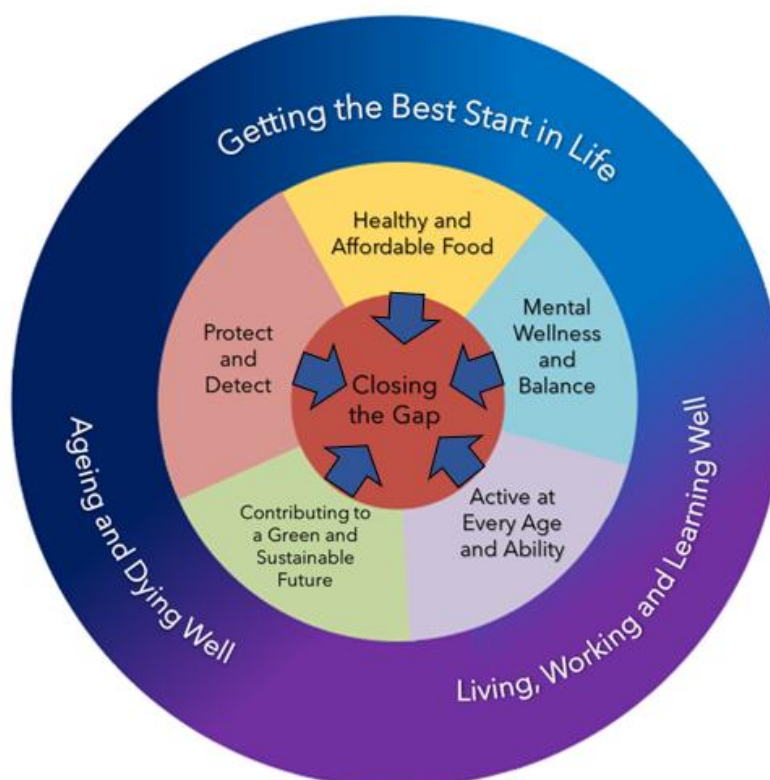
Understanding existing barriers, challenges, and people's lived experiences

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. We will focus on specific actions to address those health inequalities linked to poverty and marginalisation and dedicate specific resources and effort to addressing these in more detail.

The Director of Public Health Annual Report, *Complex, Lives, Fulfilling Futures*, highlighted the challenges that adults living with multiple and complex needs face. It reflects on how we can inspire action as a partnership across Birmingham to support all our citizens to thrive.[23]

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

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[23] Birmingham City Council Public Health. 2020. "Complex Lives, Fulfilling Futures - Director of Public Health Annual Report."

issues. For some citizens, these experiences are intermittent or transient, and for others, these are challenges that last a lifetime.

We will support the Birmingham Levelling Up Strategy[24] to tackle disparities in our city. We recognise that we cannot '*level up'* without challenging deep and structural inequalities. The Board will support this approach to address poor health outcomes and improve the life chances of our citizens.

We will work in partnership to better understand and increase our knowledge of our communities. We will achieve this by building on existing innovations across the city, working with these communities, such as the Birmingham Poverty Truth Commission.

Mitigate the Legacy of Covid-19

The Strategy also incorporates the learning and experience from the local response to the COVID-19 pandemic and an ongoing commitment to equality, diversity, and inclusion. The Covid-19 pandemic shone a harsh and relentless light on inequalities as the pandemic disproportionately impacted our most challenged and disadvantaged communities.

As of January 2022, 1.3 million people (2.1% of the population) in the UK were experiencing self-reported long COVID.[25] In 2021, a study found that one in six middle-aged people and one in thirteen younger adults with COVID-19 report long Covid symptoms.[26] The impacts of 'long Covid' are still emerging. It will require new pathways of care and support across the health and social and community and voluntary sector, in addition to a positive and supportive response from the education and employment sector to support individuals affected.

Responding to the COVID-19 pandemic has informed the development of this strategy. We have learned from communities and partners in the private, public, academic, and voluntary sectors.

Equality, Diversity and Inclusion

The Strategy enables the Health and Wellbeing Board to maintain the values of equality, diversity and inclusion. These values are at the centre of our ambitions, actions, and leadership to tackle the inequalities in our society. Both health and disease outcomes and opportunities are often conditional on a series of factors. Our approach will focus explicitly on legally protected characteristics and specific identities of experience. There are nine protected characteristics as described in the Equality Act 2010. These are Age, Gender Identity, Sex, Race, Sexual Orientation, Religion and Belief, Disability, Pregnancy and Parenthood, Marriage and Civil Partnership.

We recognise that these do not exist in isolation. Many people possess more than one minority characteristic, making the inequalities they face even greater. The communities are woven by

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[24] Birmingham City Council:
https://www.birmingham.gov.uk/downloads/download/4537/birminghams_levelling_up_strategy.

[25] ONS: Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/3february2022

[26] 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.

threads, including identities and experiences. Our communities of identity, interest and place comprise people with their lived experience.

The COVID-19 pandemic exposed and exacerbated existing inequalities, including the disproportionate impact on people from minority communities, particularly ethnic and disabled communities, and many other communities of experience. The Board will act in a cross-cutting way through the delivery of the themes set out in the Strategy. We will continue to learn from and build on specific projects which use targeted approaches to understand these inequalities and respond to them. This includes the Birmingham Poverty Truth Commission, Veterans Deep Dive, Birmingham and Lewisham African and Caribbean Health Inequalities (BLACHIR) Review. We support Birmingham City's Council's commitment to tackling inequality in Everyone's Battle Everyone's Business.[27]

Targeting Specific Health Inequalities

The Board recognises the link between this framework and the emerging priorities of the NHS Integrated Care System (ICS) and the responsibilities and strategies of the Police and Crime Commissioner. This is alongside their duty to address inequalities in consultation with other public sector, business, academic and community partners.

Each lead partnership organisation has a responsibility to address local health inequalities explicitly as part of the Strategy's implementation. This will be monitored through the Health and Wellbeing Board.

Five key areas of inequalities targeted through the development and delivery of the Strategy and chosen by the Board are;

- Inequalities linked to deprivation
- Inequalities affecting disabled communities
- Inequalities affecting inclusion groups (e.g. people experiencing homelessness)
- Inequalities affecting different ethnic communities
- Inequalities of locality (I.e. variation/inequalities between wards)

> *"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."*

Quote from a participant in Birmingham Healthwatch report into experiences of Somali people

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[27] Birmingham City **Council**. **Everyone's Battle Everyone's Business** – together we will tackle inequalities. Equality Strategy and Action Plan 2021 - 2023

Co-production Methodology

This Strategy has been shaped and formed over the last three years by drawing on input and engagement from both citizens and partner organisations and applying national policy changes.

Community Engagement

We undertook several engagement activities to help us identify the key priorities and better understand the needs of our citizens.

Community engagement and involvement of various stakeholders enabled the voices, views, and insights to be used throughout the Strategy. This joint Strategy must continually reflect and be delivered based on our learning from the lived experiences of our citizens. Recent examples of local work have reinforced the importance of engagement in the development of this Strategy.

In 2019, we held a public consultation on public health priorities for the city. We received strong support for addressing health inequalities upstream of drivers of illness and disease, in addition to reducing the inequalities affecting those already living with the burden of ill health.[28] This led to the creation of four new sub-groups of the Health and Wellbeing Board to complement the existing Health Protection Forum. They are the multi-agency and multidisciplinary Health and Wellbeing fora:

1. Creating a Healthy Food City Forum
2. Creating a Mentally Healthy City Forum
3. Creating an Active City Forum
4. Creating a City Without Inequalities Forum
5. Health Protection Forum

Thematic Approach

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 (2022-2030)* has five core themes developed through consultation, engagement, and research. Four of the five core themes in the Strategy align with those Health and Wellbeing Board fora. The themes are:

1. Healthy and Affordable Food (Creating a Healthy Food City Forum)
2. Mental Wellness and Balance (Creating a Mentally Healthy City Forum)
3. Active at Every Age and Ability (Creating an Active City Forum)
4. Contributing to a Green and Sustainable Future (led by our partners including the City of Nature Board)
5. Protect and Detect (Health Protection Forum)

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[28] 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.

The Health and Wellbeing Board supports a life course approach, which is reflected in the Strategy. Therefore, the five core themes are complemented by the life course, split into three life stages.

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

The purpose of the Strategy is to provide a framework that the whole council, ICS and other partners will implement through subsequent strategies, commissioning and action plans. The Strategy aims to be concise and purposeful and will signpost to various examples of relevant work across the system. We have been exploring topics and themes in more depth and translating these into deliverable ambitions. We have identified clear actions which have been locally agreed.

Our Core Themes

1. Healthy and Affordable Food

Birmingham is a diverse, global, vibrant city with more than a million citizens, many of whom face challenges accessing affordable, healthy, sustainable food. Food insecurity is associated with poorer diets which can lead to negative health outcomes. Structural barriers, including poverty and deprivation, exist and prevent many people from accessing healthy food.

Unhealthy or inadequate consumption of healthy food negatively impacts physical and mental health.[29] Obesity (including severe obesity) in children in Reception in 2019/2020 was 10.9% in Birmingham, slightly higher than the national picture for England at 9.9%.[30] The pandemic has revealed how fragile food security is, as many families rely on the furlough scheme during the pandemic. In 2021, the uptake of healthy start vouchers in eligible families in Birmingham was 72%, in the West Midlands, it was 59%, and in England, it was 56.8%.[31] People have had limited access to food in the most deprived areas within the city. Some do not have a supermarket within a 15 minute walk.

Food systems contribute millions to the city's economy. The food system spans growing food, transforming food, transporting it and selling it in raw, transformed and cooked forms, in addition to recycling and waste. This system manifests itself in all our lives, from growing tomatoes in window boxes to the restaurants and takeaways 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, we will focus on reducing inequalities associated with food poverty and ensure that access to good quality food choices is as equitable as possible. We also want the food we eat to be ethically, safely produced, and environmentally sustainable. The food economy is vibrant, reflecting the diversity of our communities. We want Birmingham's economy to be financially successful and sustainable. We want it to contribute to a circular economy for food that reduces waste, increases valuable employment opportunities for local people, minimises environmental harm and maximises the local assets in our city and region.

Our ambitions are to work together to:

- Increase the uptake of Healthy Start vouchers in eligible families to at least 80% by 2027
- Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030
- Reduce the percentage (%) of 5yr olds with visually obvious dental decay to below 20% by 2030
- Increase the percentage (%) 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 by 2030

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[29] https://www.bda.uk.com/resource/food-facts-food-and-mood.html

[31] NHS Healthy Start Vouchers https://www.healthystart.nhs.uk/healthcare-professionals/

Leadership for Action

The Creating a Healthy Food City Forum and Public Health Division partners will lead this work, linking with other key partnerships such as the Birmingham Food System Strategy: Creating a Bolder, Healthier and More Sustainably Food City.

Key Actions

To achieve our ambitions, we will take the following actions:

- Implementation of the Healthy City Planning Toolkit.
- Consultation and implementation of the Birmingham Food System Strategy: Creating a Bolder, Healthier and More Sustainably Food City.
- Embed seldom-heard voices and other citizen voice into the activities of the Creating a Healthy Food City Forum.
- Strengthen and build upon local, national and international partnerships, i.e. local action groups, national Sustainable Food Places, city learning exchange partnerships, and international collaborations, including the Milan Urban Food Policy Pact (MUFPP).
- Maximise the healthy food benefits of the East Birmingham Corridor development.
- Maximise the benefits of the Food Poverty Core Group and Food Justice Network.
- Continue to develop working relationships with university partners and explore how we can better work in partnership to explore the needs of Birmingham citizens and communities.
- Understand what a healthy food system looks like and how this can be measured.

"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

2. Mental Wellness and Balance

Mental wellbeing is as important as physical wellbeing: there is no good health without good mental health. However, this aspect of health can fail to get parity.

Compared to England and the West Midlands region, Birmingham is disproportionately affected by poor mental wellbeing. Currently, it has a higher than average prevalence of depression and anxiety in adults.[32] It also has a much greater proportion of people (10.4%) self-reporting a low satisfaction score compared to England (6.1%) and the West Midlands (6.5%).[33] There are further inequalities within the city with more deprived wards reporting lower resilience and poorer mental wellbeing, particularly in children.[34] Equally, there are inequalities within certain communities, such as the LGBTQ+ community, who face an increased risk of suicide and self-harm.

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.[35] The impacts on mental wellbeing included bereavement, loneliness, and common mental health conditions, such as anxiety and depression. Some of these are the legacy of direct impacts of disease and illness, others due to the impacts of risk reduction restrictions and isolation. Equally, there was also an unequal impact with self-reported loneliness and anxiety being higher in older working age and respondents from ethnic minorities.[35]

Although the suicide rate in the city is relatively low, this should not lead to complacency. We must work together towards a shared ambition of zero deaths through suicide and zero admissions due to self-harm, particularly for children and young people. There are also unique challenges faced in Birmingham, such as investigating and developing the evidence of poor mental wellbeing stemming from experiences in the justice system or families affected by incarceration.

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. Still, by taking a public health approach to mental wellness and balance, we can support people to navigate these times successfully and continue a positive life journey. Balance is a broad term but, in this context, we are focused on behaviours that reflect addiction, especially smoking, alcohol and drugs. Equally, the key metrics that we will measure our success include reducing the overall prevalence of anxiety and depression through improving the wellbeing indicators, triple zero and smoking rates.

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[32] Public Health England, 'Public Health Profiles', Fingertips, Accessed: 04/02/2022
https://fingertips.phe.org.uk/search/depression#page/1/gid/1/pat/6/par/E12000005/ati/402/are/E08000025/iid/848/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-ao-0_ine-yo-1:2020:-1:-1_ine-ct-39_ine-pt-0

[33] Public Health England, 'Public Health Outcomes Framework', Fingertips, Accessed: 08/02/2022,
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000005/ati/402/are/E08000025/iid/22301/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-ao-0_ine-pt-1_ine-ao-0_ine-yo-1:2020:-1:-1_ine-ct-34_car-do-0

[34] Birmingham City Council, 'Birmingham Health Profile 2019', Accessed: 04/02/2022
https://www.birmingham.gov.uk/downloads/file/11845/birmingham_health_profile_2019

[35] J. Varney, "Initial findings from Covid19 Health & Wellbeing Impact Survey," August 2020. [Online]. Available:
https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=yvZpCRcz3Ml85R9bK3lHnG9SpGWX9Q%2Flf3M3fXWhzdmPehkZWibWfA%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubS.

We are committed to creating a mentally healthy city where every citizen is supported to achieve good mental wellness and balance to navigate life's challenges. The new, nationally recommended Prevention Concordat for Better Mental Health will focus our partners on promoting positive mental wellbeing and reduce mental health inequalities so we can achieve a mentally healthy city.

Our ambitions are to 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 ten places in England by 2030
- Reduce the emergency intentional self-harm admission rate to be within the lowest ten places 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 long-term health conditions, explicitly including those with severe and enduring mental health issues, and both those in employment and those without
- Achieve the ambitions of Triple Zero: i.e.to have zero deaths or overdoses linked to alcohol or drugs by 2030, and no-one living with substance addictions in the absence of support services

Leadership for Action

The Creating a Mentally Healthy City Forum will lead this theme with support from the Suicide Prevention Advisory Group and the NHS Mental Health Partnership.

Key Actions

To achieve our ambitions, we will take the following actions:

- Deliver our partnership action plans to address mental wellbeing, including the Prevention Concordat and Suicide Prevention Action Plan.
- Develop and implement evidence-based interventions to improve mental wellness and balance, including arts and culture-based interventions.
- Work with the voluntary sector and faith leaders to embed early intervention, brief advice, and signposting in all services.
- Take proactive steps to close the inequalities in employment and education for people with long term conditions, including those with severe and enduring mental health issues.
- Deliver 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

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 it is also a viable part of treatment pathways.

In Birmingham during 2019/20, a higher proportion of people aged 16 and above were categorised as physically inactive (less than 30 minutes of physical activity a week) compared to both the regional and national percentages.[36] More worryingly, in 2020/21, the percentage of physically active children and young people was one of the lowest in the country (32% for Birmingham and 44.6% for England).[37]

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. The COVID-19 Impact Survey illustrated that the highest level of inactivity was in age groups 40-49 and 50-59.[35] However, beyond the pandemic, the 2022 Commonwealth Games offers 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.

Significant and visible inequalities exist when it comes to activity and we need to focus on the areas of greatest inactivity with understanding and empathy. This can be achieved through projects like the 'Active Communities Local Delivery Pilot' in partnership with The Active Wellbeing Society. This project supports physical activity in deprived communities to help close the inequality gap, focusing on deprivation, age, and ethnicity. It will be part of this wider strategy that will work on culturally competent approaches to promote physical activity.

These projects can be done together with an increased range of everyday opportunities to enjoy activity that are both accessible and affordable. These need to be based upon safe routes and the infrastructure to enable walking and cycling, local safe, affordable, and attractive sports, and activities in accessible locations and green spaces to make physical activity a viable option for everyone in our city.

Our ambitions are to work together to:

- Reduce the percentage (%) of adults who are physically inactive to less than 20% by 2030
- Increase the percentage (%) of adults walking or cycling for travel at least three days a week by at least 25% by 2030

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[36] 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.

[37] Public Health England (based on the Active Lives Children and Young People Survey, 2020/21, Sport England), "Physical Activity – Percentage of physically active children and young people", Fingertips, Accessed 08/02/2022, https://fingertips.phe.org.uk/search/physical%20activity#page/3/gid/1/pat/6/par/E12000005/ati/402/are/E08000025/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-pt-1_ine-ao-1_ine-vo-1_ine-yo-1:2020:-1:-1_ine-ct-129_car-do-0_car-ao-0.

- Increase the percentage (%) of physically active children and young people to the national average by 2030
- Reduce the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030
- Reduce the inactivity gap between different ethnic communities by 50% by 2030

Leadership for Action

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

Key Actions

To achieve our ambitions, we will take the following actions:

- Improve physical activity data and evidence to guide and inform practice and governance.
- Use technology, including apps and gamification, to increase inclusive physical activity participation for all including Birmingham's diverse range of communities and under-represented groups.
- Prioritise active travel in local neighbourhoods through initiatives in the Birmingham Transport Plan.
- Utilise physical activity to enhance community cohesion through targeted community events and interventions and build on previous successful projects, such as Tola Time.
- Embed physical activity as a viable part of treatment pathways for long term health 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

4. Contributing to a Green and Sustainable Future

The natural environment around us can both harm our health, e.g. through air pollution, and improve our physical and mental health through direct facilitation such as green gyms and exposure and nature connectedness, e.g. nature trails.

Therefore, the Health and Wellbeing Board has a vested interest in actively supporting the City in its approach in 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 several partners. This includes the City of Nature Board, the Brum Breathes Board and the Climate Action Taskforce.[38]

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

This includes taking the opportunities offered by nature and improving our environment as a pathway to wellbeing. We aim to use the green and blue spaces in our city to appreciate our environment and its value in improving the physical and mental health of our citizens.

We are blessed in this city with a huge number of natural assets. Still, there are inequalities across their geographic distribution and for those who can access them, and how they are used to benefit health.

Creating a bolder, healthier city involves seizing the opportunity to support the creation of health promoting places to live. Such places will be consciously designed to enable social interaction and be inclusive, safe, accessible; provide access and connections to nature; and support healthy lifestyles.

Our ambitions are to work together to:

- Reduce the percentage (%) of mortality attributable to particulate air pollution to less than 4.5% by 2030
- Increase the utilisation of outdoor space for exercise/health reasons to over 25% by 2028
- Increase the daily utilisation 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
- Increase the proportion of our population connecting with nature to at least 35% of the population listening to birdsong by 2030

Leadership for Action

This theme will be taken forward through the work of the City of Nature Plan and Bolder Greener Birmingham.

Key Actions

To achieve our ambitions, we will take the following actions:

- Collaborate to further develop and implement the evidence base for health and wellbeing interventions which utilise the natural environment for health gain.

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[38] Birmingham City Council: https://naturallybirmingham.org/birmingham-city-of-nature-delivery-framework/

- Ensure all partners play active roles as anchor organisations to support the Clean Air Strategy, Climate Change Route to Zero Strategy and City of Nature Plan.
- Work with our partners to celebrate and maximise the potential benefits to physical and mental health of our natural environment.
- Address inequalities in access and utilisation of natural space for health benefit between citizens, especially for disabled people and 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

5. Protect and Detect

The Protect and Detect theme is focused on the work we can do together to protect the health of citizens from infectious disease, incidents, and outbreaks. It also focuses on detecting diseases, such as cancer, at an early stage to maximise the benefits that treatment can provide.

Screening and immunisation are key to early detection and prevention for health. There are a series of national screening programmes across the life course from antenatal and pregnancy screening to cancer screening in adult and older adult life. However, these are affected by inequalities associated with barriers across the life course that include physical and communication challenges, deprivation as well as cultural and social barriers (genders, ethnicities, races, religions, or socioeconomic status).[39] Also, vaccination programmes are essential to public health and provide crucial protection against infectious diseases that can cause death and disability. This includes measles, mumps, and rubella (MMR), influenza and COVID-19. The uptake of the flu vaccine for people aged 65 and over (2020/2021) in Birmingham is 74.1%, compared to the England population coverage at 80.9%.[40] The uptake of many vaccinations is worse in Birmingham than at regional and national levels, which needs to improve. Also, the mortality rate for deaths involving COVID-19 for all ages (2020) in Birmingham was significantly higher at 224.1 (per 100,000 population) compared to the England rate of 140.1 (per 100,000 population).[41]

Birmingham has committed to becoming a Fast-Track City, an international initiative aimed at tackling blood-borne viruses (BBVs) (HIV, Hepatitis B and Hepatitis C) and tuberculosis (TB) by 2030 and 2035 respectively. By working closely with local stakeholders from across primary care, secondary care, the UK Health Security Agency (UKHSA), NHS Specialised Commissioning, industry representatives and Birmingham Public Health to meet set targets for each BBV and TB.

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

We want Birmingham to be a city protected from infectious disease through immunisation and appropriate responses. We also want to support health and wellbeing through early detection of disease and have services available for those affected.

Our ambitions are to work together to:

- Achieve the national ambitions or targets for all national immunisation programmes by 2030
- Achieve the national targets for all national screening programmes by 2030

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[39] UKHSA (2019) https://ukhsa.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/

[40] Fingertips Public Health Data https://fingertips.phe.org.uk/search/flu#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/30314/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[41] Fingertip Public Health Data https://fingertips.phe.org.uk/search/covid#page/4/gid/1/pat/6/ati/102/are/E08000025/iid/93827/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

- Halve the variation in uptake (inequality) for all immunisation (children) by 2030
- Halve the variation in uptake (inequality) for all screening programmes (adults) 2030

Leadership for Action

This theme will be led by the Health Protection Forum.

Key Actions

To achieve our ambitions, we will take the following actions:

- Reduce the overall rates of new sexual health infections, including HIV, through early diagnosis and treatment to close the gap between Birmingham and national averages for adults.
- Commit to overcoming barriers that make it harder for some groups of people to engage with screening services.
- Deliver Fast-Track accreditation for Birmingham and an evidence-based approach to reduce HIV and blood-borne virus infections.
- Deliver the Sexual Health Strategy.

Life Course

Action must start before birth to close the gap in health inequalities and allow citizens to make choices that empower them to live happy and healthy lives. A life course approach supports citizens to age healthily and prevents our citizens from experiencing poor health.

Birmingham's approach will be to support our citizens in:

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

Getting the Best Start in Life

Giving children the best start in life is crucial to this approach and improving the life chances of our citizens. Birmingham is one of the youngest cities in Europe, with 46% of our population aged under 30.[42]

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

Infant mortality is highly correlated with poverty, and national rates are highest within the poorest decile of the population.[43] Birmingham continues to have a higher stillbirth and infant mortality rate than the national average. Too many babies are born with a low or very low birth weight. This highlights the need for our approach to start before conception, working with potential parents to plan parenthood safely and support them through pregnancy.

Nationally, the rate of infant mortality has been declining steadily since the 2001/03 period. Still, rates in Birmingham are higher than the national average (nearly twice the national average). Currently, out of every 1,000 births in the city, seven babies will not live until their first birthday. The multi-agency Infant Mortality Task Force, led by an Independent Chair, has been established. Our ambition is to halve the infant mortality rate in Birmingham by 2030.

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

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[42] Office for National Statistics Population estimates (2020): https://www.nomisweb.co.uk/datasets/pestnew

[43] https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/7/gid/1938133228/pat/6/par/E12000005/ati/302/are/E08000025/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0_ine-ao-1_ine-yo-3:2018:-1:-1_ine-pt-0_ine-ct-146

Infant mortality (infant deaths under 1 year of age) per 1,000 live births
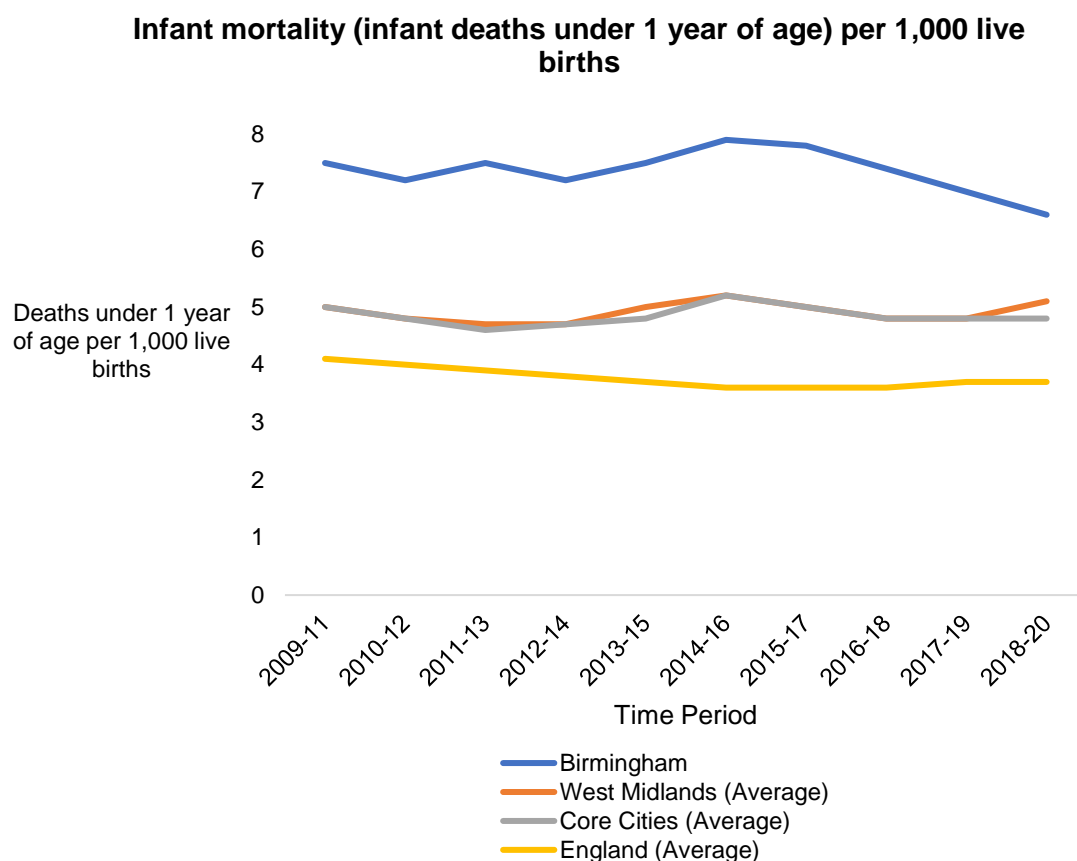
There is clear evidence across a wide range of indicators for children and young people that children in Birmingham could be given a better start in life. We will work together to close the gaps between our city and the national average to enable our children to face the future on more equal terms. No single agency can take action to address these priorities (e.g. reducing infant mortality). Equally, this work is important across the five core themes of the Strategy, particularly the theme around mental wellness and balance. We will work collaboratively to achieve the step-change in outcomes for our children and young people.

Supporting people to get the best start in life includes creating the conditions for a safe community for young people and protecting them from harm. The West Midlands Violence Reduction Unit (VRU) identified three factors with the strongest correlations towards violence; deprivation affecting children, rates of mental health, lack of educational development in early years. The Health and Wellbeing Board is committed to tackling the root causes, prevention and early intervention to prevent violence. Much of the critical work in this area is led by the Children's Safeguarding Partnership and Community Safety Partnerships. We are committed to supporting this and will support work such as the Community Safety Resilience Framework.

Living, Working and Learning Well

This theme is focused on working-age adults in Birmingham. It reflects the importance of work and learning throughout our adult life, allowing us to live well. Too many adults across the city lead unhealthy lives. Although choice is a factor, so too is the environment in which we live, work and learn. We will maximise the health of our working-age citizens by treating and preventing ill health, including conditions such as cardiovascular disease. We must work together to create a city that supports all adults to be healthier at work and home.

Living well means having a safe, secure and good quality home. For example, cold housing can damage our health, and people, often those in poor health, live in a cold home. 21.2% of our citizens live in fuel poverty (2019), compared with 13.4% in England.

Working well is tackling unemployment and supporting our citizens to have meaningful, high-quality work with good wages. Poverty and poor quality employment significantly impact the physical and mental health of our citizens. Ill health and poor wellbeing can be a barrier to employment, and unemployment can create barriers to health and wellbeing. The average person will spend one-third (or 90,000 hours) of their (waking) life at work, so being healthy at work is essential. Employers across Birmingham can support their staff to lead happier and healthier lives. We must work with public sector organisations, private sector organisations, and trade unions to create healthier workplaces for all.

Similarly, ill-health can be a barrier to or result from a lack of education. Learning well is fundamental to our wellbeing, through both the content of what we learn and the act of learning itself. Creating and maintaining health literacy is an essential part of this by underpinning people's ability to make informed choices about their health and wellbeing. The challenges of health literacy in our city have been made clear by the pandemic.

The Health and Wellbeing Board will tackle the wider determinants of health and support the city to reduce deep and ingrained structural inequalities. These inequalities are driven by poverty, education, housing, employment and the environment we live, work and learn. These factors also significantly impact our health and wellbeing. The Board will play an active role in these health determinants and support plans such as the Birmingham Levelling Up Strategy. The Levelling Up Strategy outlines an approach of early intervention and prevention and investing in 'people-powered change' with inclusive growth. We will support people to live, work and learn well through crucial partnerships, including the Integrated Care System (ICS) Inequalities Programme and the Birmingham Poverty Truth Commission.

Ageing Well and Dying Well

Birmingham is a young city, but it has a growing number of older adults traditionally defined as those above 65 years of age. Mid-year ONS estimates (2020) show approximately 13% (149,300 persons) of the Birmingham population fall in this category. This is expected to rise to up to 10.4% (166,600) in 2028 rising to 22.1% (191,600) in 2038. Many of our older adults are living with multiple health conditions. With the expected number of older people living in poor health rising, we must invest in prevention and approaches that help people age well.

On average, women in Birmingham aged 65 are predicted to live another 20.4 years and men another 17.7 years. These are below the averages for England and below the West Midlands average. Women at 65 years old in Birmingham are expected to spend 8.5 years of their life in good health (healthy life expectancy). This is 2.6 years less than the England average. Men at 65 years old in Birmingham are expected to spend 6.9 years of their life in good health. This is 3.7 years less than the England average. We need to work together to close this gap and enable our citizens to live healthier and happier lives as they age. There is also a gap in life expectancy at 65 between people living in the city's most deprived areas and those in the least deprived. People living in the most affluent parts of Birmingham are expected to live around five years longer after reaching the age of 65 than those in the most deprived areas.

Healthy Life Expectancy at 65 in Birmingham[44]

Male

Female
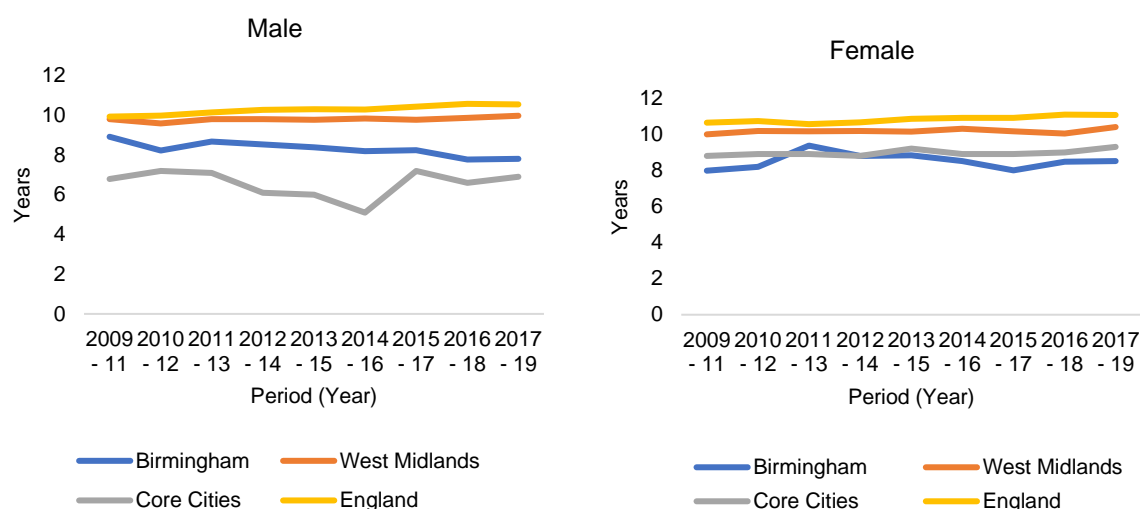
Research provides evidence of the impact of the pandemic on older people's health. It shows increased levels of anxiety (1 in 3 respondents felt more anxious) and muscle weakness (1 in 5 (2.3 million) or 18% say they feel less steady on their feet).[45]

The prevalence of conditions such as Dementia, Parkinson's Disease and Frailty increases as people age, so our ambition would be to reduce the impact of these conditions. We also understand the importance of encouraging social interaction and reducing isolation and loneliness in our older adults. We will work together to create an age-friendly city that supports older adults to fully participate in their communities and tackle We will build on the existing successes, such as our dementia-friendly communities. Through our work to become an age-friendly city, we know that older people in Birmingham want opportunities to continue their working life after 65. This can be for financial reasons, but it can also be for their physical and mental health and wellbeing. We are committed to supporting older adults in our city to continue to live, work, and learn well.

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, families, and friends. We are committed to ensuring services and support are available in the places where people live. We will support the place-based efforts in the ICS and initiatives such as the Neighbourhood Networks. We will ensure our carers feel they can cope with their caring responsibilities and have a life alongside caring. Around 1 in 5 households in Birmingham have an unpaid carer looking after a family member or friend.

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 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 in addition to those who are dying.

44   https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1
45   https://www.ageuk.org.uk/latest-press/articles/2020/10/age-uk--research-into-the-effects-of-the-pandemic-on-the-older-populations-health/

Ambitions across the life course

To support people in getting the best start in life, 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 age 2 to 2.5 years to over 83% by 2030
- Increase the percentage (%) of children achieving a good level of development at the end of Reception (school readiness) by 75% by 2030
- Halve the rate of children killed and seriously injured 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 18 years by 2027
- Reduce the rate of first-time entrants (10-17 years) to the youth justice system by 25% by 2030
- Reduce the rate per 1000 of homeless young people (16-24 years) to the English average by 2030

To support our citizens to live, work and learn well, we will work together to:

- Increase the percentage (%) of the estimated individuals accessing smoking cessation services and improve the 4-week quit rate by 20% 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 percentage (%) of eligible citizens who took up the offer of an NHS Health Check to over 70% by 2030
- Increase the number of targeted health checks (e.g. for carers and people with learning disabilities and/or severe mental health issues) by 25% by 2027
- Achieve 50% of all medium and large businesses in Birmingham becoming part of the Thrive at Work programme in 2030
- Reduce the number of households in fuel poverty to the national average by 2030

To enable our older adults to age well and die well, we will work together to:

- Halve the gap in healthy life expectancy at 65 years between Birmingham and the national average for both men and women by 2030
- Reduce the percentage (%) of people reporting a long term Musculoskeletal (MSK) problem to 5% below the England average by 2030 by 2030
- Improve the detection of dementia by increasing the percentage (%) of people estimated to be living with dementia who are diagnosed and receiving support to over 75% by 2030
- Reduce the rate of emergency hospital admissions due to falls in people aged 65 years and over to below the national average by 2030
- Improve the carer-reported quality of life score for people caring for someone with dementia to equal or higher than the national average by 2030
- Improve the carer-reported quality of life score to equal to or above the national average by 2030
- Reduce excess winter deaths to close the gap between the actual and expected number of deaths in people aged >85years to the national average by 2030

To achieve these ambitions, we will take the following actions:

Getting the Best Start in Life

- Co-produce priorities and deliver evidence-based interventions to support our children, young people and families, e.g. Birmingham Infant Mortality Taskforce.
- Develop and support adolescent health and wellbeing, interconnecting with proven strategies on youth justice, e.g. Violence Reduction Unit (VRU).
- Work with key stakeholders in the Children and Families Directorate and the voluntary sector to increase school readiness across diverse communities, e.g. Children's Early Help Services and the Family Hubs model.
- Support the Community Safety Partnership to embed a Public Health whole-system approach to violence reduction. This includes hate crime, domestic abuse and modern slavery, e.g. Community Safety Resilience Framework.
- Develop our understanding of and respond to the health and wellbeing needs of individuals in contact with the justice and asylum systems, building on our learning during the pandemic response.

Living, Working and Learning Well

- Support the city to level up and tackle inequalities that reduce the impact on health amongst disadvantaged groups, e.g. Birmingham Levelling Up Strategy, Poverty Truth Commission and the East Birmingham Inclusive Growth Strategy.
- Build on the evidence base for understanding inequalities faced by different ethnic minority communities, e.g. Birmingham & Lewisham African & Caribbean Health Inequalities Review (BLACHIR)
- Work with the ICS to emphasise and address inequalities in healthcare access, experience and outcomes, e.g. ICS Inequalities Programme.
- Co-produce accessible and culturally appropriate services and interventions to improve health literacy e.g. weight management services targeted at specific communities of identity including ethnic and disabled communities.
- Use the leverage of anchor organisations and our evidence base to encourage employers to support employee health and wellbeing, e.g. Thrive at Work programme and the Real Living Wage.

Ageing Well and Dying Well

- Strengthen engagement and understanding of ageing in Birmingham's diverse communities, including those in inclusion groups, e.g. commissioning focus groups to understand population (and population of interest) relationships with ageing and a series of scoping reviews to understand root causes of conditions associated with ageing.
- Use clear and visible prevention and early intervention approaches to support healthy independent ageing for all citizens, e.g. Brain Health promotion for the public and professionals.
- Use community-based prevention & early intervention services to ensure support is available in the places people live, e.g. Neighbourhood Network Schemes that connect people with local opportunities and maintain health and wellbeing.
- Establish a Healthy Ageing Academic Partnership to increase the evidence base to become a recognised Age-Friendly City and Compassionate City by 2027.

- Use the Better Care Fund to support the delivery of the Birmingham Integrated Care Partnership (BICP) priorities, e.g. Early Intervention Programme.

Governance and relationships to achieve success

Creating a Bolder, Healthier City (2022-2030) will be led by the Birmingham Health and Wellbeing Board, working with local community groups, networks, and partners. The Board provides a public forum at the place (Birmingham) level for influencing, decision-making, and engagement across various areas of health and wellbeing.

The **Health and Wellbeing Board** will oversee the Strategy and receive updates on its progress against the ambition outcomes. The ambitions set out in this Strategy allow the Board to focus their action on how to achieve them and monitor progress from 2022 to 2030. Some of the actions required already exist and have been detailed in this Strategy, others are yet to be formulated. We will develop these in partnership, agreeing on clear actions and measuring our progress in the short term.

The **Health and Wellbeing Board fora** will support the ambitions and outcomes of the Birmingham Health and Wellbeing Strategy. They will create plans and strategies working in partnership. Local **partners** will deliver on the Strategy's themes and work with us and each other for Birmingham. The health and social care system will design and offer services centred around the needs of citizens, thereby aiding the overall success of the Strategy.

Birmingham's **citizens** will promote their own health and wellbeing as part of their **communities**. As they responded to the COVID-19 crisis, communities will support the most vulnerable and create connections and relationships. They will continue to be involved in decision-making and making change across the city.

Health and Wellbeing Board Partnership Fora

- Creating a Healthy Food City Forum
- Creating a Mentally Healthy 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
- Birmingham & Solihull United Maternity and Newborn Partnership (BUMP) and Black Country and West Birmingham Local Maternity System

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
- Financial Inclusion Partnership

Community Engagement Partnerships

- Birmingham Poverty Truth Commission
- Armed Forces Community Covenant
- Gypsy, Roma & Traveller Forum
- Birmingham Voluntary Services Council (BVSC)
- Birmingham Council of Faiths and the Birmingham Faith Leaders Group