

	<b><u>Agenda Item: 13</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>24 September 2019</b>
<b>TITLE:</b>	<b>PUBLIC HEALTH GREEN PAPER - CONSULTATION RESPONSE</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Justin Varney, Director of Public health</b>

<b>Report Type:</b>	<b>Information</b>
---------------------	--------------------

<b>1. Purpose:</b>
<p>1.1 To inform the Board of the findings of the Public Health Green Paper consultation and the mechanisms by which the issues raised will be progressed.</p>

2. Implications: # Please indicate Y or N as appropriate]		
BHWB Strategy Priorities	Childhood Obesity	Y
	Health Inequalities	Y
Joint Strategic Needs Assessment		Y
Creating a Healthy Food City		Y
Creating a Mentally Healthy City		Y
Creating an Active City		Y
Creating a City without Inequality		Y
Health Protection		Y

<b>3. Recommendation</b>
<p>The Health and Wellbeing Board is asked to note:</p> <p>3.1 The findings from the Public Health Green Paper public consultation as summarised in this report and <b>Appendices A-D</b>.</p> <p>3.2 The mechanisms by which the issues raised will be progressed.</p>

## **4. Report Body**

### **4.1 Executive Summary**

- 4.1.1 In March-May 2019 the Public Health Division ran a public consultation exercise on its Public Health Green Paper. The aim of the Green Paper was to initiate a conversation with the public on key areas of inequality and need observed within the City.
- 4.1.2 The public consultation process comprised an on-line questionnaire hosted on the Council's Be Heard website; hard copy questionnaires made available in a number of community locations such as GP practices and ward forum venues; and community based focus groups.
- 4.1.3 In total 447 consultation responses were received and the views of approximately 600 members of public were gathered at ward forums and community based focus groups.
- 4.1.4 The headline responses from the public consultation were as follows:
- Strong support for the overarching theme of reducing health inequalities and significant support for work to reduce rates of infant mortality.
  - A gap was identified around a specific public health focus on mental health and wellbeing.
  - A need to better articulate the health and wellbeing benefits of the Commonwealth Games to the population. Although it is important to note that the consultation pre-dates the public launch in August and the development of the legacy work-stream on physical activity and wellbeing which will help bring these benefits out more clearly.
- 4.1.5 As a result of the consultation responses the Health and Wellbeing Board has established four new sub-forums to accelerate partnership action on health inequalities in the city, this includes a new forum focused on mental health and wellbeing.
- 4.1.6 Public feedback on the consultation and its impact will be made available through a "We Asked, You Said, We Did" report which will be published on the Be Heard website; the raw consultation response data and commissioned focus group reports will be made available for public view in the Council House and where requested the Public Health Division will return to Ward Forums who participated in the consultation to feedback.

### **4.2 Consultation**

- 4.2.1 In March-May 2019 the Public Health Division ran a public consultation exercise on its Public Health Green paper. The aim of the Green Paper was to initiate a conversation with the public on key areas of inequality and need observed within the City.
- 4.2.2 The public consultation process comprised an on-line questionnaire hosted on the Council's Be Heard website; hard copy questionnaires made available in a

number of community locations such as GP practices and ward forum venues; and, community based focus groups.

4.2.3 The Public Health Division attended 21 ward forums to discuss the consultation and commissioned a number of local community organisation to deliver targeted engagement activities to strengthen participation from under-represented groups through an open tender process. The Division also commissioned BeatFreaks to develop an interactive prioritisation installation that was used in community settings to engage citizens in a different way about the priorities.

4.2.4 The consultation was supported with a suite of consultation products such as infographics and detailed presentations on the proposed priority areas of need identified within the consultation.

4.2.5 In total 447 consultation responses were received and the views of approximately 600 members of public were gathered at ward forums and community based focus groups.

4.2.6 The headline responses from the public consultation were as follows:

- Strong support for the overarching theme of reducing health inequalities and significant support for work to reduce rates of infant mortality.
- A gap was identified around specific public health focus on mental health and wellbeing.
- A need to better articulate the health and wellbeing benefits of the Commonwealth Games to the population. Although it is important to note that the consultation pre-dates the public launch in August and the development of the legacy work-stream on physical activity and wellbeing which will help bring these benefits out more clearly.

4.2.7 The consultation approach highlights some key lessons to improve future consultations, these include:

- Recognising the long lead in time to gain inclusion in ward forum agendas.
- The use of real-time demographic analysis of responses was useful to be able to commission additional targeted engagement activity to address under-representation.
- There is a need to develop easy read resources as part of the consultation materials to improve participation and access for people with learning disabilities and low levels of English reading skills.
- Specific consideration is needed to improve meaningful consultation and engagement with children and young people and to enable children's voice in complex consultations, similar consideration is needed for other protected characteristic groups, especially those with learning disabilities.

4.2.9 The consultation findings are available in **Appendices A-D**.

### **4.3 Next Steps / Delivery**

4.3.1 As a result of the responses received, the Health and Wellbeing Board has five sub-groups to oversee development and delivery of shared action to drive City-wide improvement in the following areas:

- Creating a Mentally Healthy City Forum
- Creating a Healthy Food Forum
- Creating an Active City Forum
- Creating a City without Inequality Forum
- Health Protection Forum (already established)

4.3.2 These Forums will be chaired by Cabinet Members and will involve cross party representation as well as key strategic partners from across the City and region to accelerate action and will strengthen the connection between the Health and Wellbeing Board and other City and regional partnership bodies. These Forums will hold their initial meetings in October 2019. Each will report progress to the Health and Wellbeing Board on an annual rotational basis.

4.3.3 Action on addressing infant mortality will be taken forward through the existing Birmingham United Maternity Partnership (BUMP) and through the Child Death Overview Panel. The consultation reinforced many of the recommendations set out in the 2018 Director of Public Health Annual Report: Fulfilling Lives for Under Fives and this links into the Children's health transformation work being led by Birmingham and Solihull Clinical Commissioning Group.

4.3.4 Work to increase the understanding and visibility of the health and wellbeing benefits of the Commonwealth Games is being taken forward by the Director of Public Health (DPH), who is the lead DPH for the West Midlands Association of Directors of Public Health for the Games and is part of the leadership group developing the physical activity and wellbeing legacy workstream.

4.3.5 Feedback on the consultation findings and our response will be through a public "We Asked, You Said, We Did" document and where requested the Public Health Division will return to Ward Forums that participated in the consultation to feedback in person.

4.3.6 The Director of Public Health has been commissioned by the Health and Wellbeing Board to write a Creating a Healthy City Framework which will provide an overarching framework for the Health and Wellbeing Board's shared ambition to protect and improve the health and wellbeing of the citizens of Birmingham. The Framework approach will identify the actions led through a matrix of strategies and action plans across the Council and its partners to deliver change. This will be developed over the Winter/Spring 2019/20.

<b>5. Compliance Issues</b>
<b>5.1 HWBB Forum Responsibility and Board Update</b>
The Health and Wellbeing Board has agreed a number of sub-groups to progress action to improve health inequalities in the City: Creating a Mentally Healthy City Forum; Creating a Healthy Food Forum; Creating an Active City Forum; Creating a City without Inequality Forum and the Health Protection Forum.
<b>5.2 Management Responsibility</b>
Paul Campbell, Acting Service Lead, Public Health
<b>6. Risk Analysis</b>
Risks around the delivery of measurable improvements to reduce health inequalities in the City will be monitored via each of the Health and Wellbeing Board sub-groups and reported to the Board.
<b>Appendices</b>
Appendix A: Public Health Green Paper Consultation 2019 Summary Feedback
Appendix B: Public Health Green Paper Demographic profile of respondents
Appendix C: Green Paper Consultation response question response tables (excel sheet)
Appendix D: Focus Group feedback

The following people have been involved in the preparation of this board paper:

Elizabeth Griffiths  
Acting Assistant Director of Public Health  
Tel: 07 548 713 687  
Email: [Elizabeth.Griffiths@birmingham.gov](mailto:Elizabeth.Griffiths@birmingham.gov)

## **Appendix A: Public Health Green Paper Consultation 2019 Summary Feedback**

### **1 Public Health Green Paper Consultation Summary Feedback**

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

#### **Respondents**

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

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

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

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

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

#### **Overarching priority: Health Inequalities**

- 1.1 85% of respondents agreed with the Public Health vision and core values as laid out in the Public Health Green Paper. 94% of

respondents to the consultation questionnaire agreed or strongly agreed that health inequalities should be considered across our work.

### **Priority 1: Child Health**

- 1.2 90% of respondents to the questionnaire agreed or strongly agreed that Child Health should be one of the priorities.
- 1.3 In addition there was consensus by the faith based focus groups that the three themes were the right themes to focus on in the strategy for child health.
- 1.4 Reducing infant mortality was the highest supported priority within the Child Health area; 91% of respondents agreed or strongly agreed that this should be a priority.
- 1.5 Taking a whole systems approach to childhood obesity was supported by 88% of respondents to the questionnaire. This topic provoked the most interest from the faith base focus groups; participants were surprised by the increase in the rates of obesity in Birmingham from reception to Year 6.
- 1.6 Supporting the mental health of our most vulnerable children was supported 87% of respondents to the questionnaire; however there was support that this should be extended so that support for mental health and wellbeing was a priority for all, not just those in vulnerable groups.

### **Priority 2: Working age adults**

- 1.7 Support for the working age adult theme was also high with 87% of respondents agreeing or strongly agreeing that this should be a priority. Responses from the interactive prioritisation installation run by Beatfreaks to seek the views of young people (those under 30 years) rated working age adults as the highest priority for support as they were seen as the centre of support for both children and the elderly and as such ranked the highest for both priority and potential impact.
- 1.8 Supporting workplaces to improve their employee wellbeing offer was supported by 84% of respondents; addressing the cumulative impact of unhealthy behaviours was supported by 85% and supporting the mental and physical health of our most vulnerable adults was supported by 91% of respondents.
- 1.9 Feedback from the Muslim focus groups suggested that these priorities broadly focussed on the right things yet it was felt that there should be a greater focus on men's health, and in particular men's mental health.



### **Priority 3: Older adults**

- 1.10 92% of respondents supported that older adults should be one of our priority areas. The highest levels of support were for supporting the mental and physical health of our most vulnerable older people, which was supported by 93% of respondents, reducing social isolation which was supported by 92% of respondents and developing community assets which was supported by 90% of respondents. Providing system wide information and support received the lowest levels of support at 84% of respondents to the questionnaire.

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

### **Priority 4: Healthy environment**

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

### **Maximising the health gains from hosting the Commonwealth Games**

- 1.12 Of all the priorities proposed within the Green Paper, maximising the public health gains of the Commonwealth Games received the lowest levels of support, 60% of respondents to the survey agreed or strongly agreed that this should be a priority with 18% of respondents disagreeing or strongly disagreeing.
- 1.13 The faith based focus groups felt that the Commonwealth Games could really help to get children and parents interested in sport but that there would need to be opportunity for them act upon this interest and funding for community level sport. There was also a view that the



Games was a good opportunity to get rid of bad or old buildings and lead to new assets that stay for the communities after the games. Overall the groups were very positive and excited about the Games coming to Birmingham.

## Appendix B: Public Health Green Paper Demographic profile of respondents

Table 1: Public Health Green Paper consultation respondents by age.

Age Group	Number of respondents*	% of those responding	% of total Birmingham population
Under 19	0	0%	28%
20 -24	10	2%	9%
25 -29	13	3%	8%
30 -34	24	5%	7%
35 - 39	27	6%	7%
40- 44	37	8%	6%
45- 49	49	11%	6%
50 - 54	63	14%	6%
55- 59	79	18%	5%
60 - 64	43	10%	4%
65 - 69	33	8%	4%
70 - 74	30	7%	3%
75 - 79	15	3%	2%
80 - 84	0	0%	2%
85+	0	0%	2%
Prefer not to say	17	4%	N/A
<b>Supressed Total Respondents</b>	<b>440</b>	<b>100%</b>	<b>N/A</b>

\*Answers less than 4 suppressed to 0 and answers between 5 and 10 suppressed to 10, Total counts below, do not match the total responses due to suppressing responses

Source: ONS 2018 mid-year population estimates

**Table 2: Public Health Green Paper Consultation respondents by Gender.**

Gender	Number of respondents*	% of those responding	% of total Birmingham population
Male	168	38%	<b>49.5%</b>
Female	244	55%	<b>50.5%</b>
Other	0	0%	<b>0%</b>
Prefer not to say	28	6%	<b>0%</b>
<b>Supressed Total Respondents</b>	<b>440</b>	<b>100%</b>	<b>N/A</b>

\*Answers less than 4 supressed to 0 and answers between 5 and 10 supressed to 10, Total counts below, do not match the total responses due to suppressing responses

**Table 3: Public Health Green Paper Consultation respondents by physical or mental health condition.**

<b>Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?</b>	<b>Number of respondents*</b>	<b>% of those responding</b>	<b>% of total England population</b>
Yes	158	36%	<b>38.9%</b>
No	245	56%	<b>61.1%</b>
Prefer not to say	31	7%	
<b>Suppressed Total Respondents</b>	<b>440</b>	<b>100%</b>	<b>N/A</b>
<b>Actual Total Respondents</b>	<b>447</b>	<b>N/A</b>	<b>N/A</b>
<i>Those that answered yes :</i> <b>Affected by the following long-term physical or mental health conditions or illnesses</b>	<b>Number of respondents*</b>	<b>% of those responding</b>	
Physical or mental conditions	138	31%	
Vision	0	0%	
Hearing	28	6%	
Mobility	0	0%	
Dexterity	0	0%	
Learning or understanding or concentrating	0	0%	
Memory	0	0%	
Mental Health	4	1%	
Stamina, breathing or fatigue	0	0%	
Socially or behaviourally	0	0%	
Other (please specify)	0	0%	

\*Answers less than 4 suppressed to 0 and answers between 5 and 10 suppressed to 10, Total counts below, do not match the total responses due to suppressing responses

**Table 4: Public Health Green Paper Consultation respondents by Ethnicity.**

<b>Ethnicity</b>	<b>Number of respondents*</b>	<b>% of those responding</b>	<b>% of total Birmingham population</b>
White/White British / White European / White Other	352	82%	57.9%
Mixed/multiple ethnic Groups	12	3%	4.4%
Black / Black British / Black African / Black Caribbean	30	7%	8.9%
Asian/Asian British	35	8%	26.6%
Other			2.2%
Prefer not to say	15		N/A
<b>Supressed Total Respondents</b>	<b>444</b>		N/A

\*Answers less than 4 suppressed to 0 and answers between 5 and 10 suppressed to 10, Total counts below, do not match the total responses due to suppressing responses

**Table 5: Public Health Green Paper Consultation respondents by Sexual Orientation**

<b>Sexual orientation</b>	<b>Number of respondents*</b>	<b>% of those responding</b>	<b>% of total Birmingham population**</b>
Heterosexual or straight	302	74%	} ~97.5-96.1% 2.5-3.9%
Bisexual	10	2%	
Gay or Lesbian	21	5%	
Other	12	3%	
Prefer not to say	65	16%	
<b>Supressed Total Respondents</b>	<b>410</b>	<b>100%</b>	<b>N/A</b>

\*Answers less than 4 suppressed to 0 and answers between 5 and 10 suppressed to 10, Total counts below, do not match the total responses due to suppressing responses

\*\*Source: Birmingham PH Division, estimates derived from NHS GP Patient Survey (2017). IPSOS Mori. <https://gp-patient.co.uk/surveysandreports2017>

**Table 6: Public Health Green Paper Consultation respondents by Religion or Belief**

<b>Sexual orientation</b>	<b>Number of respondents*</b>	<b>% of those responding</b>	<b>% of total Birmingham population</b>
Christian	179	43%	46.1%
Buddhist	0	0%	0.4%
Hindu	0	0%	2.1%
Jewish	0	0%	0.2%
Muslim	19	5%	21.8%
Sikh	10	2%	3.0%
No religion	142	34%	19.3%
Any other religion	10	2%	0.5%
Prefer not to say	61	14%	6.5%
<b>Supressed Total Respondents</b>	<b>421</b>	<b>100%</b>	<b>N/A</b>

\*Answers less than 4 suppressed to 0 and answers between 5 and 10 suppressed to 10, Total counts below, do not match the total responses due to suppressing responses

**N.B. Green Paper Consultation response question response tables can be found in Appendix C (excel sheet)**

## **Appendix D: Focus Group feedback**

### **Focus Group Feedback**

Real-time demographic analysis of responses allowed the Public Health Division to commission additional targeted engagement activity to address under-representation in the following areas: children and young people, the Muslim, Hindu and Sikh communities and BAME (black and minority ethnic) groups.

Three local organisations were commissioned to undertake targeted participation activities. This summary details the feedback received.

#### **Doink, Beatfreaks collective**

Population: Children and Young People

Opportunistic sampling at Asda Bordesley Green and Sparkhill Swimming Pool

The Beatfreaks research centred around three questions –

- Which priorities need action first?
- Which priorities have the biggest impact?
- What does your community need to action these priorities?

#### **Key findings:**

Working aged people were seen as the centre of support for both children and the elderly and as such ranked the highest in priority and in impact. This was despite people showing greater concern for the plight of children and the elderly in our city. Suggested support for working age adults including access to training and employment to tackle joblessness (which was perceived to be a root cause of many other issues) and carer services. It was felt that engaging with schools, faith centres and workplaces are key to connecting with this demographic.

Many respondents, particularly those of faith-based communities felt that problems surrounding drug or alcohol misuse were not issues that affected “their communities”; similarly loneliness in older adults were not seen to be issues as many people in that part of the city live in multi-generational households.

A need to identify a different approach to engaging women, especially homemakers was raised. It was felt that engagement could focus around schools.

The environment was ranked lowest in priority and was seen to affect people personally the least. However through discussion people made links between a healthier environment and the health of Birmingham’s citizens.



## **The Active Wellbeing Society**

Population: Adults from faith communities; Muslim, Hindu and Sikh women

Number of Focus Group participants: 23 (2 sessions)

Total number of participants: 23

### **Key findings:**

#### **Priority 1: Child Health**

There was consensus by both groups that the three themes - based on a discussion around the statistics and contributory risk factors – were the right themes to focus on in the strategy for child health.

The theme that both groups particularly focussed their attention and interest on was the childhood obesity theme, and participants were surprised by the increase in the rates of obesity from primary school entry (11.3%), to exit (25.6%). This provoked much discussion around the opportunities – where interventions and education should be provided and at what age should we be focusing efforts. Pregnancy and postnatal were identified as high-risk times for Muslim women in terms of mental and physical wellbeing. The Muslim Focus Group agreed that parenting support and support in pregnancy (i.e. education and information giving) was important to ensure a happy mum and happy baby

#### **Priority 2: Working Age Adults**

Overall, both groups felt that the themes were broadly focused on the right things. However, the Muslim Focus Group commented that there is nothing specific on men's health, something that they felt needed attention and particularly men's mental health.

#### **Priority 3: Ageing Well/Older adults**

The discussion around ageing well – the risks, what Public Health can influence and opportunities to tackle it very much crossed over all three themes in this priority for both focus groups. Participants also felt that this priority very much linked to the previous themes about the importance of providing opportunities for people to be socially and physically active.

In the Muslim Focus Group, the conversation quickly focused on how significant the group felt the impact of isolation was in older people. Linked to the Child Health priority, participants discussed that there can be a perception that isolation is less of an issue in the Asian community as there are "large families and you look after your elders", however, the group all agreed that feeling lonely and isolated is not always about whether there are people around you. Some of the group also suggested that this can actually add to isolation in older people.

There was a view that we need to have more older people's activities – social and physical that tackle isolation. Comments were that there should be activities that stimulate conversations, peer support, spending time with others outside the family. There was an agreement that we need to look after not just vulnerable older adults, but older adults more generally to stop them sliding into this category.

#### Priority 4: Healthy Environment – main findings

Whilst there were some discussions about air quality in the Hindu/Sikh Focus Groups, both groups focused their discussions on health protection, particularly vaccinations.

##### Commonwealth Games

In terms of impact, there was a view that it could really help to get children and parents interested in sport but that there would need to opportunity to them act upon this interest and funding for community level sport. There was also a view that the CWG is a good opportunity to get rid of bad or old buildings and lead to new assets that stay for the communities after the games, such as Perry Barr train station and the extension of the nearby cycle lane, and that it could bring new equipment. Overall, the groups were very positive and excited about the CWG coming to Birmingham.

##### **Smart Women CIC**

Population: Sparkbrook B11 area; participants recruited from local organisations: Ashiana Community Project, Bosnia House, Fallows Road Resident Association, ISRA, Muath Trust, Narthex Sparkhill, Yemeni Community Foundation

Number of Focus Group participants: 192 (12 sessions)

Participants invited to review and evaluate findings: 106

Questionnaires processed: 242

Total number of participants: 450

Key findings: the main concerns raised within participants were around access to information, and access to health and community services to enable behavioural change such as weight loss, and the self-management of conditions such as Type 2 Diabetes.