

Health and Wellbeing Strategy 2022-2030: Consultation Findings Report

Summary

In September-December 2021 the Public Health Division ran a public consultation exercise on the Health and Wellbeing Strategy for the next 8 years. The aim of the strategy is to co-ordinate responses to health inequalities and deliver on several ambitions. The public consultation process comprised an on-line questionnaire hosted on the Council's BeHeard website; virtual and in-person community-based focus groups; presentations to ward forums; and webinars. We also obtained a review of the strategy by academic of the National Institute of Health Research (NIHR) as well as workshops with stakeholders from the various Health and Wellbeing Board Fora. In total, there were 142 responses to the public consultation and a further 100 views were collected from focus groups, presentations to ward forums, and webinars.

The headline responses from the public consultation were as follows:

- Strong agreement and support for the ambitions of the 5 core themes and the Life Course themes as well, with the greatest levels of support for Healthy and Affordable Food, Getting the Best Start in Life, and Ageing and Dying Well.
- While there was overarching agreement, there were specific concerns highlighted with how the strategy would be delivered and how achievable some of the ambitions were within the 8-year timeframe.
- The impact of the Covid-19 Pandemic has exacerbated pre-existing health inequalities and therefore actions to mitigate it should be present across the whole of the strategy, rather than an exclusive section.
- There was agreement that 'closing the gap' between health inequalities should be the central aim of the strategy, however several respondents also wanted more clarity on how this would be achieved in the short term.

Alongside the responses from the public consultation, the review by the academics of the NIHR also provided insight into how we could improve our evidence bases for measuring the outcomes of the strategy as well as deciding who and where targeted work is needed most.

This consultation feedback was then used in a series of workshops with Lead Officers from each Health and Wellbeing Board Fora, who will be responsible for the delivery of the ambitions in their theme. These workshops allowed the content of the themes, and the overall structure of the strategy, to be refined and reflect the responses from the consultation. They will also contribute to the creation of Strategy Delivery Plans for each forum which will detail actions and partners needed for delivery.

The next steps will involve the approval and endorsement of the strategy by the Health and Wellbeing Board as well as the Cabinet of Birmingham City Council. Public feedback from the consultation and its impact will be made available through a "We Asked, You Said, We Did" report, which will be published on the BeHeard website alongside a copy of this consultation findings report.

Appendix A: Birmingham Health and Wellbeing Strategy Engagement Diagram

This is a summary of the who we engaged and how we engaged them through public and professional consultation for the Health and Wellbeing Strategy.



Appendix B: Be Heard Survey Consultation Feedback Summary

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

Respondents

There were 142 responses to the public consultation and a further 100 views were collected from focus groups, presentations to ward forums, and webinars.

People from a wide range of ages (20-79 years) responded to our BeHeard survey with the largest amount of responses received from those aged 45 to 59-year olds. Table 1 in Appendix B illustrates that there was under-representation of two age groups: 0-19-year olds and over 75-year olds. To address this, focus groups were commissioned to target specific groups, such as young people.

51 responses (36%) were from people reporting to have a physical or mental health condition. This was slightly lower than expected for an accurate representation of Birmingham's population, although there was a fairly good representative range of conditions within the respondents.

98 responses were received from heterosexual or straight respondents, 10* from people identifying as gay or lesbian, and 10 from those identifying as bisexual. As can be seen in Table 6, there were a further 27 respondents who preferred not to answer or declined to the answer the question.

39 respondents identified as Christian, 16 Muslim, and 52 with no religion.

Those responding to the on-line survey were mainly from a White (British) ethnic background (89 respondents).

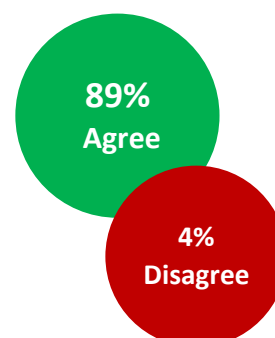
To account for groups who were estimated to be under-represented in the BeHeard survey, we commissioned several focus groups which provided us with further qualitative feedback. We also conducted a Health Impact Assessment to understand where any positive or negative impacts would arise from the strategy. Finally, we also attended several ward forums from a range of wards across the city to maximise the number of people who could contribute feedback to the strategy.

**Value suppressed*

Quantitative and Qualitative Results from Be Heard Survey

1 To what extent do you agree or disagree with the vision statement?

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



Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
62.7%	26.1%	4.9%	2.8%	0.7%	1.4%

Key Findings

The majority (89%) agreed with the vision, including over 60% strongly agreeing.

There were just 41 comments on this question, so please take this into account when analysing trends. Most comments were either neutral or mixed (54%), with just over a third (34%) negative.

The most discussed themes were on **the delivery of the vision** (39%), particularly with scepticism over the vision's scope (27%), generally either feeling the report is **not clear enough** on how objectives will be achieved or not believing that the council can deliver the change. There were also a few comments with specific suggestions on how to improve the vision.

The main topics were around **health** (24%) **and inequality** (17%), interlinking with each other through a few comments around reducing barriers to health activities/outcomes for more vulnerable citizens, such as accessibility or cost. There was also interlinkage in with scepticism over the vision's scope, in terms of tackling complex health issues.

2 To what extent do you agree or disagree with the principles for action?

Our vision is underpinned by the following shared principles for action:

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

82.3%
Agree

6.4%
Disagree

Method	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Online only	51.1%	31.2%	8.5%	2.1%	4.3%	2.1%

Key Findings

The majority (82%) agreed with it including over 50% agreeing strongly.

There were just 42 comments on this question, so please take this into account when analysing trends.

The most discussed themes were on the role of **engaging the public or using lived experience/ citizen focus** within the principles of action (62%), generally feeling that engagement with the public is a good starting point, allowing the principles to be relevant to those they're designed to help, with many feeling this will promote inclusivity. Others feel more should be done to ensure all voices are heard and that services need to be more citizen focused. A few comments referred to co-production, linking it to the citizen focus.

In 17% of the comments, respondents expressed **confusion over what the principles of action** would look like in practice or expressed confusion around the method of research used. This was occasionally raised alongside scepticism around the council's ability to satisfy the needs of the public.

Some respondents (17%) also mentioned that far more needed to be done to reduce **inequalities**.

3 To what extent do you agree or disagree with the focus on 'Closing the Gap' in the strategy?

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

- Inequalities linked to Deprivation
- Inequalities affecting Disabled Communities
- Inequalities affecting Inclusion Groups
- Inequalities affecting different Ethnic Communities
- Inequalities of Place

83.1%
Agree

3.8%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Deprivation	58.2%	26.2%	7.1%	2.1%	1.4%	1.4%
Disabled Communities	57.7%	30.3%	4.2%	2.8%	0.0%	1.4%
Inclusion Groups	54.2%	28.9%	7.7%	2.1%	2.8%	1.4%
Ethnic Communities	54.2%	26.1%	10.6%	1.4%	3.5%	1.4%
Place	57.0%	22.5%	13.4%	1.4%	1.4%	2.1%

Key Findings

The majority of respondents agreed with the five key areas of inequalities, an average of 83.1% total agreement.

There were 56 comments on this question, so please take this into account when discussing trends.

One of the most popular themes amongst the responses was in regards the council's delivery of bridging the gap (23%). This included issues such as a **lack of clarity** for what the project would achieve and what success would look like. Other comments suggested people were **unsure of council's ability** to deliver on the aims. 7% of responses showed concern that the help on offer may not reach those who need it.

The **LGBT+ community** was also mentioned in 8.9% of responses with comments questioning why this community doesn't receive as much focus as other "inclusion groups" in the plan. There was an interlinkage over this issue and mental health concerns. 3.6% of responses made mentioned the importance of representing transgender people in the plan.

12% mentioned the wards throughout Birmingham with a few comments around improving the **consistency of access to services** throughout the wards. A few responses also indicated that vulnerable citizens who live in more affluent wards are unsure if this will make it more difficult to receive the support they need.

There were also individual mentions of other **vulnerable and marginalised groups**, such as the deaf community, migrants, people with mental health issues, and the homeless.

4 To what extent do you agree or disagree with the 5 themes in the strategy?

The five themes are:

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

87.7%
Agree

2.6%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Theme 1	67.6%	22.5%	4.9%	0.7%	1.4%	0.7%
Theme 2	66.2%	24.6%	4.2%	0.7%	2.1%	0.7%
Theme 3	65.5%	21.8%	7.0%	1.4%	1.4%	0.7%
Theme 4	62.7%	24.6%	6.3%	1.4%	1.4%	0.7%
Theme 5	53.5%	29.6%	11.3%	1.4%	1.4%	0.7%

Key Findings

The majority of respondents agreed with the five themes, an average of 88% total agreement.

There were just 43 comments on this question, the majority of which were positive, so please take this into account when analysing trends.

One of the most talked about themes was **food**, appearing in 28% of responses. Of the responses highlighting the issue of food, a couple suggested that poor quality food in local supermarkets affected people's ability to have a healthier diet. Other comments put forward that fast-food outlets are a major contributor to poor diets, suggesting restrictions on the number of them.

Another theme often discussed is **exercise**. 26% of responses referred to exercise or fitness equipment. Of these responses 55% referred to **safety concerns preventing exercise**. Others referred to the cost of exercise equipment and clubs e.g. gym memberships preventing them leading a more active lifestyle.

Another main topic was **mental health**, in over 19% of comments. It is often mentioned linked to the other themes previously discussed. However, of the respondents who highlighted mental health, a couple mentioned busy roads negatively affecting their mental health.

Additionally, 14% of respondents directly mentioned "**Protect and detect**" with some unsure of what was meant by it and others disapproving of the name:

There were comments with miscellaneous criticisms of the strategy's ambitions and how they will be reached (26%). This included: ensuring engagement with different communities over the strategy, that this consultation is too broad, and will be ineffective and changing anything long-term.

5 To what extent do you agree or disagree with the Life Course in the Strategy?

There are three themes covering the Life Course:

1. Getting the Best Start in Life
2. Working and Learning Well
3. Ageing and Dying Well

88.7%
Agree

2.8%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Getting the Best Start	66.2%	22.5%	5.6%	1.4%	1.4%	0.7%
Working and Learning Well	58.5%	28.2%	9.2%	0.0%	1.4%	0.7%
Ageing and Dying Well	70.4%	18.3%	5.6%	0.7%	1.4%	1.4%

Key Findings

The majority of respondents agreed with the five themes, an average of 89% total agreement.

There were just 38 comments on this question, so please take this into account when analysing trends.

One of the most discussed themes (24%) was **ageing and dying well**. Many of the responses were positive, and thought it was an important area to focus on, with other responses questioning “*what can you do to make sure everyone has the chance to die with dignity?*” Some suggestions were made by those in support of the life course approach, such as:

One of the most discussed themes was education, appearing in 18% of answers. Of the responses mentioning education, some highlighted that **opportunities in education** are available, suggesting it is a choice to capitalise on these opportunities.

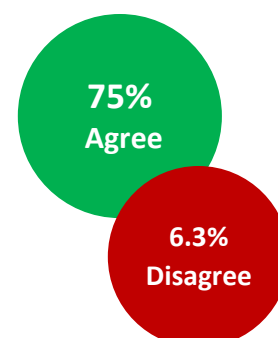
Other respondents who believed opportunities were not equally available suggested improvements:

There was also discussion around **young families**, in terms of maternity care (8%), and infant and young children’s health (26%). Overall, it was about ensuring there was support for pregnant women and families and looking after the health of infants and children in early years.

6 To what extent do you agree or disagree with the cross-cutting approaches in the strategy?

There are two approaches which will cover the breadth of the strategy. These are:

1. Mitigating the legacy of COVID-19
2. Equality, Diversity, and Inclusion



	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Mitigating the legacy	43.0%	28.2%	16.2%	3.5%	2.8%	4.2%
Equality, Diversity, and Inclusion	56.3%	22.5%	9.9%	4.9%	1.4%	2.8%

Key Findings

There were 139 respondents who answered this question. The average agreement was 75%.

There were only 27 comments on this question, so please be cautious when analysing trends. Most comments tended to be negative.

The main theme was around the delivery of the approach, particularly being **sceptical of the scope** (56%). This was either because they regarded it as **unrealistic/unachievable** or because they thought it was too broad/vague, with a few people unsure of what the approach was saying.

There were also comments relating to **Covid** (41%), sometimes relating to the scepticism over scope, and three comments agreeing with the cross-cutting approach's focus over Covid.

There were also a few comments around the **importance of equalities** - including a couple of issues with the local environment, health, and the inclusion of specific population groups.

7 To what extent do you agree or disagree with the ambitions in the Healthy and Affordable Food theme?

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

Ambition 1: Increase the uptake of healthy start vouchers for eligible families to at least 80% by 2027.

Ambition 2: Reduce the % of 5yr olds with visually obvious dental decay to below 20% by 2030.

Ambition 3: Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030.

Ambition 4: Increase the % of adults regularly eating '5-a-day' to more than 55% by 2030.

Ambition 5: Ensure that the Healthy City Planning Toolkit is utilised in 90% of developments in the City.

76.7%
Agree

6.9%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	49.3%	17.9%	17.9%	6.0%	3.0%	0.0%
Ambition 2	55.2%	25.4%	7.5%	6.0%	0.0%	1.5%
Ambition 3	59.7%	19.4%	7.5%	6.0%	1.5%	0.0%
Ambition 4	56.7%	23.9%	9.0%	7.5%	0.0%	0.0%
Ambition 5	52.2%	23.9%	16.4%	3.0%	1.5%	0.0%

Key Findings

The majority of respondents agreed with the five ambitions, an average of 78% total agreement.

There were just 52 responses so please take this into account when analysing trends.

The most discussed comments were on the **delivery of the ambitions**, with 27% of people sceptical of how successful it can be, generally feeling that the report is not clear enough on what measures are going to be put in place, or how success will be measured.

21% of respondents suggested that the aims within the theme are **not ambitious enough**. It was also suggested that the time period over which the change will come into action, especially in regard to those affecting young children, should happen more quickly. 21% of respondents highlighted the involvement of **local shops and takeaways and other businesses** being required to help achieve healthy eating. Specific suggestions include:

There was discussion (17%) on raising awareness and **educating families and children** on healthy eating choices. There were suggestions on how to do this, including community work, schools taking the lead for children, basic cooking classes, more information on the impact of unhealthy foods, etc.

15% of responses directly referenced **obesity**, often regarding obesity in children. Some disagreed with the aims surrounding obesity giving the following suggestion.

8 To what extent do you agree or disagree with the ambitions in the Mental Wellness and Balance theme?

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

Ambition 1: Reduce the prevalence of depression and anxiety in adults to less than 12% by 2030.

Ambition 2: Reduce our suicide rate (persons) in the city to be in the lowest 10 UTLA in England by 2030.

Ambition 3: Reduce the emergency intentional self-harm admission rate to be within the lowest 10 UTLA in England by 2030.

Ambition 4: Reduce the smoking prevalence in adults with a long-term mental health condition to at least the national average by 2027.

Ambition 5: Close the gap between people with long-term health conditions, in employment and those without.

Ambition 6: Achieve the 'Triple Zero' ambition by 2030.

79.8%
Agree

5.2%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	62.7%	22.4%	10.4%	0.0%	3.0%	0.0%
Ambition 2	53.7%	28.4%	11.9%	3.0%	1.5%	0.0%
Ambition 3	52.2%	34.3%	9.0%	1.5%	1.5%	0.0%
Ambition 4	46.3%	25.4%	16.4%	3.0%	6.0%	0.0%
Ambition 5	47.8%	32.8%	14.9%	1.5%	1.5%	0.0%
Ambition 6	50.7%	22.4%	13.4%	6.0%	3.0%	1.5%

Key Findings

The majority of respondents agreed with the five ambitions, an average of 80% total agreement. There were 51 comments on this question, so please take this into account when analysing trends.

Among the most discussed themes included **young children, teenagers, and young adults**. 31% of respondents suggested that more needed to be done to help recognise mental illness and help support suffers from the youth of Birmingham's population.

The most consistent theme raised in the responses (47%) was references to **the level of ambition** surrounding the Mental Wellness and Balance theme with the majority judging it to be "*unrealistic*" or overambitious. There were some links with reducing depression and anxiety (22%), with a mix of those saying it should be reduced entirely and others saying reducing diagnosis is unrealistic and harmful.

Ambition was also linked in with the aim of **smoking cessation**, which a few respondents believe is a "*personal choice*" so not relevant, however an equal number of people believe the goals set are not ambitious enough.

Some scepticism of the theme also refers to **poverty** with one respondent suggesting: "*You will not be able to do any of the above without taking people out of pain and poverty.*" **Housing** appears as a reason for sceptics in 6% of responses. It is suggested that landlords need to be held to a higher responsibility for conditions of housing that can affect both physical and mental health.

9 To what extent do you agree or disagree with the ambitions in the Active at Every Age and Ability theme?

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

Ambition 1: Reduce the % of adults who are physically inactive to less than 20% by 2030.

Ambition 2: Increase the % of adults walking or cycling for travel at least three days a week by at least 25% by 2030.

Ambition 3: Reduce the inactivity gap between the most active 10 wards and the least active 10 wards.

Ambition 4: Reduce the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030.

82.1%
Agree

4.1%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	62.7%	26.9%	7.5%	0.0%	0.0%	0.0%
Ambition 2	65.7%	13.4%	13.4%	3.0%	1.5%	0.0%
Ambition 3	58.2%	19.4%	13.4%	7.5%	0.0%	0.0%
Ambition 4	52.2%	29.9%	10.4%	4.5%	0.0%	0.0%

Key Findings

The majority of respondents agreed with the four ambitions, an average of 82% total agreement.

There were just 47 comments on this question, so please take this into account when analysing trends. Most comments were either negative (45%) or neutral (34%).

In terms of discussion over why the ambitions need improved, the majority discussed **barriers and inequalities to activity** (62%) that needed to be properly addressed to improve activity levels.

The main barrier was around the **city's infrastructure and accessibility** (40%), mainly cycling and other transportation. This was particularly about the difficulty of being a cyclist in Birmingham due to issues with safe roads to ride on, lack of resources (cost and storage of bike), or other issues that meant cycling was not a straightforward option. Aside from cycling, other infrastructure issues including public transport and service accessibility.

Another barrier was around **health inequalities**, and that health and mobility issues weren't taken into account when encouraging cycling and other activities. For example, disabilities, older people, mobility issues, and other chronic health conditions. There was one person who was glad for the emphasis on cycling, though.

Another barrier was **not feeling safe enough** to be active in Birmingham, whether it was cyclists worrying about road safety or that the streets are increasingly not safe to walk in.

There were also a few people who gave a variety of suggestions for improvement, including advice on interventions, introducing a target for obesity, using BCHC services as part of the actions, and providing exercises and accessible facilities that would work well for specific demographic groups (such as older people or those in deprived areas).

10 To what extent do you agree or disagree with the ambitions in the Contributing to a Green and Sustainable Future theme?

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

Ambition 1: Reduce the % of mortality attributable to particulate air pollution to less than 4.5% by 2030.

Ambition 2: Increase the utilisation of outdoor space for exercise/ health reasons to over 25% by 2028.

Ambition 3: Increase the daily utilisation of green and blue spaces to 25% of the population by 2030.

Ambition 4: Increase volunteering in green and blue spaces to at least 10% of the population by 2027.

76.5%
Agree

4.1%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	59.7%	19.4%	13.4%	3.0%	3.0%	0.0%
Ambition 2	61.2%	20.9%	9.0%	1.5%	0.0%	1.5%
Ambition 3	59.7%	20.9%	11.9%	1.5%	0.0%	0.0%
Ambition 4	46.3%	17.9%	19.4%	4.5%	3.0%	0.0%

Key Findings

The majority of respondents agreed with the four ambitions, an average of 76.5% total agreement.

There were just 43 comments on this question, so please take this into account when analysing trends. There was a mix of feelings in the comments, i.e. not just negative or neutral.

There were a variety of different topics discussed but no strong themes emerging.

Outside space, green space, and parks, was the most commented topic (30%), with a variety of issues discussed. One topic was **lack of safety in parks**, with poor maintenance (equipment, paths, litter, lighting) an issue. There were also a few comments on utilising green space more effectively to encourage people outside, such as the right equipment, better design of recreation space, use of meadows. One comment highlighted Sheffield Winter Garden as an example of best practice.

Pollution was the second most commented topic (21%), with a variety of issues discussed. It ranged from criticism of the council's road and transport strategies causing air pollution and congestion, the mortality goal not being ambitious enough, to the need for improved public transport.

There was also discussion on **volunteering** - it was regarded as a positive thing but with a few caveats. This included that this is replacing paid jobs and people should be paid for the proposed work, and that the council should be engaging with the volunteer groups already in particular parks.

11 To what extent do you agree or disagree with the ambitions in the Protect and Detect theme?

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

Ambition 1: Achieve the national ambitions or targets for all national immunisation programmes by 2030.

Ambition 2: Achieve the national targets for all national screening programmes by 2030.

Ambition 3: Halve the variation in uptake (inequality) for all immunisation and screening programmes by 2030.

Ambition 4: Reduce the overall rates of new sexual health infections through early diagnosis and treatment to close the gap between Birmingham and the national average by 2030.

78.3%
Agree

3.7%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	49.3%	29.9%	14.9%	4.5%	0.0%	0.0%
Ambition 2	53.7%	26.9%	13.4%	3.0%	0.0%	0.0%
Ambition 3	47.8%	23.9%	16.4%	4.5%	0.0%	0.0%
Ambition 4	58.2%	23.9%	9.0%	3.0%	0.0%	0.0%

Key Findings

The majority of respondents agreed with the four ambitions, with an average of 78% total agreement.

There were only 29 comments on this question, so please be cautious when attributing importance to trends. There was mainly a mix of negative and neutral comments.

The most comments (6) were focused on people's views on **meeting the targets**, with most thinking the targets should be more ambitious and met in a shorter timeframe.

There were 5 comments around **immunisations/vaccines**, with a mix of reasons why, including a couple worried about anti-vaccination misinformation, another suggesting further education on vaccines.

There were 4 comments on the negative impact of **limited resources/services** on meeting the specific health targets, such as having no children's sure start centres, screening services being deprioritised, trouble with accessing GPs, and the lack of investment available.

There were 4 comments supporting the importance of **early detection and screening**, 4 talking about **negative behaviour around the pandemic**, and there were further miscellaneous comments around different topics, such as BCHC's offer to help achieve these ambitions and a suggestion to focus on older people.

12 To what extent do you agree or disagree with the ambitions in Getting the Best Start in Life?

Ambition 1: Reduce infant mortality in Birmingham by 25% by 2027 and by 50% by 2030.

Ambition 2: Improve the percentage of children achieving a good level of development by 2-2.5 years to over 83% and at the end of Reception to 75% by 2030.

Ambition 3: Halve the rate of children killed and seriously injured (KSI) on Birmingham's roads by 2030.

Ambition 4: Reduce the under-18 teenage conception rate to close the gap between Birmingham and the national average by 2030.

Ambition 5: Halve the admissions due to asthma in young people under 18yrs by 2027.

Ambition 6: Reduce the rate of first-time entrants (10-17yrs) to the youth justice system by 25% by 2030.

84.3%
Agree

1.2%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	65.7%	20.9%	10.4%	0.0%	1.5%	0.0%
Ambition 2	64.2%	19.4%	11.9%	0.0%	1.5%	1.5%
Ambition 3	73.1%	13.4%	10.4%	1.5%	0.0%	0.0%
Ambition 4	58.2%	23.9%	13.4%	0.0%	0.0%	1.5%
Ambition 5	62.7%	20.9%	14.9%	0.0%	0.0%	0.0%
Ambition 6	62.7%	20.9%	9.0%	1.5%	1.5%	1.5%

Key Findings

The majority of respondents agreed with the four ambitions, with an average of 84% total agreement.

There were just 35 comments on this question, so please be cautious when attributing importance to trends. There was mainly a mix of negative and neutral comments, with the neutral comments tending to be suggestions with no criticism or compliments about the ambitions.

31% (11) of comments were **critical of the ambitions' scopes**, either finding them too broad in wording, unrealistic, or conversely too ambitious.

There were 9 suggestions on **how to improve or meet goals**, from funding particular services (youth services and groups/clubs, school nurse services, NCT classes, early years training), or a focus on particular issues (mental health services; Gypsy, Roma and Travellers; the credit system).

There were 6 comments on **early intervention in children's lives**, mainly emphasising the importance of it in helping to tackle inequalities, improving education and the level of development, healthy behaviours and eating, and preventing vulnerable young people from cycles of criminal behaviour.

13 To what extent do you agree or disagree with the ambitions in Working and Learning Well?

Ambition 1: Increasing the % of the estimated individuals who smoke accessing smoking cessation services and achieving a 4-week quit by 20% by 2030.
 Ambition 2: To reduce the % rate of long-term musculoskeletal problems to 5% below the England average by 2030.
 Ambition 3: Reduce coronary heart disease admissions rate by 20% by 2030.
 Ambition 4: Reduce the % of adults from ethnic communities with Type 2 Diabetes to match the demographic profile of our city by 2030.
 Ambition 5: Increase the number of targeted health checks by 25% by 2027.
 Ambition 6: Reduce the rate per 1000 of homeless young people (16-24 years) to the England average.
 Ambition 7: Achieve 50% of all medium and large businesses in Birmingham being part of the Thrive at Work programme.

81.6%
Agree

2.8%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	49.3%	26.9%	13.4%	6.0%	1.5%	1.5%
Ambition 2	50.7%	26.9%	13.4%	0.0%	1.5%	0.0%
Ambition 3	59.7%	22.4%	14.9%	0.0%	1.5%	0.0%
Ambition 4	55.2%	22.4%	9.0%	1.5%	3.0%	0.0%
Ambition 5	58.2%	25.4%	10.4%	1.5%	0.0%	0.0%
Ambition 6	62.7%	26.9%	7.5%	0.0%	0.0%	1.5%
Ambition 7	46.3%	25.4%	11.9%	3.0%	0.0%	4.5%

Key Findings

The majority of respondents agreed with the four ambitions, with an average of 82% total agreement.

There were just 33 comments on this question, so please be cautious when attributing importance to trends. There was mainly a mix of negative and neutral comments, with the neutral comments tending to be suggestions with no criticism or compliments about the ambitions.

Over a third of comments were **critical of the ambitions' scopes**, either finding them unrealistic, or conversely too ambitious, or not sure how the targets were specifically decided on.

Diabetes in ethnic communities was the most discussed ambition (8 comments). Several said diabetes work should target everyone not just ethnic communities, and several discussed the link between diet and diabetes. BCHC also commented on which targets they could help with. There was also a couple of suggestions on how to help rates of diabetes.

In terms of **targeted health checks** (7 comments), people were split on whether they supported it, and a couple of people were not sure that the target was achievable.

Other ambitions discussed included a variety of comments on smoking cessation (such as a few suggestions on how to help the targets); homelessness (should aim for a higher reduction); thrive at work (issues around meeting targets); and other comments on individual topics.

14 To what extent do you agree or disagree with the ambitions in Ageing Well and Dying Well?

Ambition 1: Halve the gap in healthy life expectancy at 65 years between Birmingham and the national average for both men and women.

Ambition 2: Increase the % of eligible citizens offered an NHS Health Check who received it to over 70%.

Ambition 3: Improve the detection of dementia by increasing the % of people estimated to be living with dementia who are diagnosed and receiving care and support to over 75% by 2030.

Ambition 4: Reduce the rate of emergency hospital admissions due to falls in people aged 65yrs and over to below the national average.

Ambition 5: Improve the carer-reported quality of life score for people caring for someone with dementia to equal to or above the national average.

Ambition 6: Reduce the Excess Winter Deaths to close the gap between the actual and expected number of deaths in people aged >85 years by at least 20%.

84.4%
Agree

1.5%
Disagree

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Ambition 1	52.2%	29.9%	16.4%	0.0%	0.0%	0.0%
Ambition 2	65.7%	23.9%	7.5%	0.0%	0.0%	1.5%
Ambition 3	56.7%	28.4%	10.4%	1.5%	0.0%	1.5%
Ambition 4	49.3%	32.8%	14.9%	0.0%	0.0%	1.5%
Ambition 5	61.2%	25.4%	7.5%	0.0%	0.0%	4.5%
Ambition 6	53.7%	26.9%	16.4%	1.5%	0.0%	0.0%

Key Findings

The majority of respondents agreed with the four ambitions, with an average of 84% total agreement.

There were just 34 comments on this question, so please be cautious when attributing importance to trends. There were mainly negative (44%) or neutral (32%) comments, with the neutral comments tending to be suggestions with no criticism of the survey.

As with previous ambitions, there was **criticism over the ambitions' scope** (32%), mainly finding them unmeasurable/unrealistic or set arbitrarily. Only a few (3 comments) thought they should be more ambitious.

Dementia was the main ambition discussed (7 comments), with different comments emphasising the importance of focusing on dementia, NHS issues impacting on dementia care, suggestions, and the impact on carers and families.

There was also discussion of **inequalities**, including: agreeing that there is inequality across Birmingham and it needed to be tackled, and individual comments to do with different demographics: queer and trans elders who feel excluded for not fitting into the gender binary definition; elderly Gypsy, Roma and Travellers have nowhere to go; groups with language barriers; and that training is needed for services dealing with hard-to-reach groups.

Appendix C: Demographic Profile of BeHeard respondents

Table 1. Respondents by Age

Age Group	No. of respondents*	% those that responded	% of total Birmingham population**	+/-
0-19	0	0%	29.2%	-29.2
20 – 29	13	9%	16.8%	-7.8
30 – 44	47	33%	20.8%	+12.2
45 – 59	55	39%	16.4%	+22.6
60 – 74	21	15%	10.8%	+4.2
75 – 84	0	0%	4.6%	-4.6
85+	0	0%	1.8%	-1.8
Not Answered	10	3%	N/a	N/a
Suppressed Total Respondents	146	100%	100%	

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 2. Respondents by Gender

Gender	No. of respondents*	% of respondents	% of total Birmingham population**	+/-
Male	45	32%	49.7%	-17.7%
Female	89	63%	50.3%	+12.7%
Not Answered/Prefer not to say	10	5%	N/a	N/a
Suppressed Total Respondents	144	100%	100%	

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 3. Respondents by Ethnicity

Ethnicity	No. of respondents*	% of respondents	% of total Birmingham population**	+/-
English/Welsh/Scottish/Northern Irish/British	89	63%	53.3%	+9.7
Any other White background	11	8%	2.4%	+5.6
Mixed/multiple ethnic groups	10	7%	3.8%	+3.2
Asian/ Asian British	22	16%	24.3%	-8.3
Black/ African/ Caribbean	10	6%	7.6%	-1.6
Any other ethnic group	0	0%	1.4%	-1.4
Not Answered	0	0%	N/a	N/a
Suppressed Total Respondents	142	100%	N/a	N/a

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 4. Respondents by Physical and Mental Health

Affected by the following long-term physical or mental health conditions or illnesses	No. of respondents*	% of all respondents
<i>Physical or mental conditions - Yes</i>	51	36%
Vision (e.g. blindness or partial sight)	0	0%
Hearing (e.g. deafness or partial hearing)	10	7%
Mobility (e.g. walking short distances or climbing stairs)	14	10%
Dexterity (e.g. lifting and carrying and carrying objects, using a keyboard)	10	7%
Learning or understanding or concentrating	10	7%
Memory	10	7%
Mental Health	27	19%
Stamina or breathing or fatigue	16	11%
Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's syndrome)	10	7%
Other (please specify)	10	7%

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Note: percentages do not add up to 100% as respondents allowed more than one option, and this question may not apply

Table 5. Respondents by Religion or Belief

Religion or Belief	No. of respondents*	% of respondents	% of total Birmingham population**	+/-
Christian (including Church of England, Catholic, Protestant, and all other Christian denominators)	39	27%	46.1%	-19.1
Buddhism	0	1%	0.4%	+0.6
Hindu	0	2%	2.1%	-0.1
Muslim	16	11%	21.8%	-10.8
Jewish	0	0%	0.2%	-0.2
Sikhism	0	1%	3.0%	-2.0%
No Religion	52	37%	19.3%	+17.3
Any other religion (please specify)	10	4%	0.5%	+3.5
Prefer not to say	12	8%	N/a	N/a
Not Answered	10	7%	6.5%	+0.5
Blank	0	1%	N/a	N/a
Suppressed Total Respondents	139	100%		

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 6. Respondents by Sexual Orientation

Sexual Orientation	No. of respondents*	% of respondents
Bisexual	10	5%
Gay or Lesbian	8	6%
Heterosexual or Straight	98	69%
Other	0	0%
Prefer not to say	17	12%
Not Answered	10	6%
Blank	0	0%
Suppressed Total Respondents	143	100%

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 7. Respondents by Life Experiences

Do any of the following life experiences apply to your life?	No. of respondents*	% of respondents
Veteran	0	1%
Homelessness	10	4%
Care Leaver	0	3%
Refugee	0	1%
First generation migrant	10	5%
None	101	71%
Not Answered	71	50%
Suppressed Total Respondents	192	134.51%

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Note: percentages do not add up to 100% as respondents allowed more than one option

Table 8. Respondents by Caring Responsibilities

Do you have caring responsibilities? (If yes, please tick all that apply)	No. of respondents*	% of respondents
None	64	45%
Primary carer of child/children under 18	34	24%
Primary carer of disabled child/children	10	4%
Primary carer of disabled adult (18 and over)	0	1%
Primary carer of older person/people (65 and over)	10	6%
Secondary carer	24	17%
Prefer not to say	10	6%
Suppressed Total Respondents	152	102.82%

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Note: percentages do not add up to 100% as respondents allowed more than one option

**Source: Birmingham City Council, *Key Statistics on 2011 Census*, https://www.birmingham.gov.uk/downloads/download/968/census_2011_key_statistics_reports_constituency_and_wards

Appendix D: Q&A Response Table

(See separate document)

Appendix E: Focus Group Feedback

Summary

We commissioned two providers, Trueman Change and The Active Wellbeing Society, to host a series of focus group sessions with specific communities. Five of the sessions were held virtually while the rest were in-person in December 2021. Similar to the online BeHeard survey, focus group participants were provided with a copy of the draft Health and Wellbeing Strategy. They were also given a brief background on the purpose of the strategy and how their comments and feedback would be used.

There were 49 participants in all of the focus groups and a demographic breakdown can be found in Appendix E. The specific communities which attended were:

- Muslim Women's Group
- Leisure Providers
- Young People (14-19)
- Homeless/ Temporarily Accommodated
- Black, Asian, and Minority Ethnic individuals
- Adults with Learning Disabilities
- Travellers
- Healthcare Practitioners
- Adults with Physical Impairments

Key Findings

Introduction (Vision Statement, Principles for Action, Closing the Gap)

Most of the groups agreed that the Vision Statement was the right idea and it would be a huge positive if it could be achieved. Interestingly, several groups identified that affordability or limited disposable income was a barrier towards better health. This trend continued in other groups where the role of community organisations and centres was identified as essential for reducing health inequalities by being accessible to everyone.

Theme 1: Healthy and Affordable Food

In the focus groups, there were overall positive thoughts towards the take-up of healthy food vouchers; the health practitioners' group were surprised that take-up was not already at the level of 80%. It was suggested that vouchers could be better advertised through schools and GP's.

Another group identified an issue with the accessibility to junk/fast food, particularly for children. There was agreement that educating children and young people as well as facilitating healthy choices are one of the best methods for tackling obesity. Alternatively, one group wanted the council to be much more forceful and make access to fast-food restaurants more difficult. These points were agreed with by the young people's focus group who focused again on the attractiveness of low-cost fast food compared to any alternatives.

The adults with learning disabilities group highlighted that the increase in food bank use had led to people almost wholly relying on food parcels that lack any fresh food. Many of the groups said that education around options as well as healthy cooking were crucial but that behavioural change was needed for education to follow-through.

Theme 2: Mental Wellness and Balance

The health practitioners' group felt the ambitions outlined in the mental wellness and balance theme were important but too ambitious, with comments on the triple zero by 2030 ambitions not being achievable at all. This was shared by the Black, Asian, and Minority Ethnic group who felt there was an overall disconnect between each ambition and real life. It was noted in one group that the ambition to reduce the prevalence of depression and anxiety was "totally unrealistic".

There was also concern that targets around smoking, drug or alcohol addiction were tackling a symptom but not a cause of poor mental health. therefore, a preventative approach would always be preferable over a corrective one.

Finally, the adults with learning disabilities group's discussion ended on a reflection of the ambitions and a suggestion that they should have more of a continuous feel to reflect people's journeys with mental health as opposed to a start and end point of data.

Most of the focus groups agreed that the Covid-19 pandemic/ lockdowns and isolation have impacted negatively on mental health and in many cases exacerbated pre-existing issues. From this the two main points to highlight are that access to mental health services is still difficult for marginalised communities (traveller, homeless, etc). Equally, there needs to be further normalisation of open conversations about mental health, both good and bad.

Theme 3: Active at Every Age and Ability

The groups were more positive about the ambitions in this theme and considered them to be more achievable as they were accessible and tangible. There was also consensus that the link between physical and mental health could be emphasised more strongly throughout the theme. The adults with physical impairments' group was keen to see and hear of wider offers of physical activity in their local areas and touchpoints in their everyday life e.g. medical practices and volunteers. Another group highlighted the importance of making physical activity practical and affordable, linked the ambition on reducing the inactivity gap between the ten most and least active wards.

The leisure providers focus group said that they would like to see specific reference to access to physical activity regardless of ability to pay. This was echoed in several groups who said that ensuring open access was essential. The Muslim women's group also highlighted that mixed gender facilities can be negative or intimidating for them so organising activities that are for women, or women's groups, only could help.

Theme 4: Green and Sustainable Future

The young persons' group highlighted that the importance of green and blue spaces is somewhat dependent on where you live. Additionally, they noted that, on the whole, they believed their local parks were well maintained, which encouraged their use. Another group commented on this, linking safety to the enjoyment of green and blue spaces. It was agreed that maintained paths as well as lighting was necessary to deter the risk of attacks/ muggings.

Some of the groups had concerns about the ambition to increase volunteering as it was noted that the council has direct control over many parks in the city and it should be the one to employ more wardens or rubbish collectors. The focus groups also focused on how to get to green and blue spaces if you don't live within a reasonable distance and highlighted that appearance is important; i.e. if a park, canal-side or street looks unclean and rubbish-filled then people will be less inclined to go there as it suggests it is not a looked after space.

Theme 5: Protect and Detect

Many groups were pleased to see the inclusion of this theme, although there was a divergence on whether the emphasis should be on health protection or crime prevention. On the subject of health protection, the groups identified that information, education and advertisement was crucial to keep people aware and up to date (with screenings, immunisations, etc). The adults with physical impairments' group proposed that a more continuous form of health check (i.e. a lifestyle check) would help to identify problems associated with the other themes, such as poor diet or lack of physical exercise.

Some of the focus groups highlighted that the language used for the ambitions was overly technical (e.g. deliver fast-track accreditation) and whether phrases like these could be better explained.

Another common point was the growing presence of misinformation, particularly around the Covid-19 vaccine, but other health issues in general and that organisations like BCC/NHS/ etc need to be much more pro-active in identifying and tackling false information before it can spread widely.

Finally, most of the groups agreed that combining health protection and crime protection seemed like an attempt to combine two themes that should sit separately. They also highlighted that it was important to still ensure that crime prevention had a place in health and wellbeing. In particular, several groups said that domestic violence has to be addressed from all angles and 100% involves wellbeing.

Life Course 1: Getting the Best Start in Life

The Muslim women's group highlighted that children's mental health was of paramount importance but many of our ambitions/actions in Theme 2 suggested that signposting individuals to services would be primary goal, however, this is greatly reduced as children cannot be easily signposted to services.

The focus group with the traveller community highlighted the high levels of infant mortality within this community but further suggested that there could be more pro-active engagement by bereavement services in the instances of infant mortality.

The focus group with the homeless and temporarily accommodated noted that most accommodation is geared towards single-occupancy rooms which makes it harder for families to stay together in the same building if there are few rooms available.

Life Course 2: Living, Working, and Learning Well

The young people's focus group wanted a focus on the transition of information from school to home (i.e. they said they wanted to know about healthy food options so they could take this information back to their household).

The adults with learning disabilities' focus group highlighted that there is little consistency on employers adjusting work to those who need it. One participant gave an example of how an employer had been helpful in arranging an SEN assessment for them at work.

The travellers' focus group wanted to again highlight how the lifestyle of their community does not match well with the conventional approach of schools and whether an increase in online learning could be to the benefit of traveller children.

The focus group for the homeless community noted a number of points on employment. Firstly, they said offering money management skills to those in these situations would be very beneficial as it can build independence, self-confidence and further boost mental wellbeing

(remove anxiety of dependency). Equally, they noted that when in temporary accommodation, you face a choice between UC or employment, and this can be a disincentive to work.

Life Course 3: Ageing and Dying Well

The Black, Asian, and Minority Ethnic community focus group highlighted that faith is very important to older adults and faith leaders are one of most highly trusted figures. Therefore, they are very good to use with communicating key information and spreading awareness of positive health measures.

The traveller community's focus group brought up the issue of older adults in that community seeking static residential care in their older age but often struggling to arrange it through official channels.

The Muslim women's focus group highlighted the issue of age or health-related mobility being a significant barrier to engaging in any physical activity.

Appendix F: Demographic Summary of Focus Group participants

Table 9. Participants by Age Group

Age Group	No. of respondents*	% those that responded	% of total Birmingham population**	+/-
0-19	10	17%	29.2%	-12.2
20 – 29	0	7%	16.8%	-9.8
30 – 44	13	28%	20.8%	+7.2
45 – 59	12	26%	16.4%	+9.6
60 – 74	0	7%	10.8%	-3.8
75 – 84	0	2%	4.6%	-2.6
85+	0	0%	1.8%	-1.8
Not Answered	10	13%	N/a	N/a
Suppressed Total Respondents	45	100%	100%	

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 10. Participants by Gender

Gender	No. of respondents*	% of respondents	% of total Birmingham population**	+/-
Male	22	48%	49.7%	-1.7%
Female	19	41%	50.3%	-9.3%
Not Answered/Prefer not to say	10	11%	N/a	N/a
Suppressed Total Respondents	51	100%	100%	

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 11. Participants by Ethnicity

Ethnicity	No. of respondents*	% of respondents	% of total Birmingham population**	+/-
English/Welsh/Scottish/Northern Irish/British	20	43%	53.3%	-10.3
Any other White background	0	2%	2.4%	-0.4
Mixed/multiple ethnic groups	0	2%	3.8%	-1.8
Asian/ Asian British	14	24%	24.3%	-0.3
Black/ African/ Caribbean	0	9%	7.6%	+1.4
Any other ethnic group	0	2%	1.4%	+0.6
Not Answered	10	17%	N/a	N/a
Suppressed Total Respondents	41	100%	100.0%	

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 12. Participants by Sexual Orientation

Sexual Orientation	No. of respondents*	% of respondents
Bisexual	0	4%
Gay or Lesbian	0	4%
Heterosexual or Straight	20	43%
Other	0	0%
Prefer not to say	16	35%
Not Answered	10	13%
Blank	0	0%
Suppressed Total Respondents	46	100.00%

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

Table 13. Participants by Religion or Belief

Religion or Belief	No. of respondents*	% of respondents	% of total Birmingham population**	+/-
Christian (including Church of England, Catholic, Protestant, and all other Christian denominators)	13	28%	46.1%	-18.1
Buddhism	0	2%	0.4%	+1.6
Hindu	0	2%	2.1%	-0.1
Muslim	12	26%	21.8%	+4.2
Jewish	0	0%	0.2%	-0.2
Sikhism	0	0%	3.0%	-3.0%
No Religion	13	28%	19.3%	+8.7
Any other religion (please specify)	0	0%	0.5%	-0.5%
Prefer not to say	0	0%	N/a	N/a
Not Answered	10	13%	6.5%	+6.5
Blank	0	0%	N/a	N/a
Actual Total Respondents	48	100.00%	100.0%	

*Values less than 4 have been suppressed to 0 and values between 5 and 10 have been suppressed to 10. Total counts below do not match the total responses due to suppressing responses.

**Source: Birmingham City Council, *Key Statistics on 2011 Census*, https://www.birmingham.gov.uk/downloads/download/968/census_2011_key_statistics_reports_constituency_and_wards

Appendix G: Ward Forum Feedback

Summary

The Health and Wellbeing Strategy addresses some of the critical challenges Birmingham faces. Delivering this strategy requires input from many organisations across the city. It focuses on the needs of service users and communities, to tackle the factors that impact upon health and wellbeing across service boundaries.

The Birmingham Health and Wellbeing Board has recently completed a consultation period on the draft of its new strategy: Creating a Bolder, Healthier City. It contains five core themes running throughout the life course and two cross-cutting approaches. It is also underpinned by the priority of Closing the Gap, reducing health inequalities that have been highlighted and exacerbated by the COVID-19 pandemic.

Method

The consultation period for the Health and Wellbeing Strategy was opened on September 23rd, 2021 and closed on December 10th, 2021. During this period, the primary means of consultation was through a digital survey on the council's BeHeard website. This was added to by a number of other methods, including commissioned focus groups and webinars by senior council officers.

One aspect of the consultation has been to present the draft strategy at local Ward Forums. Ward forums are chaired by the local councillors for that ward and provide an opportunity for residents to discuss important local matters around crime, health, and environment.

The format of this consultation involved a Service Lead Officer from Public Health presenting a short introduction to the strategy and its different themes. They then opened up the discussion for questions and comments. Any questions that couldn't be answered during the session were followed up and the chair of the forum received an email response.

Findings

All councillors were offered the opportunity for public health officers to attend a ward forum. Those attended were all held virtually. The wards attended were: Soho and Jewellery Quarter, Stirchley, Shard End, Sutton Vesey, Nechells, Sutton Reddip, Sparkhill, Hall Green South, and Gravelly Hill.

Attendance to the ward forum varies, with the average number in attendance being 10, including councillors and officers. Due to the varied attendance numbers, the majority of questions were from councillors. However, these questions usually provoked further discussion.

The intent of the strategy was received positively although it was expressed at multiple forum's that some of the topics have been an issue for several years, even decades now, and that previous strategies had 'come and gone' with little effect. Therefore, it was asked how this strategy would clearly have the desired impact.

Themes

Housing

- In several ward forums, quality and condition of housing was discussed as a significant factor for a person's health and wellbeing. For example, poorly insulated buildings can lead to a colder internal temperature and itself lead to pneumonia and other respiratory diseases.
- In the Sutton Vesey ward forum, it was asked how housing has been considered within the strategy. It was noted that housing, as a wider determinant of health, could certainly be given more prominence within the strategy.
- There was a suggestion that a representative from the BCC Housing Department could be invited in future to the Health and Wellbeing Board to discuss possible membership.

Air Quality

- Air pollution and air quality were also brought up in several ward forums as both a short and long-term health concern. For example, in the Gravelly Hill ward forum, it was highlighted that the negative health impacts of living on/near the Tyburn Road need to be negated through this strategy.

Social care/Carers

- There was a question from the Stirchley ward forum about the presence of carers on the Health and Wellbeing Board. While it was noted that there are several strategic leads on the board's membership, there could be increased representation of carers (especially unpaid) on the sub-forums.
- There was a wider concern highlighted that previous strategies have fallen short when trying to integrate health and social care and how this strategy in particular would not have the same result. It was addressed by saying that there will be greater accountability built into the strategy through the fora's responsibility for delivery and the Health and Wellbeing Board's responsibility for oversight.

Health Inequalities

- Several queries were around how this strategy would help to tackle local health inequalities within specific wards.

Mental Health and Wellbeing

- It was asked in the Sutton Reddicap ward forum how mental health and wellbeing, particularly relating to children, would be factored in and which partner/s would be delivering on this. It was noted that actions in both Theme 2 and Mitigating the legacy of Covid-19 would be aimed towards children's wellbeing. It was noted though that in the ambitions for the life course, there could be a greater focus on children's mental health and wellbeing, specifically for ages 14 to 18.

Appendix H: Health Impact Assessment

Summary

A Health Impact Assessment (HIA) is a tool that seeks to improve the quality of policy decisions by evaluating the likely positive and negative health impacts from proposed programmes or policies and making recommendations to improve positive health impacts and mitigate negative ones.

As the responses from the public consultation were low (142), the HIA in addition to the focus groups and feedback from Stakeholders enabled us to identify and make recommendations to improve positive health impacts and mitigate negative ones across the strategy.

The HIA questionnaire was developed and participants were selected from different backgrounds especially from groups that did not have an active participation in the public consultation. A total of 7 HIA interviews were held with representatives from the Business Community, Sikh Community, LGBTQ Community, Pakistani Community, Academic Community, Deaf Community and Digitally Impaired Community.

The primary objective was to identify if there were any potential health gains or losses, health issues and public concerns identified from the themes? E.g. factors from the social and physical environment (i.e. housing quality, crime rates, and social networks), personal or family circumstances (i.e. diet, exercise, risk-taking behaviour, and employment), and access to public services.

It was further developed to explore who will be affected by the five strategy and life course themes and what conclusions can be drawn and recommendations made that might remove/mitigate negative impacts on health and enhance positive benefits?

A summary of the results from the Health Impact Assessment is described below.

Negative Impacts

Overall Strategy

- Review the language used to ensure it is plain English - The participants felt that the usage of jargon and data was excessive making it uneasy to comprehend a lot of the information described E.g. The Healthy Planning Toolkit, Triple Zero Strategy etc could benefit the public with explanation on what they are and what do they aim to achieve at least concisely in brackets or footnotes.
- Participants opined the Strategy was ambitious and voiced concerns over whether it was achievable as they felt there was a disconnect between stated ambitions of the Strategy and what happens on the ground, particularly around planning and implementation.
- Participants also felt that inequality was not addressed in terms of ethnicity/communities but instead were solely focussing on geographical areas.

Food Theme

- Inequality in Diets- The Strategy should explore whether people's diet and affordability changed during the pandemic.
- The Strategy has to draw focus on issues relating with food and eating disorders in the LGBTQ+ community as it is very common and Covid -19 has exacerbated that.
- Covid-19 in general has a negative impact on people's food quality, access to food, being in furlough and disadvantaged groups.

Mental Wellness and Balance

- Elderly Community- Lack of socialisation, lack of community support and deaths in the community have affected mental health.

Physical Activity

- Most participants were of the view that cost was a major barrier to participation and access in physical activity.

Protect and Detect

- Nothing explicit was there in the ambitions especially relating to domestic violence and community safety.
- Unfortunate there are groups who aren't willing to engage in vaccination.

Positive Impacts

Green Spaces

- The participants welcomed a focus on clean air in the whole city, not just the area covered by the Clean Air Zone (CAZ).

Protect and Detect

- Participants supported tackling the root causes of crime and efforts to divert young people away from criminal activity through youth provision.
- Promotion of Covid -19 vaccination have improved access to ethnic communities.

Recommendations

Overall Strategy

- Participants opined that the strategy should also be culturally sensitive and inclusive of all communities and ethnicities
- Prioritise tackling the financial barriers to health.
- Measuring Success – Annual targets should feed into the longer-term success of the Strategy for each theme indicator wherever possible.
- Infographics need to be communicating messages concisely and precisely.

Food theme

- The Strategy will need to look into what type of changes have people made in their cooking during the pandemic in terms of choice and affordability.

Mental Wellness and Balance

- There is scope to work with employers, charities and universities to design workplaces around positive wellbeing and how we work differently to tackle mental health challenges in the long term.

Physical Activity

- Include physical inactivity prevalence relationship with mental health

- Addition of inclusive spaces especially with regards to Physical activity as it affects women and groups within the LGBTQ community.

Green Spaces

- Not just clean air but volume of traffic needs to be considered in these actions. There are indirect health benefits across the themes if people are actively commuting without dependence on cars.