BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 24 SEPTEMBER 2019 AT 15:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 **DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 **APOLOGIES**

To receive any apologies.

4 **EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC**

a) To highlight reports or appendices which officers have identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.

Item No.19 Exempt Paragraph 4
Item No. 20 Exempt Paragraph 2

b) To formally pass the following resolution:-
RESOLVED – That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting

during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

5   **MINUTES AND MATTERS ARISING - PUBLIC**

To confirm the public part of the Minutes of the meeting held on the 30 July 2019.

6   **ACTION LOG (15:05 - 15:10)**

To confirm the action log as current and correct and address any issues.

7   **CHAIR'S UPDATE**

To receive an oral update.

8   **PUBLIC QUESTIONS**

Members of the Board to consider questions submitted by members of the public.
The deadline for receipt of public questions is 5.00pm on Thursday 19 September 2019. Questions should be sent to:
HealthyBrum@Birmingham.gov.uk **(No person may submit more than one question)**
Questions will be addressed in correlation to the agenda items and within the timescales allocated. This will be included in the broadcast via the Council's Internet site (www.civico.net/birmingham). **NB: The questions and answers will not be reproduced in the minutes.**

9   **SUICIDE PREVENTION STRATEGY (15:15 - 15:30)**

Dr Justin Varney, Director of Public Health Birmingham City Council, will present the item.

10   **HWBB PRIORITIES UPDATE: HEALTH INEQUALITIES, FORWARD TRAJECTORY (15:30 - 15:45)**

Dr Justin Varney, Director of Public Health Birmingham City Council, will present the item.

11   **CAMHS ACCESS AND MENTAL HEALTH PATHWAY IMPROVEMENT (15:45 - 16:00)**

Carol McCauley, Commissioner 0 – 25 Children, Young People and Young Adults Mental Health for Birmingham and Solihull CCG to present the item.

12 **JSNA DEEP DIVE REVIEW FORWARD PLAN**

Information Item

13 **PUBLIC HEALTH PRIORITIES GREEN PAPER RESPONSE**

Information Item

14 **BETTER CARE FUND GOVERNANCE AGREEMENT REPORT**

Decision Item

15 **FORWARD PLAN REVIEW**

To review the Forward Plan

16 **FINALISE AGENDA FOR NEXT MEETING**

To finalise the agenda for the next Birmingham Health and Wellbeing Board Meeting.

17 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

18 **DATE, TIME AND VENUE OF NEXT MEETING**

To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 26 November 2019, at 1500 hours in Committee Rooms 3&4, Council House.

19 **NHS LONG TERM PLAN: BSOL CCG RESPONSE (16:10 - 17:00)**

Harvir Lawrence, Director of Planning and Delivery, Birmingham and Solihull CCG, will present the item.

20 **MINUTES - PRIVATE**

- Information which is likely to reveal the identify of an individual;

BIRMINGHAM CITY COUNCIL

> **BIRMINGHAM HEALTH AND
> WELLBEING BOARD
> TUESDAY,
> 30 JULY 2019**

**MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND
WELLBEING BOARD HELD ON TUESDAY 30 JULY 2019 AT 1400
HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM B1 1BB**

PRESENT: -

Dr Justin Varney, Director of Public Health, Birmingham City Council
Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and
Solihull Mental Health Trust
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Andy Cave, Chief Executive, Healthwatch Birmingham
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS
Foundation Trust
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Dr Ian Sykes, Sandwell and West Birmingham CCG

ALSO PRESENT:-

Elizabeth Griffiths, Acting Assistant Director of Public Health
Rebecca Hadley, SIFA FIRESIDE
Kalvinder Kholi, Head of Service – Commissioning, Adult Social Care and
Health
Dr Dennis Wilkes, Assistant Director of Public Health
Errol Wilson, Committee Services

In the absence of the Chair, Councillor Paulette Hamilton and the Deputy Chair,
Dr Peter Ingham, Paul Jennings nominated Dr Justin Varney to chair the
meeting. This was seconded by Councillor Kate Booth.

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DR JUSTIN VARNEY IN THE CHAIR
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NOTICE OF RECORDING/WEBCAST

389   The Chair advised, and the Committee noted, that this meeting would be
        webcast for live or subsequent broadcast via the Council's Internet site
        (www.civico.net/birmingham) and that members of the press/public may

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record and take photographs except where there are confidential or exempt items.

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APPOINTMENT OF HEALTH AND WELLBEING BOARD – FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP

The following schedule outlining the functions, terms of reference and membership of the Health and Wellbeing Board agreed by Cabinet on 25 June 2019 was submitted:-

(See document No. 1)

390   **RESOLVED:-**

That the re-appointment of the Health and Wellbeing Board with the functions, terms of reference and membership as outlined in the schedule be noted.

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DECLARATIONS OF INTERESTS

391   Dr Ian Sykes declared his non-pecuniary interest as a practicing General Practitioner (GP) in Sandwell and as a paid employee of Sandwell and West Birmingham Clinical Commissioning Group (CCG) medical Services.

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APOLOGIES

392   Apologies for absence were submitted on behalf of Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Chair of Birmingham Health and Wellbeing Board
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Graeme Betts, Director for Adult Social Care and Health Directorate
Chief Superintendent John Denley, West Midlands Police
Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE (but Rebecca Hadley as substitute)
Dr Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Sarah Sinclair, Interim Assistant Director, Children and Young People Directorate
Gaynor Smith, Senior Employer and Partnership Leader, Birmingham and Solihull District, Department for Work and Pensions

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DATES OF MEETINGS

393   **RESOLVED: -**

That the Birmingham Health and Wellbeing Board noted the dates of the meetings of the Board for 2019/2020 as follows:-

2019	**2020**
30 July	21 January
24 September	17 March
26 November	

All meetings will be held on Tuesdays commencing at 1500 hours (unless otherwise stated) in Committee Rooms 3&4, Council House, Victoria Square, Birmingham B1 1BB.

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MINUTES AND MATTERS ARISING - PUBLIC

Minute No. 376 (page 13 of 280) - The Chair advised that in relation to the deep dives, the Delphi was in process.

Minute No. 378 *ACTION: The Chair commented that it was important to get a quarterly report back to the Board on everything and specifically around immunisation. This could be done on a quarterly or bi-monthly basis.* The Chair suggested that this be taken up in one of the sub-groups that were being proposed (later on the main agenda) to the Health and Wellbeing Board reporting mechanism.

394   **RESOLVED: -**

That the public part of the Minutes of the meeting held on 30 April 2019, having been previously circulated, were confirmed and signed by the Chair.

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NOTES OF INFORMAL MEETING ON THE 18 JUNE 2019

395   Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and advised that there was a decision to be ratified from the Notes of the informal meeting that was held on the 18 June 2019 by the Board in relation to – *The Board agreed to adopt the recommended indicators for its Health Inequalities dashboard.*

He added that there was a further paper on mapping which Elizabeth Griffiths, Acting Assistant Director of Public Health will present.

The Chair drew the attention of the Board to page 2 of the Notes and advised that there were actions in relation to Active Travel.

ACTION: *A mapping of Active Travel was to come back to the Board, but this would be picked up around the proposed new structures of the Board for Board members to encourage the use of the developer's toolkit.*

This will be circulated to members with some guidance on how this could be used effectively.

Birmingham Health and Wellbeing Board – 30 July 2019

OUTSTANDING ACTION: Similarly, *Board members to look at opportunities for employment for people with learning difficulties and mental health within their organisations.* This was an on-going interest for the Board to realise.

There were a series of actions in relation to Changing Places:
ACTIONS:-

> *Maria Gavin to see whether changing places can be a specific requirement for Commonwealth Games new-builds.* An update on this was required from Professor Graeme Betts, Director for Adult Social Care and Health Directorate.

> *Board Chair to write to West Midlands Combined Authority (WMCA) around transport infrastructure hubs: where there is a full station refurbishment changing places to be included*
> *Board Chair to write to the Neighbourhoods Directorate to support the implementation of changing places in parks*

The Chair stated that in relation to the following ACTIONS, they needed to think outside the meeting how they could help enable better connection with Elected Members:

> *Birmingham and Solihull Sustainability and Transformation Partnership (STP) to work with local Elected Members around awareness raising of ICS and PCNs – what they mean and the implications.*

> *The Board raised concern that changes to West Birmingham area could cause de-stabilisation for the system and the citizen experience Commissioners and providers agreed to meet outside of the meeting and report back to the Board on how we get to an integrated system – particular reference to equity of provision for West Birmingham*

The Chair commented that colleagues were fully aware of the Board's views and feelings and concerns around West Birmingham. He was pleased that they had West Birmingham and Sandwell CCG present at the meeting. Since the decision was made there had been much stronger engagement.

Birmingham Health and Wellbeing Board: May 2019 Development Session Feedback

The following report was submitted:-

(See document No. 1)

Elizabeth Griffiths, Acting Assistant Director of Public Health introduced the item and made the following statements: -

> At the previous meeting, they had talked through the actions of the Health and Wellbeing Board Development Session.
> She was tasked with developing a health inequalities matrix they could use to look at their indicators to monitor health inequalities throughout the work programme.

- ➢ At the informal meeting the Board agreed the suggested indicators within the enclosed report (Report 7a) within the packs.
- ➢ This incorporates a number of different indicators at different geographical levels some of those were looking at inequalities comparing Birmingham to other areas in the country.
- ➢ Others were looking at inequalities within Birmingham whether that was between Wards or GP practice areas - others were looking at specific defined populations, example those who were eligible for free school meals status or those with learning disabilities.
- ➢ Within the matrix was a range of indicators that crossed physical health, mental health and wellbeing.
- ➢ By taking this approach they were able to monitor a wide range of health inequalities developments.
- ➢ The Sub-Groups to the Health and Wellbeing Board will each be taking some of these indicators to lead on and discuss.
- ➢ At the next formal meeting of the Board in September 2019, a paper will be submitted to the Board to explain what *good looked like* for each of these indicators and the direction of travel that they would like to see on each of them.
- ➢ They will explain the rationale behind each of those and what the limitations were for each of these.
- ➢ It was informally agreed by the Board to adopt these indicators, but she would like to receive a formal approval that could be minuted.

Dr Varney stated that he was happy to nominate them if he could have them seconded. Councillor Booth seconded the nomination.

396   **RESOLVED: -**

The Board adopted the health inequality measures outlined in the Table 2 of the report for its health inequalities dashboard.

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ACTION LOG

397   The following Action Log was submitted:-

(See document No. 2)

Dr Justin Varney, Director of Public Health advised that most of the issues in the action log were covered. He added that he would get the secretariat to get a written update on the action log before it comes to the Board which would help to identify where there were gaps.

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CHAIR'S UPDATE

398   There was no Chair's update for this meeting.

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PUBLIC QUESTIONS

399   None submitted.

DEVELOPMENT OF HEALTH AND WELLBEING BOARD SUB-COMMITTEE STRUCTURE

The following report was submitted:-

(See document No. 3)

Dr Justin Varney, Director of Public Health, Birmingham City Council presented the item and advised that the paper sets out for the Board the proposal to develop a formal sub-committee structure to the Board to give us five forums one of which was already in place, the four new forums to drive forward actions and to engage the wider partnership in the delivery of the Board's agenda and objectives. These were based on the priorities the Board had chosen, but also on the feedback that they had through the Green Paper consultation on Public Health priorities for the City and particularly through that consultation, recognition that they needed to be clear in their articulation of their commitment to create a mentally healthy city.

Dr Varney drew the attention of the Board to paragraphs 4.6 and 4.7 of the report and advised that the existing Sub-Committee that they had was the Health Protection Forum. He added that in April they had a presentation led by Chris Baggott on the Health Protection Forum and what was achieved last year. They were proposing to expand to a further four Sub-Committees called Forums, the four new structures being:-

- *Creating a Mentally Healthy City Forum* – this would sit alongside the Working Partnership with the Mental Health Partnership Committee and the structures that were already accelerating with the National Health Service (NHS) on mental health treatment and care. This was focussing more on a mental health approach through mental wellness and wellbeing.

- *Creating a Healthy Food City Forum* – this came specifically out of the Development Workshop with Board members around addressing the food environment and the recognition that we set up citizens to fail if they focus purely on providing weight management and did not deal with the food environment that meets them every day on their doorstep.

- *Creating an Active City Forum* – This was focussing on creating a city in which it was easy to be active every day and that becomes the social norms.

- *Creating a City Without Inequality Forum* – This was perhaps the most difficult as it was about creating a city without inequalities. This gives us the space to drive forward the indicators that had been identified through the Development Day and bring on board specific partners that helps move forward in that space.

The aim was that the Forums would also increase the common actions between the Health and Wellbeing Board (HWB) and the statutory committees and partnerships across the city. They had identified working with the Executive Management in the Council and Cabinet Members to co-chair each of these forums. The current thinking on the other co-chairs seat will be an independent

member that will be chosen to help move forward the agenda and that the membership of the forums would reflect to some extent the membership of the Board but be supplemented and enhanced by the broader membership to move us forward at a pace.

Peter Richmond, Chief Executive, Birmingham Social Housing Partnership stated that from a housing association perspective they could probably contribute a lot. He added that the Birmingham Social Housing Partnership could attend which would be helpful for them and hopefully a contribution as well.

Andy Cave, Chief Executive, Healthwatch Birmingham stated that regarding membership they were not on the core membership list, but just confirmation that they wanted Healthwatch Birmingham involved. He added that as the Board could appreciate, they were a small organisation for meetings, whether they could work something out around how it could feed in best.

Dr Varney noted Mr Cave's comment and stated that this was an important point, but that what they held so far was some workshops to start to scope what the forums might do. The forums had not yet met as they did not yet have approval form the Board. The point was a good one as they had not stated that every organisation must go to every forum as they recognised that there were capacity pressures. This was why the forums would come back and report to the HWB on a regular basis. He suggested that organisations reflect on which of the forums they most feels they engage with in terms of their agendas and where they feel most that they would like to contribute; also, which of their partners could take their space.

Dr Varney stated that they were working with Mr Raybould on how the voluntary sector in its broader sense could be engaged across the forums so that they could bring new partners which could also help to strengthen the engagement of the Board. In terms of Healthwatch Birmingham, they needed to reflect on where they would most likely to be. They were already thinking about how they could create a public space for the forum papers, minutes to be available, in the broad sense, outside of the statutory format of Committee Management Information System (CMIS) that they use for the statutory Board of the Council. They were starting to pilot these with some linked in groups based on the workshops. This reflects that for many of these areas, there were hundreds of people in the city who wanted to get involved, but they could not have them all around the table at once.

They had started to work through what does meaningful engagement looked like for these forums, how they could engage a broad partnership, but work with a slightly smaller partnership to focus on delivery, while keeping on board the partnership engaged. He would welcome the input of the Board as they started to evolve as it was not straightforward.

Mr Raybould commented that they would be looking at other representatives as opposed to Birmingham Voluntary Services representatives. He added that they could look at what they needed to do from a Healthwatch Birmingham view point and tasked them with that as well. Mr Raybould enquired whether there was an expiry date on the forums and how they would respond to an evolving agenda.

Dr Varney advised that the initial thinking at the moment was that the forums would run initially for two years and the Board could review that on an annual basis. This would allow them to reflect on whether the forums were meeting 'what it states on the tin' and whether they were delivering the change numbers that they wanted. It also allows them in the first year to test the model. Once they got the forums up to ten that would probably be unwieldy. Having experienced this kind of environment before, it was hard to step-down things. At this stage they were suggesting that the forums had a two year life span and for the Board to continue to review that in the first year.

400 **RESOLVED: -**

The Board
   a) Approved the development of the five Health and Wellbeing Board Forums to support the delivery of the Health and Wellbeing Board's objectives;
   b) Agreed to schedule Health and Wellbeing Board meetings on alternate months (5 per year) with the Forums meeting in the interim months;
   c) Volunteered Board member organisations to support the secretariat of specific Forums; and
   d) Provided comments by email by the 10th August on the Terms of Reference (TOR) and Membership for each Forum.

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MAKING EVERY ADULT MATTER

The following report was submitted:-

(See document No. 4)

Dr Justin Varney, Director of Public Health introduced the item and advised that the paper gives a bit of context to the approach to making every adult matter. This was a language which was quite common over the last couple of years in different parts of the country, but was not quite as common in Birmingham as elsewhere. It was about considering individuals and particularly adults who live with multiple and complex needs. The simplistic way of describing this was around talking about adults who may have a history of offending, substance misuse, mental health issues, learning difficulties or may also be homelessness or may be a combination of two or more of those things.

The reality of the system was that they often view people through a single lens and they view them through the label of the service through which of the door they walk through. The main approach was about challenging us to think a bit more matrix way and more holistically around the individual, particularly considering how they encourage services to work together around these adults.

The paper provides a bit of background in relation to this and around the framework of Making Every Adult Matter (MEAM). MEAM would be the focus of the annual Public Health report this year, to try and draw together some of the system data that they have to paint a clearer picture of adults facing multiple and complex needs in the city and helps them reflect as a city on how they could better support them.

In the context of the recommendations of the paper and to frame the Board's thinking of the subsequent presentation, the Board was requested to encourage the MEAM approach and to consider this actively in the way that they dealt with each other, particularly in the context of how they were joining up information and partnering around these individuals. It was easy for some of these individuals to fall through the gaps between different partners and how they create a sustainable culture and a city that was truly supporting adults who were most challenged in life.

Mr Raybould commented that this extensive data within BVSC both around how Birmingham functions and its comparator with other areas delivering MEAM approach he was happy to share that with the Board

401   **RESOLVED: -**

The Health and Wellbeing Board encourages the MEAM approach and: -
1) Considers Multiple Complex Needs (MCN) in partner work programme to develop a shared understanding and ownership of the problems with the current system and a clear vision and action for change;
2) Influences partner organisations and support the efforts to join up data and intelligence around those who have multiple complex needs;
3) Promotes a better coordination of services for those with multiple complex needs and influence partner organisations to ensure their commitment;
4) Supports a sustainable system and culture change that will enable a better coordination of services for those with multiple complex needs and create more opportunities for early intervention; and
5) Agrees that this is an area for focus for the emerging Board's Forum focused on Health Inequalities.

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MEETING THE NEEDS OF PEOPLE WITH COMPLEX AND SEVERE MENTAL ILL HEALTH IN BIRMINGHAM TO REDUCE HEALTH INEQUALITIES

402   The following report was submitted:-

(See document No. 5)

Dr Justin Varney advised that this item was for information as unfortunately Tom Howell, Head of Joint Commissioning for Mental Health and Personalisation was unable to join us. He added that if there were questions concerning the report, these could be sent through by email.

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DRUG AND ALCOHOL – CHANGE GROW AND LIVE: PEER MENTOR

403   The following report was submitted:-

(See document No. 6)

In the absence of the presenter, Dr Varney advised that the report sets out the work that was going on with drug and alcohol service. He stated that the

important thing for colleagues to be aware of was that they had done quite a lot of benchmarking of this service to ensure that they were getting value for money and but also that our service providers were achieving the outcomes and the ambitions that they wanted to achieve specifically in the context of MEAM. The pack includes the presentation on the prison release project and the work that Change Grow Live (CGL) were doing, actively working with our justice system.

Dr Varney highlighted that CGL was part of a national pilot on individual placement support that was a project which work with service users in treatment and brought them into employment while they were in treatment. It was one of a series of national pilot and he would encourage all members of the Board into looking at our own employment opportunities for mental health, and to think what opportunities we could offer to individuals in treatment for drugs and alcohol.

It was known from the evidence base that if they could support individuals whilst they were in treatment into employment, their treatment outcomes and their opportunity and ability to achieve a stable and productive life at the end of their treatment was much higher. Yet, it was known that this was a challenging group to get into employment.

Most of us had a series of beliefs and myths about this service user group which blocks us from even opening the door to a conversation. Dr Varney stated that he hoped to write to members of the Board within the next couple for weeks with some further information from CGL and Public Health England, the response from the pilot on what employers got in terms of support offering placements and the types of roles they were looking for in terms of supporting these individuals into work. There was a definite call to action in relation to that paper.

Mr Raybould commented that he was aware that the presenters were not in attendance at the meeting, but that the information presented in the report around the people in hostel accommodation looked horrific. He added that it would be a shame for the Board to lose focus on that and it would be good to get the presenters to attend a future meeting concerning the item.

Dr Varney stated that when they move into the discussion on homelessness, that particular aspect considering the many of these individuals facing this challenges were in temporary accommodation were in hostels and that it was easy to forget how hard that lived experience was. He commended the report authors on the report for bringing that first person narrative to the Board that they often lose sight of.

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BIRMINGHAM OLDER PEOPLE PROGRAMME: UPDATE ON THE AGING WELL PROGRAMME

404   The following report was submitted:-

(See document No. 7)

Dr Varney advised that one of the reasons for including this was recognising that MEAM and adults facing complex challenges did not stop at retirement and it was too often that we think about this as a challenge facing younger/working age adults. Through the work they were starting to do in partnership with colleagues in the room, thinking around early intervention and how early intervention in the context of this could work for older adults. He added that the item was for information.

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HOMELESSNESS IN BIRMINGHAM SESSION

Dr Varney advised that unfortunately Councillor Sharon Thompson, Cabinet member for Homes and Neighbourhoods was unable to attend the meeting as she was detained outside of Birmingham. He asked that Kalvinder Kohli leads the discussion.

Kalvinder Kohli, Head of Service – Commissioning, Adult Social Care and Health presented an interactive session which includes the screening of a short film. She stated that it was important to recognise that depending upon how you interact on the issue of homelessness. Agencies see homelessness through different lenses which meant that a systemic approach was essential. But, there were a number of things that brings them together and health was one of those issues.

Short Film

Following the short film on homelessness, Ms Kohli stated that there were a number of points to note – the point from Councillor Thompson in terms of this being a moral and systems emergency. One of the other points was how they focused on the citizen and look at things from the view point of the citizen to ensure that they provide that clarity of navigation through their system which may make sense to us as professionals, but not to the people who were experiencing the services.

Members of the Board then made the following comments in relation to the short film on homelessness:-

Mr Raybould stated that a lot of time the rise in homelessness was attributed to austerity, which he did not doubt, but he sometimes felt that functions and explanations – the specifics of what existed before that did not exist now was not clear. He added that he did not see a coherent narrative anywhere where this had generated a number of homeless people or that had generated a number of homeless people. He queried whether this information was clear and whether it was available.

Ms Kohli stated that if Councillor Thompson was at the meeting, she would give a reasoned argument in terms of providing that information. She added that it was fair to say as was stated in the film that the country had lacked a sustainable housing programme for the best part of 15 years. Good quality affordable housing was key to solutions around homelessness.

Sitting alongside that, was good responses in terms of people's vulnerability, where we coupled that with reduction in services across the board, be that in

terms of health provision, be that in terms of prevention services etc., the people with the greater amount of vulnerabilities start to come through to the fore.

They knew in terms of when they did develop the homeless prevention strategy there were certain growth of population that was at greater risk. This includes people leaving institutional settings so it could be young people leaving care, people coming out of prisons, hospitals, social peer settings to people on a low income, households where there was domestic abuse. There were lots of data and research that sat behind that all the way through to adverse childhood experiences. There were a number of attributes to all factors depending upon which cohorts of the population they were looking at. Similarly there were common themes across the piece.

Rebecca Hadley, Sifa Fireside stated that there were homeless link produces the monitoring report which geographically covers the whole country, but statistically it was hard to gather data around homelessness, particularly when people were not reporting it as they did not necessarily recognise it themselves etc. That gives a good breakdown of the impact of austerity, the changes in tenancy agreement the impact on universal credit, cuts in education, housing issues around prevention etc. All of these things have been hugely impacted across the whole public sector services.

Ms Kohli drew the attention of the Board to the Homeless Prevention Strategy 2017+ document. The document was a partner strategy and was not just developed by Birmingham City Council, whilst they do have a statutory duty, to undertake a needs analysis and provide a prevention strategy to respond to that, the approach set out in this strategy was one of a partnership. The document sets out a positive pathway approach which covers three areas:- How do they prevent people from becoming homeless in the first place; how do they respond quickly when they do and how do they support recovery in order to avoid repeat homelessness.

This was the challenge and ambition they set themselves as a range of partner agencies. Over the last year a lot of work was done about how they start to embed some of the infrastructure around this, example BVSC had supported the piece of work around excellence through the pathway. This was a document which sets out under the five areas of the pathway, what excellence would look like under information and guidance all the way through to crisis and recovery. It was meant to be a document that any agency could pick up and consider how they apply this in their organisation. There has been a commissioning activity which was currently underway and one of the key issues was commitment to collaborate.

This was about agencies in all organisations stepping forward and acting in a way which prevents homelessness at every juncture. Whether you were an advice agency that people went to when they had been made homeless (housing options), the issue was what the space there was and what that advice looked like all the way through to recovery. There had been work led by the housing associations in terms of how do they avoid evictions we support people even at that point of crisis. As housing providers whether they should be evicting people into homelessness. What the collaboration was that needed to be put in place.

In terms of year 2, their ambitions were greater than that. What they wanted to do was to asked agencies to step into that leadership/cultural change space and step into that space around changing attitudes, also looking at changing attitudes from the view point of domestic abuse which was the second highest reason for homelessness. The question was how they provide leadership in their organisations to say that this was wrong. They had a comprehensive approach in terms of how they support victims that do experience domestic abuse. What the public message was that they were putting out to people. They had done this before in terms of safeguarding, drink-driving, putting your seat-belt on. The question was why this was not another public messaging that they could proactively got behind.

There were key cohorts of populations that were at greater risk and one of the things that they wanted to do was to have delivery plans against each of those cohorts. They were currently talking to the Children's Trust about young people leaving care as it was known that there were a high percentage of young people with a care background that came into the homelessness system. They were developing specific plans around rough sleeping, people coming out of prison and exempt accommodation. One of the key areas around planning was homelessness and health and Councillors Thompson and Hamilton had led some pieces of work roundtable about homelessness and health.

Ms Kohli further drew the attention of the Board to the information in the pack in relation to the series of reports, commitments and delivery plans in terms of what was happening currently. They asked of their health partners at the time what they were doing now, what was in train and what they were planning to do; how did it sat along the homelessness positive pathway. It was fair to say that they had a lot of ambitious, helpful information that needed to be taken in terms of the next stage of the journey. This was the start of the journey and what they had was the backdrop commitment around homelessness and health.

Over the last 12 months it was fantastic to see Central Government messaging around homelessness and health – a commitment at a national and local level and also at a regional level in terms of the regional task force. Work was currently being done through the Association of Directors for Adult Social Services (ADASS), safeguarding boards and other initiatives. They wanted to open up a discussion today about how they invite health organisations to help them to step into that leadership space, which was about system change which operates in a way which prevents homelessness at every juncture, provide effective crisis support and recovery that gave good outcomes to citizens; how they collectively work together to pull that system together.

Although these conversations were taking place elsewhere, through various forums, groups meeting etc., what they wanted to do were to use the platform of the Birmingham Health and Wellbeing Board and the leadership that sat around the table to help them to drive some of those commitments forward.

Dr Varney commented that there was a huge amount of information in the pack much of which had demonstrated what was happening across the city. He drew the attention of the Board to the paper on *Homelessness and health: data*

and evidence that Duncan Vernon, Acting Assistant Director of Public Health had submitted on page 211 of 280 of the document.

Dr Varney drew particular attention to the information in the table on page 221 of 280 which relates to the *Deaths of homeless people in Birmingham* and across the country. He highlighted that the table sets out the five local authorities that had the most death of homeless people between 2013 and 2017. Sadly, Birmingham had either being first or second in the entirety of that time. Other authorities have been in the first or second slot and they needed to move down the table or move out of the top five completely, but they did not seem to make the same journey, despite not dissimilar numbers of deaths.

Dr Varney stated that it was important to highlight that as they think about their deliberation as ultimately, this was a group of individuals they were not necessarily doing the best by and this was probably the bluntest example of how they were failing the system in terms of prevention from leading to pre-mature death. He added that it was not all bad news as a significant amount of work and it was quite heartening reading through the packs in terms of the amount of work that was being done across the system through various colleagues.

Discussion

An extensive discussion ensued and the following were amongst the principal points made: -

Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust stated that some of the key challenges were around the integration and use of the language MEAM. Some of those complex and vulnerable people that they work with where mental health was involved, drug and alcohol, homelessness were usually integrated. Some of their work that they wanted to aspire to and do more of was with the key services. The three areas that they knew had led to the complexity and whilst the services worked in partnership well together, to do, that there was complexity across pathways of health services work. This was not because the services did not want to do it, but the sheer demand the services faced, so it was how they did it, how they planned to do it and what that could look like. This was a key challenge for them in terms of services.

In one of the report they will see that two-thirds of people who were homeless will have mental health condition. It was about what those relationships were with primary, secondary and tertiary services within mental health, naturally the relationship and the pathways between services and the integration with the linked up working that they have across those services.

They were supportive of the strategy that Birmingham had put together as they were part of the homeless group and Housing First thinking around what that meant. Some of the areas around getting people into housing were great and the areas they could get even better at were what that meant in terms of supporting people. They knew the support from Housing First was not predominately the support, but about the house. The support part was about how they work with services around the support that they give to homeless people when they were resettled in their own homes. There was a big part for

them around those that they discharge where they knew that there was no home for them to go to and therefore how they coordinate that response and the resources that was there to enable that to happen.

They work directly with housing providers now themselves as their teams had to do that and nurses had to do that.

Some of the traditional services may be there to connect health to the local authority to look at the pathway into housing might not be there as much as it used to be. They were keen to look at working with the local authority around discharging people from services. It was a home that they needed, how do they connect with colleagues in the local authority to do that rather than going off independently trying to support people. They were seeing an influx of people with no recourse to public funds that were homeless.

There were a number of challenges that they saw in their services on a day to day basis. Whilst they deliver the services that they deliver and had a commitment to do those in context with the strategy put in place and will continue to do that with the multiple challenges around that. If they could unpick just one of those around the MEAM part of working together and making some commitments, they might be able to make some success going forward.

Dr Ian Sykes, Sandwell and West Birmingham CCG stated that they were committed to helping all the homeless people they could. They were the CCG that host the medical centre and were investing in that and trying to help. There were problems with the Care Quality Commissioner (CQC) inspection, but they were trying to help them through that to ensure that the service worked and ultimately delivered good quality care. This was challenging for them as they think there were areas where the CQC inspection did not take up the challenges that they had. They hoped they had been supportive in that one area.

Sandwell and West Birmingham CCG hosted many of the accommodation for asylum seekers and immigrants etc., an issue he was careful not to speak out of term, but the money that they were given by Central Government was hopelessly inadequate. Sandwell and West Birmingham CCG had been funding that out of their own reserves as they felt that they had to do the right thing. To suddenly abandon these people would be the wrong thing.

Sandwell and West Birmingham CCG had invested in that as they were a vulnerable cohort. They were in the process of going out to contract for their high intensity users service, which, whilst it did not directly dealt with homelessness, they knew that many people who called the ambulances or go to Accident and Emergency (A&E), were often homeless and a particularly vulnerable group as they had nowhere else to turn and this was a service they could contact. This meant that they may have a mobile phone and the hope was that this part of the contract meant that they could go out and see people who were homeless and rather than them calling an ambulance or attending A&E, they could address their problems as going to A&E may not sort out the problem. There were three areas which showed the commitment Sandwell and West Birmingham CCG had.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated that as a CCG their role was to work in partnership with others to support organisations to try and bring people together to improve the way they work as a system. One of their key initiatives over the next few months was in the primary care system around trying to ensure that everybody had representation through being registered with the general practitioner. It was absolutely at the heart of getting the GPs at the gateway process. One of the things they were putting a lot of energy in over the next few months was to ensure that, particularly the voluntary agencies were working with individuals in this situation understand the right of those individuals. They would be interested to hear of any examples where people felt that this was not happening. They needed to ensure that that basic right was adhered to.

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust stated that like others they were ready to do what they needed to do on this agenda. There were some particular touch points for the services they provided to adults with a learning disability, the early years' support services they provided to children and the part they played in children leaving care all felt really important to this agenda. They were about to do some work in the early years' service on a more specialist approach to children and families living in hostel accommodations. It felt to them that this was a bigger issue than their service had recognised to date. There was keenest from the health visiting team to tackle that differently.

The community dental service had picked up more work with homeless people than they perhaps might think on the face of it. They were doing their bit in the system and probably something they could do with giving more profile to it in terms of their own work and would give some thoughts to how they do that, but this was how they currently fit into the jig-saw.

Dr Varney commented that one of his first roles in Public Health was as a Public Health Advisor, to the Crisis Open Christmas Project. He added that he had a significant background in working with the homeless sector and had spent many hours arguing about the reality of safe discharge responsibility with NHS providers in London on Christmas Eve, so he was aware of the experience that Ms Bailey had described earlier.

The asked from him to partners was that the conversations start with admission. Too often they think about safe discharge the day before discharge and how they could work as a system to identify the individuals the moment they *pitched up* at the front door to start planning from day one. From the partners' perspective and council colleagues, the more time they had to help find a solution, the better the solution will be. The half hour before some is due to take home their medication was not the time frame. He was aware that there was significant progress in the discharge world around that as it was a key area around early identification.

The second point that came out was that they still talked around homeless people in the context of specialist services and how they were providing targeted support. He was encouraging them in their discussion to think about how was it that all of their services worked for homeless people so that they require less specialist services. As Mr Jennings alluded to every GP services in the city should be accessible to a homeless person. Dr Varney stated that

his team was working with Ms Kohli at the moment on some resources to promote that. He requested that both CCGs worked with them in getting the wording right and help to support getting that out to re-enforce it. There was certain anecdote coming back where unfortunately this was not the case for some of our citizens experiencing it. As they have these discussions think about the context of this in the universal rather than always pivoting it to the specialist.

The third point was a special request to the Board, was that Ms Kohli highlighted to the Board domestic violence as a key indicator. He would take as a key action to work with colleagues so that across Birmingham they recognised the 16 days of global action on gender base violence this year, particular in the context of their role as employers and what they could do as employers in the work place, to address the issue of domestic violence as the start of that conversation. He added that this was a tangible step that they could take and if they took it together as a Board they were more powerful than anyone of them. He invited other colleagues on the Board to reflect on the discussion that they had and if they wanted to ask questions of Ms Kohli or colleagues so that they could continue to look forward in this space.

Peter Richmond, Chief Executive, Birmingham Social Housing Partnership stated that the Partnership was actively involved with housing in Birmingham and a lot of the work they see here. He added that he would not make any additional comments on that, but the excellence and very thoughtful work that had gone on in terms of the strategy that been presented today. He stated that two additional points he would like to make were – supply – the complexities of homelessness and what they saw in the video was some of the true horrors of that comes down to a point where there was not enough suitable and affordable accommodation in the city.

Mr Richmond stated that he started some 30 odd years ago as a junior clerk in the City Housing Department and it had about 120,000 social homes across the city. It now has approximately 62,000/63,000 just half the number of social housing accommodation now exist in the city than it did in the past. There were attempts to increase that and the figure of 89,000 new homes that was needed in Birmingham. The difficulty was that so often in the provision of that additional housing the financial position, land values and all the complexities that goes with housing development were often squeezed out with truly affordable social housing that was needed in the city such as Birmingham. The other forms of housing were still needed by a variety of people.

It was important that until they were able to increase supply of good quality, affordable social housing in the city by a significant volume, they would still only be treating the symptoms thinking of the difficulties they had here. He used the analogy of an airport in crisis in adverse weather where the airport was seen dealing with two things – how they get the flights working again and whilst the flights were not flying how they dealt with the volume of people that was stuck within the airport and the vulnerabilities that were seen there. He felt they were working on a lot here i.e. how they got rid of the people stuck in the airport. What they did not focus on in terms of housing supply, was how they got the flights going again, how they got the housing that they need in the city going.

Until they were able to do that, they were always going to be dealing with the crisis. The two things specifically for them were public service agencies around the table – clearly people had given a clear commitment to services for homeless people. The time they did not see this as often was when it was a commercial or capital deals when they were looking at land disposal etc. too often that was moved to wanting to get a commercial full return on that which sadly squeezed out the opportunity to provide social housing within the city and others. He understood that it was difficult and the need to get a commercial return on capital on the disposal of property, but if you tot-up what was saved, they were probably looking at a sub-market deal with that land, then they might find that they solve all the cost with a proportionate cost. Some issues around this would be helpful.

It was not just about dwellings, but set aside the 120,000 homes the city had, not all of them were the best – there was Lee bank and Castle Vale. They were areas where the dwellings were there, but they were such deprived and difficult areas that they needed to be demolished and they needed re-provisioned. The need for sustainable communities to ensure that when people were rehoused in affordable accommodation, that rehousing happened once so they do not go through a different recycling and then they are through the door time and time again, because they had a home in a neighbourhood that did not work.

Mr Cave highlighted that from speaking with homeless individuals, through various organisations the one thing that they tell them was access to GPs was an issue. He stated that he was pleased that there were things in place for them to do that. He was pleased that they would be educating GPs more and practice staff. He questioned whether there was something they could do to provide individuals of the public with a reminder of what their rights were so they could be empowered when they go through to the GPs. The reason was that a card was developed in London with Healthwatch and this was an easy thing that they could do in the area.

Dr Varney commented that in relation to the healthy London Partnership concerning the card, what was evolving was a slight adaptation, but more importantly to connect health care professionals with where they could signpost the services to. The important thing was not just expecting our GP colleagues to suddenly become experts on how to support someone who was at risk of homelessness. They had to be able to support them and where to signpost to as well. Mr Jennings commented that they already had cards that they were distributing.

Dr Varney commented that in relation to Mr Richmond's statement, there were some useful points that they could take forward with the inclusive growth part of the Council around that. Birmingham City Council was still the largest social landlord in the country and had fought hard to retaining more social housing than many authorities. The other bit they have not touched on was the role of poverty, but this came up in other languages. Our employers were using the living wage commitment, how they could use that as a public sector partnership across the system to try and address some of the challenges so that none of our staff found themselves in the position of also thinking beyond that into the contracted services world which was often where the living wage conversation

got stuck. To think about how they were not creating the environment to put people at financial risk and make that an unaffordable option.

Dr Sykes stated that in Sandwell and West Birmingham CCG they had the *Be a Super Hero* campaign which focused on domestic and sexual abuse and violence which was a big problem. This helped to try and address the problem and if they could address the people who were a victim of or were at risk of becoming a victim of both sexual abuse and becoming sex workers then that might help people becoming homeless in the first place. The Adult and Child Safeguarding Team won a national award on the excellent service.

At the Sandwell Health and Wellbeing Board one of the Councillors stated that if they could introduce a minimum pricing for alcohol in Sandwell they would do that, because if they could tackle alcohol then they knew that alcohol problem and the easy access to cheap alcohol. They were aware of several years ago where a shop in Sandwell was selling out of date alcohol for a few pence. Sadly that was … to a vulnerable group when they could buy alcohol very cheaply. If they could tackle that, the alcohol outlets and the miss-selling of alcohol, then that would help to stop people getting into a spiral which then leads on to homelessness if there was another thing within their own CCG area that they could tackle to stop people becoming homeless in the first place.

Ms Kohli stated that it was fair to say that this was a challenging area and it will take some considerable effort to make the inroads that they wanted. It was pleasing to hear that the diversity of offers being made. The challenge for them was to bring it together so that it makes sense for the citizens and bring it together in time and in pace so that it had the impact that they wanted it to have. There were some key points made in terms of Housing First. Housing First was a good example of an opportunity given to key agencies to bend and flex what they used to make it work for the citizens.

Ms Kohli stated that she could not help but wondered as the successes of Housing First as a pilot was starting to be shown now. She further stated that she could not help but wondered if they could do it as a pilot for 615 people in the region. The question was how they move this on a scale in terms of some of those practices they could put in place. She was pleased to hear about recovery and hearing colleagues talked about they did not want people to come back round. The question was how they worked differently to make that happen, whether this was about ensuring that they engaged the key partners to work with them or they put in place the different practices. This was the challenge for everyone and she welcomed the aspiration around rehousing people once.

The impact on homelessness was significant as there were 20,000 households at risk in the city, huge numbers of families in temporary accommodation. The impact on family cohesion, childhood development and family health was significant. If they did not intervene in a recovery based way they could see that cycle come back round. The link was on YouTube and she would welcomed people to take the Homeless Prevention Strategy and the Domestic Abuse Prevention Strategy back to their organisations to think about where they could influence that leadership and the things they could do in terms of changing practice. She requested that the members come back to them as they wanted to highlight and profile those activities. Another thing that was

asked was that in relation to the report the HWB retained a good oversight of this agenda through periodic reporting.

In relation to the above point Dr Varney proposed that this be taken on by the Forum *Creating a City Without Inequality* as this was an area for their oversight. He requested that the Board agreed with that as a way forward. The Board **agreed** the proposal.

Dr Varney requested that Ms Kohli updated the Board in relation to the City Council appointing a new post on homelessness. He highlighted that there were a series of funding *pots* that came out in rapid succession to apply for additional resources based with the NHS and through the local government arm of national government.

Ms Kohli advised that the closing date for the post had passed and they were looking at appointing someone in the post by September. She emphasised that the post was about join up – how they join up their actions and systems from the viewpoint of a citizen, adult social care perspective, health etc. and housing. At present, depending on where the touch points were they get a varied and different experience. This was part of jellying things together and providing a strategic overview across the three disciplines.

In terms of the different funding pots, they were blessed in the City in terms of government attention and resources. They received £9.8m which was a first for the region and a significant proportion of that comes into Birmingham. Various rough sleeper initiatives funds over the last 18 months and now there was a focus around health. They had confirmation in terms of £2.5m around homelessness and mental health.

They were currently working with a delivery plan with colleagues in the CCG and Adult Social Care and will shortly with partners as they wanted to co-design this model and will be talking to citizens as part of that. The money was being assured and they now needed to put forward a robust delivery plan which meets the requirements of the NHS. The smaller pot of funding from Public Health England which was similarly around mental health and homelessness, but it was uncertain what the time line was for this, but there was proposal to announce this within the next couple of weeks.

405   **RESOLVED: -**

The Health and Wellbeing Board: -
   a. Noted the year one progress of the delivery of the Homelessness Prevention Strategy 2017+ (HPS);
   b. Agreed to retain specific oversight of the implementation of the homelessness and health action plan and provide a critical friend role to understand what difference this was making to the lives of people affected by homelessness.
   c. Agreed to provide their organisational leadership and commitment to support the successful delivery of both the overall strategy and the proposed Homelessness and Health Delivery Plans.

BIRMINGHAM HEALTH AND WELLBEING BOARD FORWARD PLAN

406   The following report was submitted for information:-

(See document No. 8)

Dr Varney presented the item and drew the attention of the Board to page 5 of the document where there was an amendment. He stated that for September's HWB meeting, they will be bringing a thematic focus to mental health. He advised that they had spoken with Jo Carney and Charlotte Bailey and had briefed them regarding a paper on that, but also to colleagues in local government and partners. Dr Varney emphasised that this was different from where they were going with a Mentally Healthy City, which was more of an upstream prevention in the context of mental health as this was focused on the support, treatment and care of people with mental health issues.

Dr Varney stated that if there were any other points members wished to raise these could be submitted to the secretariat. He added that they were moving to the new format from September 2019, in that the Forums will meet for the first time in October and the diary dates would start to come out shortly to colleagues. They will then be taking an update from the different forums at subsequent Board meetings. In the autumn, they will also receive the first series of the Deep Dive reports that Ms Griffiths Knowledge Evidence and Governance Team had been leading on. They were on track to deliver the first of the refreshed Joint Strategic Needs Assessment (JSNA) for Birmingham in September 2019.

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DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

407   It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 24 September 2019 at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

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OTHER URGENT BUSINESS

408   None submitted.

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EXCLUSION OF THE PUBLIC

409   That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraph 2

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BIRMINGHAM HEALTH & WELLBEING BOARD

Birmingham City Council

Action Log 2019

DRAFT

Birmingham Health and Wellbeing Board

Rag rating :

🟥	Overdue
🟧	In progress
🟩	Complete

Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date	Date Completed	Outcome/Output	Comments	RAG
346	19.02.2019	Childhood Obesity	DPH was asked to reflect on potential for social marketing high profile campaign - similar to the partnership approach to 'sugar free' month promoted by Sandwell Council and partner organisations and 'Fizz Free Feb' led by Southwark Council.	Justin Varney	Development day 14.05.2019	11/09/2019	Closed and to be tasked to the Creating an Active City Sub-Forum	Paul Campbell informed Kyle Stott to include as part of the work of the forum.	🟩
351	19.02.2019	NHS Long Term Plan	It was agreed that, as the local 5-year plan was being drafted, consultation should take place with the Health and Wellbeing Board and engagement with key leaders in the City to enable them to give an input to the plan.	Paul Jennings	19.03.2019	24/09/2019		Incorporated into forward plan	🟩
IAN6	18/05/2019	Public Questions	All Board members to promote submission of public questions to the Board	All Board members	24/09/2019	24/09/2019	Complete	All organisations to confirm at HWBB 24/09/2019	🟩
IAN9a	18/05/2019	Active travel update	Board to work with their partners to promote active travel away from main roads and along green spaces where possible	All Board members	ongoing	24/09/2019	Complete	All organisations to confirm at HWBB 24/09/2019	🟩
IAN9b	18/05/2019	Active tracel update	Kyle Stott, Public Health, to bring mapping of active travel back to the Board	Kyle Stott	24/09/2019	06/09/2019	Closed and to be tasked to the Creating an Active City Sub-Forum	Paul Campbell informed Kyle Stott to include as part of the work of the forum.	🟩
IAN10	18/05/2019	Developers Toolkit update	Board members to encourage the use of the developer's toolkit in their organisation's capital build projects as well as retro-build and refurbishments but to include anything in the present	All Board members	ongoing	05/09/2019	Closed and forward plan to include quarterly round table update.	Quarterly updates does not tally with current meeting calendar - scheduled for every second Board for Minicipal Years 2019-20 and 2020-21.	🟩
IAN11	18/05/2019	Feedback on the Health and Wellbeing Board development session	Board members to look at opportunities for LD/MH employment within their organisations	All Board members	ongoing	05/09/2019	Closed and to be tasked to the Creating a City Without Inequalities Sub-Forum	Paul Campbell informed Monika Rozanski to include as part of the work of the forum.	🟩
IAN12a	18/05/2019	Changing places	Maria Gavin to see whether changing places can be a specific requirement for Commonwealth Games new-builds	Maria Gavin	24/09/2019			Maria to advise folowing e-mail 10/09/19.	
IAN12b	18/05/2019	Changing places	Board Chair to write to WMCA around transport infrastructure hubs: where there is a full station refurbishment changing places to be included.	Chair/PH	24/09/2019			Elizabeth drafted letter 11/09/19.	
IAN12c	18/05/2019	Changing places	Board Chair to write to the Neighbourhoods Directorate to support the implementation of changing places in parks.	Chair/PH	24/09/2019			Elizabeth drafted letter 11/09/19.	
IAN13a	30/07/2019	Live Healthy Live Happy STP update report	Birmingham and Solihull STP to work with local elected members around awareness raising of ICS & PCNs – what they mean and the implications.	Paul Jennings				To be planned in for November Board.	
IAN13b	30/07/2019	Live Healthy Live Happy STP update report	The Board raised concern that changes to West Birmingham area could cause destabilisation for the system and the citizen experience Commissioners and providers agreed to meet outside of the meeting and report back to Board on how we get to an integrated system – particular reference to equity of provision for West Birmingham.	Paul Jennings				To be planned in for November Board.	

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Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date
	29.01.2019	IPS - Mental Health	To send a letter to all Board members to encourage them to actively promote and support employment opportunities for people with SMI within members' organisations through the IPS programme.	Board Admin	
		JSNA SEND	Remove the recommendations from the report and send them to the SEND Improvement Board as a reference item.	Fiona Grant	19.03.2019
		Sustainability Transformation Plan (STP)	To submit written bi-monthly update reports to the Board, with updates from the portfolio boards.	Paul Jennings	28.05.2019
344	19.02.2019	JSNA Update	Public Health Division to present the JSNA development and engagement plan at the next	Justin Varney	19.03.2019
	29.01.2019	IPS - Mental Health	members to encourage them to actively promote and support employment opportunities for	Board Admin	
362	19.03.2019	Joint Strategic Needs Assessmnet Update	The two decisions that were needed from the Board were: - A volunteer for each of the four deep dives as champions and to hold us account; and a short discussion around where the Board would like us to look in terms of diversity and inclusion.	Elizabeth Griffiths	30th April 2018
	29.01.2019	IPS - Mental Health	The Chair has requested that a member of HWBB volunteer to attend the IPS Employers Forum to support the development of IPS.	All Board	19.03.2019
352	19.02.2019	Substance Misuse	Consideration to be given to partners' involvement and public engagement in the future commissioning cycle, and to the funding position, taking on board comments made at the meeting.	Max Vaughan	Date to be confirmed
IAN8	18/06/2019	Air quality update report	Board members encouraged to participate in Clean Air Day 20 June	All Board	20/06/2019

Date Completed	Outcome/Output	Comments	RAG
27.03.2019	The letter has been sent out to all Board Members on the 27.03.2019	Awaiting information from Dario Silvestro regarding the Support available for employers	
		Item in Matters Arising in the minutes	
27.03.2019	been sent out to all Board Members on the	information from Dario Silvestro regarding the	
30-Apr-19			
30-Apr-19		Charlotte Bailey nominated by the Chair	
30-Jul-19		Item on agenda 30 July	
20/06/2019			

Birmingham
Health and Wellbeing
Board

	Agenda Item: 9
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**24 September 2019**
TITLE:	**BIRMINGHAM SUICIDE PREVENTION STRATEGY**
Organisation	**Birmingham Public Health. Birmingham City Council**
Presenting Officer	**Dr Justin Varney, Birmingham Director of Public Health**

Report Type:	**Approval and delegated responsibility for delivery to the Creating a Mentally Healthy City Forum**

1.	**Purpose:**
1.1	The attached report **(Appendix 1)** follows an agreement at Full Council on the 06/11/2018 that a suicide prevention strategy would be developed.
1.2	The strategy sets out the priorities for action and a shared ambition for the city to reduce deaths from suicide, as part of the wider ambition to become a mentally healthy city.

2.	**Implications:**		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Y
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		Y
Creating an Active City		
Creating a City without Inequality		
Health Protection		

3.	**Recommendation**
	The Board is asked to note the update on the implementation of the Birmingham multi-agency Suicide Prevention Strategy.

007019/2019

4.	**Report Body**

4.1 **Context**

- Suicide is preventable. The latest figures in Birmingham, indicate suicide rates to be significantly lower than the England average and the lowest of all the core cities.

- Birmingham's ambition is to maintain the lowest and reduce numbers, improve the rate.

- The Five Year Forward View for Mental Health set the ambition that by 2020/21 the number of people taking their own lives with be reduced by 10% nationally compared to 2016/17 levels. This included the development and delivery of local multi-agency suicide prevention and action plans.

- The NHS Long Term plan contains suicide prevention and reduction ambitions too, including bereavement support for families and staff bereaved by suicide and a new longer term management of self-harm.

- Birmingham City Council has a partnership approach to suicide prevention and has worked with NHS England / Public Health England to develop this strategy.

- Equality Impact Assessment undertaken – the strategy considers all the protected characteristics.

4.2 **Current Circumstance**

- The draft Birmingham Suicide Prevention Strategy has been through internal council approval process and is being presented to the HWB for ratification. Following this process to be presented to Full Council.

- The multi-agency suicide prevention partnership, chaired by DPH will support the implementation of the Action Plan

4.3 **Next Steps / Delivery**

- The Birmingham Suicide Prevention Working Party will be the driving partnership group that will enable and oversee delivery of the action plan that underpins these priorities and report to the Creating a Mentally Healthy City Forum.

- Significant ongoing work continues to take place ensuring the Action Plan is robust and timely. It will require long term support and commitment from many partners and the HWB to achieve its ambition for a zero suicide.

- Much effort is being taken to enable meaningful data is captured from real

time surveillance, data sharing agreements and close partnership working with the Birmingham Coroner, NHSE & PHE, police is being undertaken.

- **Appendix 2** - The developing Action Plan

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5.   Compliance Issues

5.1   HWBB Forum Responsibility and Board Update

5.1.1   The Creating a Health Mentally Healthy City Forum will be responsible for oversight of the Birmingham Suicide Prevention Strategy and Action Plan.

5.1.2   Taking a public health focus and approach to mental health wellbeing in the city will focus on drawing together partnership action and a strategic approach that will enabled citizens to thrive.

5.1.3   The Creating a Mentally Healthy City Forum will provide a link between the Health and Wellbeing Board, the NHS Mental Health Pathways Programme Board and the NHS Mental Health Partnership Stakeholder Board.

5.2   Management Responsibility

Justin Varney, Birmingham Director of Public Health
Mo Phillips, Service Manager – Wider Determinants of Health & Wellbeing

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6.   Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Partners not delivering on the assigned actions	Medium	Medium	Robust monitoring and regular update reports via the Suicide Prevention Working Group and Creating a Mentally Healthy City Forum.
The Equality Impact Assessment should be regularly updated as the strategy is developed and the Action Plan drafted.	Low	Low	An Equality Impact Assessment has been undertaken which reported that the strategy had considered all the legally protected characteristics.

Appendices

1. Birmingham Suicide Prevention Strategy
2. Draft Action Plan

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

Dr Justin Varney. Director of Public Health
Mo Phillips. Service Manager, Wider Determinants of Health & Wellbeing Team

Appendix 1

BIRMINGHAM SUICIDE PREVENTION STRATEGY

2019-2024

FINAL DRAFT V12

CONTENTS

EXECUTIVE SUMMARY

Death through suicide reflects the ultimate loss of hope and leaves a significant and lasting impact on families, communities, employers and society.

Prevention suicide requires partnership working across the breadth of society and building on the 2012 national strategy this strategy has been developed through a co-production partnership between the Council and a wide range of organisations as a shared approach to reducing deaths through suicide.

Although in Birmingham the rate of suicide is low compared to other cities, and the national rates, there is a shared ambition to maintain the lowest rate of suicide of any of the core cities in England and continue to reduce deaths through suicide in the City over the next decade through a Zero Suicide approach.

The Birmingham Suicide Prevention Strategy is a co-produced strategy that sits alongside national strategy and is based on a combination of local and national evidence and data. In Birmingham in addition to the nationally recognized high risk groups we also have higher rates of suicide among individuals working in skilled trade occupations like construction and among citizens born in Poland and Eastern European countries.

The Strategy sets out a series of key priority areas for action across the partnership under six core areas:

Reducing the risk of suicide in high-risk groups

Improving mental health in specific groups

Reducing access to means of suicide

Provide better information and support to those bereaved or affected by suicide

Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Support research, data collection and monitoring

The Birmingham Suicide Prevention Working Party that will be the driving partnership group that will enable and oversee delivery of the action plan that underpins these priorities and will report into the Health and Wellbeing Board through the Director of Public Health.

We are confident through the shared action of partners, communities and citizens Birmingham will achieve its ambition to reduce the rate of suicide in the city to zero.

BIRMINGHAM
WORKING TOWARDS A SUICIDE FREE CITY

THE NATIONAL PICTURE

In 2017 there were **5,821** suicides registered in the UK, an age standardised rate of **10.1** deaths per 100,000

Male Suicide Rate **15.5** deaths per 100,000

Female Suicide Rate **4.9** deaths per 100,000

AGE SPECIFIC RATES

24.8 Age 45 - 49

The highest age specific suicides rates within these age groups

6.8 Age 50 - 54
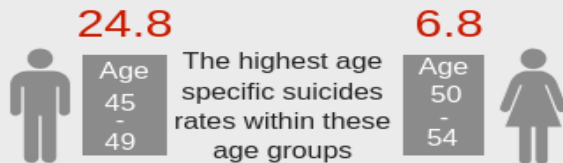
ACCESS TO SERVICES

two thirds of people who die through suicide have been in contact with Services

one third of people have had no contact - **young men** are the most likely to be among this third.

THE LOCAL PICTURE

In 2015/17 there were **205** suicides registered in Birmingham, which equates to **70** deaths per year

Male Suicide Rate **11.3** deaths per 100,000

Female Suicide Rate **4.1** deaths per 100,000

53% of suicides in Birmingham over the last 10 years have taken place in the **home**

76% of suicides in Birmingham are men

residents born in **Poland** and **Eastern Europe** have a higher rate of suicide.

30.5 deaths per 10,000 occur in the **Skilled Trades Occupations** **42,000** people in Birmingham work in this sector

3,700 mental health in-patient admissions during 2017/18

AT RISK & VULNERABLE

Men have a... **3x** greater risk of suicide than women

4.7 households per 1,000 households are in temporary accommodation

Self-harm is the single biggest indicator of suicide risk

in Birmingham **1,977** individuals presented to A&E with self-harm in 2017/18

Nationally... **45%** of suicides involved patients with a history of alcohol misuse and **33%** had a history of drug misuse.

There is growing evidence of increased rates of mental health problems, self-harm, and suicidal thoughts among **LGBT** people.

INTRODUCTION

Every suicide is one too many.

The death of someone by suicide has devastating effects on families, friends, workplaces and communities. For each person that dies this way at least 10 people are affected and only 1 in 3 who take their life are known to Mental Health Services[1].

Suicide is one of the leading causes of years of life lost (YLL)[2]; in Birmingham as well as across England and in terms of absolute numbers suicide is 4th highest cause of YLL (2014-2016), behind infant mortality, coronary heart disease and lung cancer.

There is an associated economic cost and the average cost per suicide for those of working age is £1.7 million in England[3], which includes intangible costs (loss of life to the individual, the pain and suffering of relatives), as well as lost output (both waged and unwaged), police time and funerals[4]. But above all, suicide is preventable and by working together we can reduce this tragic loss of life and provide better support for those left behind.

In 2012, the UK Government published a national strategy 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives' which set out overall objectives of:

•   A reduction in suicide rate in the general population in England

•   Better support for those bereaved or affected by suicide

The Birmingham Suicide Prevention Strategy builds on this to set out priorities for action and a shared ambition for the city to reduce deaths through suicide, as part of our wider ambition to become a mentally healthy city.

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[1] Local Suicide Prevention Planning
[2] Preventing Suicide in England: a cross-government outcomes strategy to save lives 2012:
https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england
[3] No health without mental health: A cross-Government mental health outcomes strategy for people of all ages https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf.
[4] Knapp, Martin and McDaid, David and Parsonage, Michael (2011) Mental health promotion and mental illness prevention: the economic case. 15972. Department of Health, London, UK.

The Strategy is a collaboration between organisations, communities and citizens to take collective and individual action over the next five years to significantly reduce the rate of suicide in the city, address inequalities in suicide by focusing on those in highest risk groups, and improve care and support for those affected by suicide.

CONTEXT OF SUICIDE AND SUICIDE PREVENTON

The context of suicide and suicide prevention is set out in terms of policy at local and national levels as well as the picture from the data and research nationally and the evidence from cities.

Policy Context

The Five Year Forward View for Mental Health set the ambition that by 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. This included development and delivery of local multi-agency suicide prevention plans.

In 2012 the Department of Health released its national suicide prevention strategy Preventing Suicide in England. The National Strategy identified six key areas for action to support delivery of objectives. These six areas provide the themes for our local approach and are being used as the basis for the Birmingham suicide prevention action plan which accompanies this strategy.

The NHS Long Term Plan [5] contains suicide prevention & reduction ambitions including the following;

- Suicide reduction will remain a NHS priority
- Full coverage across the country of the existing suicide reduction programme
- Design and roll out of a Mental Health Safety Improvement Programme with a focus on suicide prevention and reduction for mental health inpatients
- Use of decision support tools to increase our ability to deliver personalised care and predict future behaviour, such as risk of self-harm or suicide.
- Bereavement support for families and staff bereaved by suicide , who are likely to have experienced extreme trauma and are at heightened risk of crisis themselves, which will be rolled out to all areas of the country.
- A new approach to the longer term management of self-harm

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[5] https://www.longtermplan.nhs.uk/online-version/

There have been a number of other national publications to support this strategy; such as:

- Preventing suicide in England: Third progress report (2017)[6]
- Public Health England's Local suicide prevention planning practical resource (2016)[7]
- National Confidential Inquiry into Suicide and Homicide Report: Suicide by children and young people (2017) [8]
- The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2017) [9]
- Public Health England: Support after a suicide: A guide to providing local services: National Suicide Prevention Alliance (2017)[10]

These publications, alongside stakeholder engagement and the local data have informed the development of this strategy. This local strategy will in time align with the wider action plan to support a Mentally Healthy City and the Health Inequalities Framework for Birmingham which will be developed over 2019/20.

The Picture of Suicide

The picture of suicide in England is limited because the data is drawn from death certification.

For many years the coroner has had to be certain beyond reasonable doubt that the death was through suicide before confirming this on the death certificate, this has probably led to an under-estimate of the scale of suicide. However in 2017/18 the guidance for coroners changed to allow 'death through suicide' to be based on reasonable judgement and this is likely to see an increase in the number of deaths attributed to suicide.

It is important to also recognise that although there may be a link between self-harm and suicide, the data on self-harm reflects a larger group of people, some of who have no intention of dying.

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[6] Department of Health (England). Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. 2017.
[7] Public Health England Local suicide prevention planning: A Practice resource:
https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan
[8] Suicide by children and young people in England. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2017.
[9]The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Annual Report: England, Northern Ireland, Scotland and Wales.
October 2017. University of Manchester
[10] Public Health England: Support after a suicide: A guide to providing local services: National Suicide Prevention Alliance
https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services

The National Picture

Suicides have seen an overall decreasing trend since time series began. However male suicides remain significantly higher than females. Suicide rates are higher among specific groups of occupation as well as specific population groups such as lesbian, gay, bisexual and trans people, ethnic minority people and refugee and asylum seekers.

The highest rates regionally are seen in the North of England. With the West Midlands close to the England average. The lowest rates are in London.

In 2017[11] there were 5,821 suicides registered in the UK, an age-standardised rate of 10.1 deaths per 100,000 population. The UK male suicide rate of 15.5 deaths per 100,000 was the lowest since time-series began in 1981; for females, the UK rate was 4.9 deaths per 100,000, this remains consistent with the rates seen in the last 10 years. Males accounted for three-quarters of suicides registered in 2017 (4,382 deaths), which has been the case since the mid-1990s. Suicide is currently the most significant cause of death among Males below the age of 50 and young people aged 5 to19[12].

The highest age-specific suicide rate was 24.8 deaths per 100,000 among males aged 45 to 49 years; for females, the age group with the highest rate was 50 to 54 years, at 6.8 deaths per 100,000.

A third of people who die through suicide have been in contact with mental health services before their death, a further third have been in contact with primary care services but the remaining third have had no contact with services. Young men are the most likely to be among the third with no contact with services before their death. In 2017 hanging or strangulation was the most common method for suicide followed by poisoning.

Data is lacking on how many suicide attempts are among those previously bereaved by suicide, but research suggests around 1 in 10 bereaved people have made an attempt[13].

Non-fatal self-harm is one the strongest risk factors for subsequent suicide. The data on self-harm is based on clinical data from presentation to healthcare services, so is likely to be an underestimate of the actual number of people affected. Evidence suggests that the UK has one of the highest rates of self-harm in Europe[14] and for all

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[11]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations

[12] ONS: Deaths Registered in England and Wales (series DR): 2017

[13] Pitman AL, Osborn DP, Rantell K, King MB. Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. BMJ open. 2016 Jan 1;6(1):e009948.

[14] Horrocks, J., House, A. & Owens, D. (2002). Attendances in the accident and emergency department following self-harm; a descriptive study. University of Leeds, Academic Unit of Psychiatry and Behavioural Sciences.

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age groups the annual prevalence is approximately 0.5%[15] of the population experience self-harm.

Self-harm is most common among young people with the highest rates of hospital admissions due to self-harm in the 15-19 age group. (648.6 admissions per 100,000 in 2017/18[16]).

Research also shows us that girls are twice as likely to self-harm than boys[17] and admission rates for girls almost doubled in two decades, from 7,327 in 1997 to 13,463 in 2017.

The Local Picture

The latest figures in Birmingham indicate the suicide rate to be significantly lower than the England average[18].(fig 1)

The number of death registrations for suicide and injuries of undetermined intent in 2015-17 was 205[19] which equates to around 70 per year. Rates for Birmingham are similar to some of nearest statistical neighbours[20], but lower than most.

Fig 1: Age standardised rate of suicide (all persons) per 100,000 population 2015-17 (3yr average) Source: PHE Fingertips

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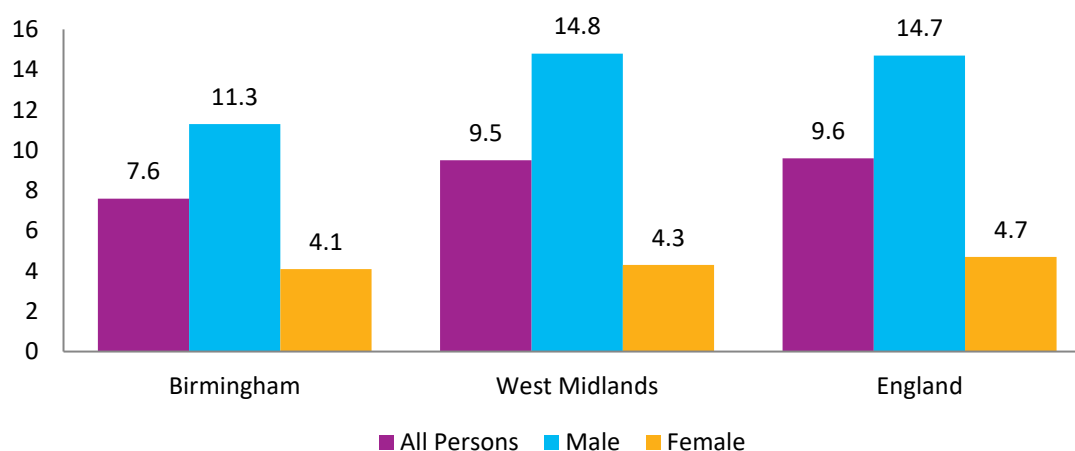
[15] NICE (2003). "Self-harm in over 8s: long term management." Clinical Guideline 133. Available at: https://www.nice.org.uk/guidance/cg133/resources/selfharm-in-over-8s-longterm-management-35109508689349
[16]https://fingertips.phe.org.uk/search/self%20harm#page/3/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/92796/age/6/sex/4
[17] Morgan C, Webb RT, Carr MJ, Kontopantelis E, Green J, Chew-Graham CA, Kapur N, Ashcroft DM. Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care. bmj. 2017 Oct 18;359:j4351.
[18] https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000005/ati/102/are/E08000025
[19] Public Health Outcomes Framework indicator 4.10.
[20] CIPFA nearest neighbours - https://www.cipfa.org/policy-and-guidance/publications/n/nearest-neighbour-model-england

There has been some fluctuation in the 3 year rate for Birmingham as in 2014 due to a backlog of coroners cases being processed within a single year, however this has now rebalanced and the current trend is in line with the previous 3yr rate.

Compared to the rest of the West Midlands, Core cities group and the CIPFA comparator group, the 3 year rate of suicide in the city is one of the lowest, (fig 2). However it is important to note that because of the size of the city the overall count of suicides across the three years is second highest and in one year, on average, there are more deaths through suicide in Birmingham than across the whole three year period in Solihull.

Fig 2: Comparison map and table of Age standardised rate of suicide (all persons) per 100,000 population 2015-2017 (3yr average) across the West Midlands region
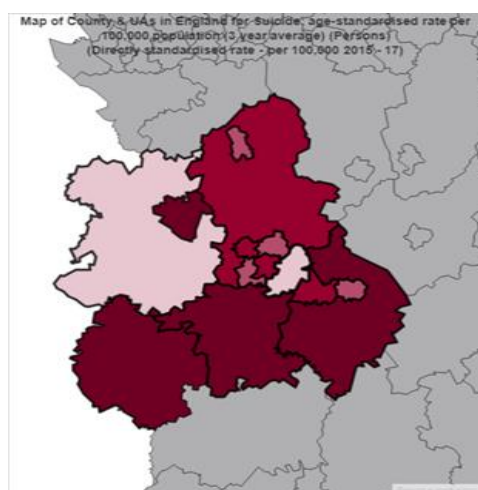
	Count	Rate
Birmingham	205	7.6
Shropshire	67	8.0
Coventry	76	8.8
Walsall	65	9.1
Dudley	77	9.4
Solihull	52	9.5
Staffordshire	225	9.7
Wolverhampton	66	9.9
Sandwell	86	10.4
Worcestershire	165	10.8
Warwickshire	169	11.3
Herefordshire	59	11.7

Source: Fingertips, Public Health England

Compared to the Core Cities group Birmingham currently has the lowest rate of suicide and across the CIPFA comparison group (a group of demographically matched areas) the 3yr rate of suicide in the city is one of the lowest, (fig 3).

Fig 3: Comparison tables of Age standardised rate of suicide (all persons) per 100,000 population 2015-2017 (3yr average) across the Core Cities and the CIPFA nearest neighbours group for Birmingham

	Rate
Core City Average	**11.8**
Leeds	11.8
Bristol	10.6
Liverpool	9.9
Manchester	9.3
Nottingham	9.2
Sheffield	7.7
Birmingham	**7.6**

	Rate		Rate
CIPFA Average	**10.8**		
Salford	12.3	Nottingham	9.2
Bolton	11.9	Walsall	9.1
Leeds	11.8	Bradford	9.0
Bristol	10.6	Leicester	8.9
Sandwell	10.4	Coventry	8.8
Liverpool	9.9	Sheffield	7.7
Wolverhampton	9.9	**Birmingham**	**7.6**
Kirklees	9.4	Derby	7.3

Public Health England's suicide prevention profile[18] highlights that Birmingham has high levels of some of the recognised risk factors for suicide but despite this has lower overall rates of suicide than other areas in the West Midlands and Core Cities.

Fig 4: Some of the Suicide Prevention Risk Factors - Birmingham

MARITAL BREAK DOWN

12.5% of adults are living in single person housholds (2011)

LOW HAPPINESS SCORE

8.8% of adults have a low happiness score

4.1% report a low level of life satisfaction

19.0% report a high anxiety score (2017/18)

CRIME & VIOLENCE

6.4 young people (10-18yrs) per 1,000 in the youth justice system

24.2 domestic abuse-related crimes and incidents per 1,000 adults recorded by the police

(2017/18)

SEVERE MENTAL ILLNESS

1.19% of GP patients have a severe mental health illness (2017/18)

HOMELESSNESS

4.7 households per 1,000 households in Birmingham are in temporary accommodation (17/18)

MARITAL BREAK DOWN

10.7% of adults are divorced or separated (2011)

SOURCE: PHE SUICIDE FINGERTIPS TOOL

When we explore the detail of the deaths through suicide in Birmingham it highlights some important differences:

- 76% of suicides in Birmingham are men and they most commonly occur in ages 30-49, for women the largest age group is 40-49. (fig 5)

- Birmingham residents born in Poland and Eastern Europe have a higher rate of suicide compared to people born in the UK; however this may not account for recent migration trends and is likely to be a reflection of the larger numbers of working age males in the denominator population. (fig 6)

- 53% of suicides in the last 10 years have taken place at home. Other common locations were other residential properties (6%), public green spaces (4%), canals or rivers (4%), railways (4%). Hospitals were recorded as place of death in 16% of suicides, with no further information on where the suicide took place

  Methods of suicide were similar to national rates, with hanging or suffocation accounting for 63% of male and 44% of female suicides since 2007; poisoning was more common for females than males (31% vs 15%)

- Similar to national patterns, occupations with higher numbers of suicides in Birmingham were skilled trades, process plant and machine operatives and elementary occupations. (fig 7)

- Nationally, students had a lower rate of suicides than the general population. This appears to also be true for Birmingham according to local analysis

Figure 5: Population pyramid showing age and sex distribution of deaths due to suicide and undermined injury, Birmingham residents, 2007-2017
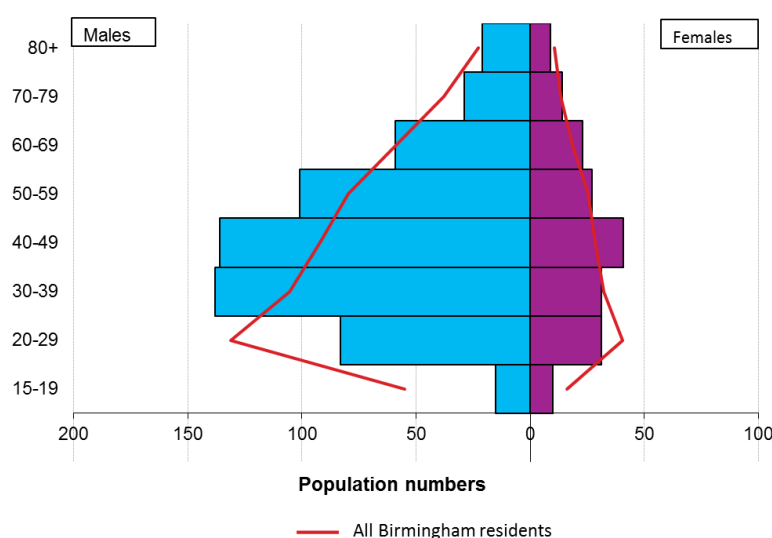
Source: Primary Care Mortality Data, NHS Digital

Figure 6: Crude suicide rate by country of birth, Birmingham residents, 2007-2017
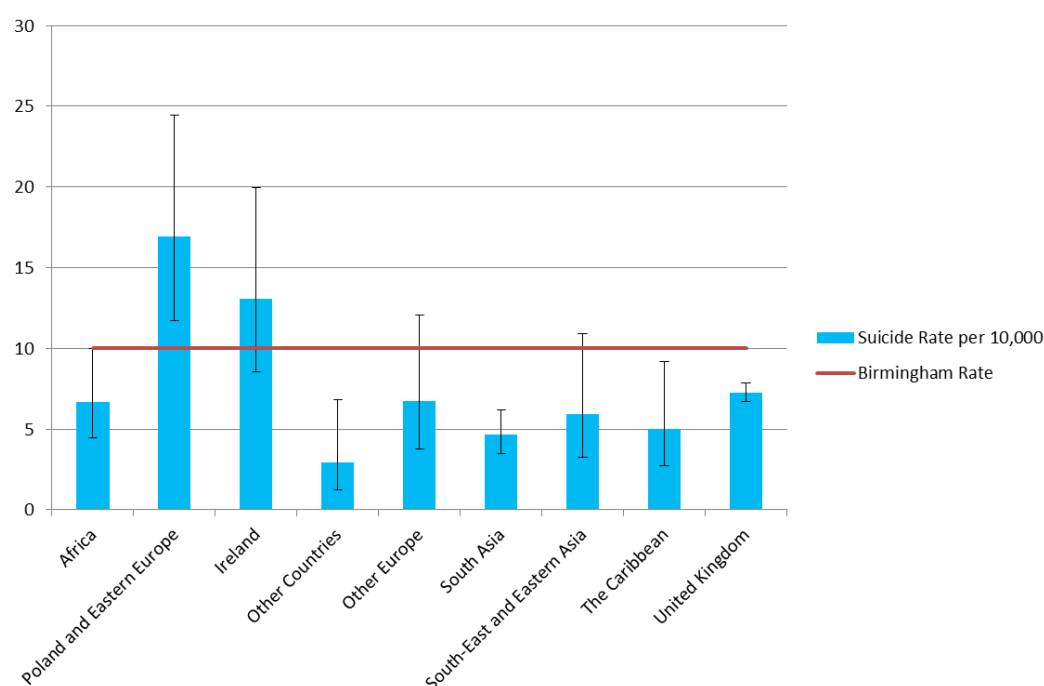
Denominator Source: ONS Detailed Country of Birth Analysis from the 2011 Census

Figure 7: Crude suicide rate by occupation group (males and females), Birmingham residents, 2007-2017
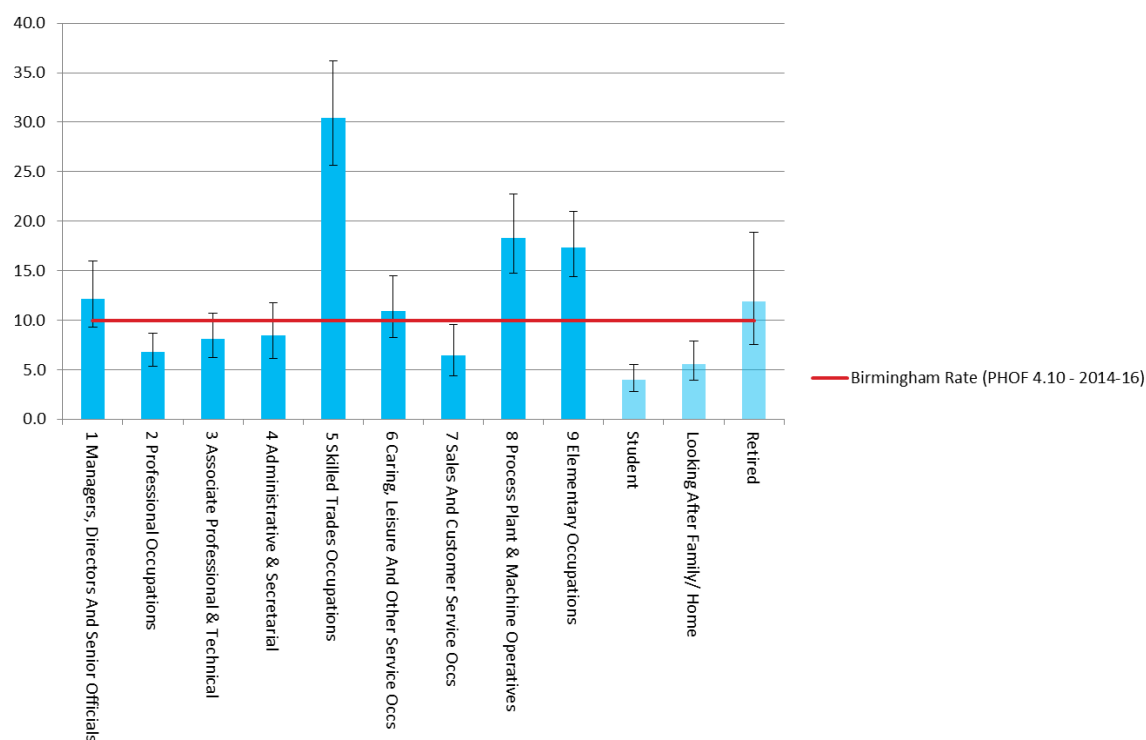
Denominator Source: NOMIS annual population Survey Employment by occupation Apr 17 to Mar 18, and Economic inactivity table
https://www.nomisweb.co.uk/reports/lmp/la/1946157186/report.aspx#tabjobs

OUR SUICIDE PREVENTION AMBITION

Our ambition for this strategy is to **maintain the lowest rate of suicide of any of the core cities[21] in England and continue to reduce deaths through suicide in the City over the next decade through a Zero Suicide approach**

We will achieve this ambition through collaboration and working together at every level of the city and in every community, family and workplace, focusing our efforts in six key areas (building on the National Suicide Prevention Strategy):

1. **Reduce the risk of suicide in key high-risk groups**

2. **Tailor approaches to improve mental health in specific groups**

3. **Reduce access to the means of suicide**

4. **Provide better information and support to those bereaved or affected by suicide**

5. **Support the media in delivering sensitive approaches to suicide and suicidal behaviour**

6. **Support research, data collection and monitoring**

We can achieve a step change in suicide prevention and mental wellbeing but only if we all step up to act. It is important that we take action across all six areas simultaneously in order to effect change.

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[21] Major cities are defined as being the 'Core City Group' reflecting the largest cities in England. This allows us to benchmark progress against comparable populations and urban context.

OUR PRIORITIES

Priority One: Reduce the risk of suicide in key high-risk groups

The inclusion of specific high risk groups within this strategy is underpinned by findings of the National Confidential Inquiry[22], National Strategy and local intelligence.

- **Men**

   Men have a 3 times greater risk of suicide than women, in Birmingham this risk is highest among working age men between 30-49yrs.

   In Birmingham there are an estimated 414,319 men[23], the current 3yr average rate of suicide in men in the city is 11.3/100,000, meaning over the last three years and estimated 47 men have died through suicide.

   Men are a large and diverse group of the population. However focusing on raising awareness of mental health issues and suicide amongst men and reducing the stigma on men talking about their mental health can be effective interventions.

- **People with a history of self-harm**

   Self-harm, including attempted suicide, is the single biggest indicator of suicide risk.

   In Birmingham in 2017/18 1,977 individuals presented to A&E with self-harm.

   There is already NICE guidance on the treatment of self-harm which includes psychosocial assessment and mental health liaison support in the emergency department. Psychiatric Liaison service is specialist multidisciplinary mental health service, working within all acute hospitals in Birmingham for people that present at A&E.

   Alongside this important provision it is important that clinical commissioners ensure that good local data is driving service improvement to minimise the risk for this group when they present in the emergency department or in primary care.

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[22] The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Annual Report: England, Northern Ireland, Scotland and Wales.
[23] ONS Mid-Year population Estimates 2017 – Males aged 18+

- **People with alcohol and drug-related problems**

  Nationally 45% of suicides involved patients with a history of alcohol misuse, 33% had a history of drug misuse.

  13.6%[24] of adults in Birmingham are binge drinkers of alcohol, and while this is lower than the national average it still represents approximately 115,469 adults in the city. A further 1.66% are dependent drinkers, approximately 14,094 adults.

  There are around 6,666 individuals in treatment for drug use[25].

  There is existing NICE guidance on dual diagnosis, i.e. substance misuse and mental health issues, and it is important that our drug and alcohol support services and mental health services are working closely together to support individuals and reduce the risk of suicide through the care pathway.

- **People in the Care of Mental Health Services (including in-patients)**

  Around 60-70 inpatients die by suicide per year nationally. Of all patients who died through suicide in the first week after discharge in 2017, the highest number occurred on the second (19%) and third (21%) day.

  There were 3,700 mental health in-patient admissions during 2017/18in Birmingham[26], although some of these represent readmission of the same individuals, each admission is an opportunity to intervene and prevent suicide after discharge.

  The national campaign for all mental health trusts to achieve Zero suicides provides an excellent framework for action and Birmingham Mental Health Trust will need to work with partners across primary and secondary care to achieve this and reduce the risk for in-patients and patients supported by community services.

In addition local data indicates two specific high-risk groups identified by place of birth and occupation:

- **Birmingham residents born in Poland and Eastern Europe**

  According to the last census there were approximately 16,562 Birmingham residents born in Poland and Eastern Europe and this figure is likely to be higher today. This group has the highest suicide rate by country of Birth and is two thirds higher than the City's population as a whole

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[24] PHE Local Alcohol Profiles for England
[25] PHE Public Health Profiles : Adults in treatment at specialist drug misuse services
[26] Hospital Episode Statistics (ICD10 codes F00-F99)

By the nature of being a thriving city there is some churn in the population with people moving into the city and leaving the city but there is a growing population who have moved into Birmingham from Poland and Eastern Europe. We need to work with these communities and the groups that are most engaged with them as well as with service providers to ensure mental health and wellbeing services are culturally appropriate.

- **People in skilled trades occupations (e.g. construction industry)**

    In Birmingham the rate of suicide among men and women in skilled trade occupations, like construction, is three times the average for the city.

    It is estimated that 42,000 people in Birmingham work in a skilled trade[27].

    Birmingham is a city with a significant amount of construction and building development, providing jobs for local people as well as attracting transient trades people from outside the city. We have to work with employers, developers and trade professional bodies to raise awareness of suicide and reduce the risks associated with the workplace.

Although these are in many ways broad categories of individuals, by addressing them in a focused way there is likely to be a positive impact on the general mental wellbeing of the city and reduce the risk of suicide.

Priority Two: Tailor approaches to improve mental health in specific groups

As well as targeting high-risk groups, another way to reduce suicide is to improve the mental health of the population. For this whole population approach to reach all those who might need it, the national strategy recommends tailored measures to improve the mental health of groups with particular vulnerabilities or problems with access to services.

The groups highlighted in the national strategy are:

- **Children and young people, specifically looked after children, care leavers and children and young people in the youth justice system**

    Children and young people have an important place in the strategy. Too many children are developing poor mental well-being and the risk of suicide is greater when children have mental health issues. Looked after children and care leavers are between four and five times more likely to self-harm in adulthood.

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[27] NOMIS Annual Population Survey by SOC2010 2017/18

In Birmingham when we focus on the highest risk groups of children and young people, this is the scale of the population in 2017:

1,838 Looked after children[28]
726 Care Leavers [29]
870 Children and young people in the youth justice system

Focusing our efforts on preventing suicide among these children and young people who are at highest risk will have a broader positive impact on the wider population of children and young people.

- **Survivors of abuse or violence, including sexual abuse**

  There is a strong link between individuals experiencing violence and abuse and suicide, which is why it is important that there are coherent and evidence based services of support for people enduring violence and abuse.

  We know from the research into adverse childhood events (ACE) that the impact of abuse, neglect and violence can play out across a lifetime. While there is no routinely collected data on the distribution of those with defined ACES in Childhood, commissioned surveys[30] [31] suggest that almost half (47%) of Adults (aged 18-69) had at least one of these experiences in childhood. In Birmingham this could potentially equate to   almost 350,000 adults.

  Over 40,000[32] individuals experience domestic abuse in the City and it is important that all of our specialist support services are actively thinking about the mental health and wellbeing of clients.

  There are also 31,692 people affected by violent crime in the city in 2017/18[33] and as well as considering the physical impact of this violence it is essential

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[28] DfE Children Looked After in England Local Authority Tables 2017
[29] DfE Children Looked After in England Local Authority Tables 2017 - Number of children who ceased to be looked after during the year
[30] ACEs in Blackburn with Darwin Council –with Liverpool John Moores University 2014
https://www.blackburn.gov.uk/Pages/aces.aspx
[31] Hughes K et al. Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. BMC public health. 2016
[32] Birmingham Domestic Abuse Prevention Strategy 2018 – 2023
https://www.birmingham.gov.uk/downloads/file/10086/domestic_abuse_prevention_strategy_2018_-_2023
[33] Police.UK – Reported Violence and Sexual Offences 2017/18 (to September) Extrapolated from published rate using ONS mid-year population data

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that commissioners and service providers address the short and long term psychological impact.

- **Veterans**

In Birmingham there are an estimated 93,000 veterans[34].

The Council and many partner organisations are signatories to the Armed Forces Community Covenant which sets out a commitment to address the needs of veterans and provides an important opportunity to specifically think about the needs of this group of individuals.

- **People living with long-term conditions and disability**

There is a strong evidence of an association between long-term health conditions and poor mental health.

In Birmingham approximately 198,000 people are living with a long-term health condition or disability[35]. Nationally two thirds of people with a long term physical health condition also have a co-morbid mental health problem, mostly anxiety and depression. Therefore we would estimate at least 130,680 people are living with mental health problems and long term health conditions. It is important that we consider the mental health and wellbeing of individuals with long term conditions, especially chronic pain, and clinical and social care professionals are actively talking about mental health issues, especially where physical health is deteriorating.

- **People with untreated depression**

People who have untreated depression are at increased risk of suicide and self-harm and around half of all completed suicides are related to depressive and other mood disorders (ICD-10 F3)[36]. Only around 1 in 3 people with depression receive treatment, and there are inequalities in treatment seeking behaviour and receipt of treatment.[37] With around 55,000[38] adults on the primary care depression registers of Birmingham GPs, there may potentially an additional 110,000 people who are not in receipt of treatment and at higher risk of suicide than those receiving help.

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[34] 2011 Census (ONS) estimates 11% – applied to Birmingham Population
[35] https://www.nomisweb.co.uk/census/2011 (table KS301EW)
[36] Bachmann S. Epidemiology of suicide and the psychiatric perspective. International journal of environmental research and public health. 2018 Jul;15(7):1425.
[37] Adult Psychiatric Morbidity Survey 2014: NHS Digital
[38] Quality and Outcomes Framework 2017-18 Recorded Disease Prevalence Table 2: Depression

We need to increase awareness of the signs and symptoms of depression and ensure that people are aware of the support available and how to access it themselves or to signpost others.

- **People who are especially vulnerable due to social and economic circumstances**

  There are strong links between mental ill-health and social factors like unemployment, debt, social isolation, family breakdown and bereavement. Adults aged between 16 and 59 who live alone for example are significantly more likely to have common mental disorders (CMD) than those who live with others. There are also marked differences in CMD prevalence among labour market cohorts. Using age-standardised figures, the CMD rate in employed people is 15.2% (aged 18-64) compared to 28.8% in the unemployed and 33% among people who are economically inactive[34]. Birmingham's claimant rate is the highest of all of the core cities at 7.3%, and economic data shows around 37,000 are unemployed and seeking work with an additional 217,000 people economically inactive[39] . Between these two cohorts there may be around 82,000 in a vulnerable position suffering with CMD.

  We need to work to improve the advice and support available to people who are more vulnerable due to their circumstances. This means delivering mental health support together with practical advice in front line services (such as debt, benefits and housing), with mental health awareness embedded within service delivery.

- **Lesbian, gay, bisexual and transgender people**

  Between 2-5%[40] of the population nationally identify as lesbian, gay, bisexual and/or trans, however data from the GP patient survey in 2017[41] would suggest in Birmingham the figure is between 2.5- 3.9% .

  Nationally and internationally there is evidence of increased rates of mental health problems, self-harm and suicidal thoughts among LGBT people, especially LGBT young people[42].

In Birmingham, it is estimated, that between 17,563 and 43,908[43]identify as LGBT based on the national estimates.

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[39] Economically Inactive – includes full time students, looking after family and those unable to work for health reasons
[40] Annual Population Survey (2017 data), Office for National Statistics
[41] NHS GP Patient Survey (2017). IPSOS Mori. https://gp-patient.co.uk/surveysandreports2017
[42] NIESR Report: Inequality among lesbian, gay bisexual and transgender groups in the UK 2016
[43] Calculated on Birmingham Population 16 and over

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Addressing these issues requires action across the whole system and is as much about ensuring that mental health services are accessible and culturally competent to support LGBT people as tackling the discrimination and harassment that add to the burden of mental ill health.

- **Black, Asian and minority ethnic groups**

People from Black, Asian and minority ethnic groups often face cultural stigma around mental health problems and there are inequalities in access to health services. Research suggests that Black Adults for example have the lowest treatment rate of any ethnic group[44] but have higher rates of serious mental illness such as psychosis[45]. There is also evidence that some immigrant groups may be at higher risk of suicide. In a review Non-European immigrant women (including Black African and South Asian) were at the highest risk for suicide attempts. Risk factors among migrants and ethnic minorities were found to be: language barriers, worrying about family back home, and separation from family[46].

42% of the population of Birmingham come from a non-white British ethnic background[47]; in some parts of the city non-white ethnic groups are becoming the majority population, however there remain issues with culturally competent services and issues of stigma and discrimination around mental health within some ethnic minority communities.

We need to work with communities to reduce stigma around mental health and suicide as well as bridge the gap between service providers and communities to ensure individuals in need are able to access support.

- **Refugees and asylum seekers.**

People who are refugees and asylum seekers may require additional support as a result of trauma that they may have experienced in their country of origin or during their journey to the UK

There are approximately 1,800 asylum seekers in Birmingham, though this figure fluctuates during the year being accommodated by the government and awaiting a decision on their asylum claim. This is in addition to people who have already been granted refugee status (or some other leave to remain)

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44 Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital
45 Kirkbride, J et al. Psychoses, ethnicity and socio-economic status. The British Journal of Psychiatry, 2006 193(1), 18–24
46 Forte A et al. Suicide risk among immigrants and ethnic minorities: a literature overview. International journal of environmental research and public health. 2018
47 ONS Census 2011: KS201

and have settled within the City… Support for refugee communities is inconsistent but delivered through a range of voluntary, community and public sector agencies and services.

The Home Office and its contracted providers (Serco and Migrant Help from September 2019) are responsible for the welfare of asylum seekers they are accommodating and supporting. Once people leave that accommodation those duties come to an end and it is the responsibility of mainstream public sector services to identify, engage with and support refugee communities who may be experiencing crisis or at risk of crisis. Mental health is a consistent concern – including awareness and self-help, cultural sensitivities, visibility in and engagement with the health system, as well as specific and relevant services for refugee communities and it is vital that we maintain this focus.

- **People in Contact with the Criminal Justice System**

People who come into contact with the criminal justice system are high risk of for suicidal behaviour and self-harm[48] and experience many of the risk factors associated with these behaviours such as mental illness, adverse life events, drug and alcohol misuse and relationship breakdown as well as the effects of incarceration, and adjustment to life after release. We need to ensure an efficient and consistent approach across all partner organisations involved in the Criminal Justice System, to recognise and support poor mental health and other risks.

Priority Three: Reduce access to the means of suicide

Restricting access to the means of suicide is an important component of this strategy. It is a well evidenced and effective area of suicide prevention particularly in cases of impulsive suicide, where if the means are not easily available at the time of crisis the suicidal impulse may pass[49] [50].

The most common methods of suicide in both Birmingham and England are hanging, suffocation and poisoning.

Addressing access requires action at many different levels, including:

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[48] Borschmann R, Young JT, Moran PA, et al. Self-harm in the criminal justice system: A public health opportunity. The Lancet Public Health. 2018 Jan 1;3(1):e10-1.

[49] Florentine JB and Crane C (2010) Suicide prevention by limiting access to methods: a review of theory and practice. Social Science & Medicine 70(10): 1626–1632

[50] HM Government: Preventing Suicide in England; A cross-government outcomes strategy to save lives

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- Considering risk of suicide in the planning, design and refurbishment of housing and public spaces and facilities (e.g. car parks) for both new and change of use facilities for vulnerable people near to high risk locations.

- Mapping potential high risk sites through reviewing self-harm data and reports from health and police services and take action to reduce risk e.g. barriers, signage.

- Increase awareness of suicide risk, and steps to intervene, in staff working in high risk areas e.g. park wardens, traffic wardens.

- Reduce the risk of medication stockpiling through safer prescribing practice, especially for patients in high risk groups.

- Support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.

Reducing access in many ways is one of the simplest steps that we can take but because of the variety of ways in which individuals die through suicide it is an area which requires continual review and collaboration between partners as things progress.

Priority Four: Provide better information and support to those bereaved or affected by suicide

For those bereaved by suicide the impact is severe.

Families and friends who are bereaved are at highest risk of mental health problems but it can have also have a profound effect on the local community or on the workplace/school or college where the individual was.

For every life lost at least 10 people are affected, with research suggesting that this could be as high as 135[51] people in need of support. Based on the number of suicides in Birmingham we would estimate that between 700 and 9,500 people affected by suicide are in need of support annually.

There is no national specialist service for those bereaved by suicide in the NHS but there are many charities which provide support and advice to bereaved individuals.

It is important that all organisations in the city think about how they can support individuals who are bereaved, including when that bereavement is through suicide, this includes:

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[51] Cerel, Julie, et al. "How many people are exposed to suicide? Not six." Suicide and Life-Threatening Behaviour (2018).

- Employers utilising the evidence based toolkits in suicide post-vention from Public Health England and Business in the Community

- Promoting the 'Help at Hand' resource to relatives when a death occurs alongside the 'Waiting Room Resource Key' to support signposting to help.

- Working between public sector and third sector partners to ensure an appropriate bereavement support service that recognises the specific aspects of death through suicide with consideration of capacity, real time referral and data sharing requirements.

- Considering public awareness campaigns to raise awareness of the support available for individuals affected by a death through suicide.

Priority Five: Support the Media in delivering sensitive approaches to suicide and suicidal behaviour

How the media portrays suicide and what is reported can have a significant influence on behaviours and attitudes.

The way in which the UK media has reported suicide has changed fundamentally over the years – in part due to charities, like Samaritans working in the area of suicide prevention.

Ultimately, we can only reduce the numbers of suicides each year if we continue to talk about the issue and the media has an important role in educating the public on suicide prevention and are able to utilise mass readership and viewing to publicise sources of help and support available. However inappropriate reporting may put vulnerable individuals at risk, effect the bereaved and may lead to imitative behaviour.

Research consistently demonstrates that risk significantly increases if details of suicide methods are reported, or if the coverage is extensive or sensationalised.

The media need to continue to cover this important topic but this need to be done without putting vulnerable people at risk.

We need to work with local and regional media, especially considering media focused on high-risk communities, to increase awareness of national guidelines on responsible reporting of deaths through suicide and promoting a positive and culturally sensitive discussion in the media about mental health issues.

Priority Six: Support research, data collection and monitoring

Accurate and timely data on suicides statistics is vital for understanding patterns and behaviours, reducing risk and informing action to prevent future suicides. Such intelligence will also provide some of the measures of success for this strategy.

Currently there is a limited source of information and intelligence regarding local suicides to inform prevention activity in the city. However there are future opportunities to develop a system of real time surveillance with partners.

We have to work together across the partnership supporting this strategy to develop more a coherent and robust picture of suicide and self-harm and the related risk factors in the city to support service planning and monitor the impact of this strategy on outcomes and risk reduction.

MOVING INTO ACTION

Governance & Accountability

Tackling suicide requires major action from a wide range of organisations working in partnership.

We recognise that our NHS commissioning and provider partners have geographies which extend beyond the geographical boundary of the city, most often with Solihull.

Ultimately there is shared responsibility between the NHS and the Council for delivery of this strategy. This shared responsibility comes together through the statutory Health and Wellbeing Boards and the Mentally Healthy City sub-board that is being established in 2019/20. The Mentally Healthy City sub-board will link with the NHS STP Mental Health Delivery Board which reports up through the NHS governance framework and both will draw on the external stakeholder Mental Health Partnership Group.

The Suicide Prevention Working Group will oversee the delivery of the action plan and monitor progress against the plan. This group will report to the Mental Health Programme Delivery Board and the Health and Wellbeing Board through the Mentally Healthy City Sub-Board. Annex 2 sets out the current terms of reference.

The Suicide Prevention Working Group will oversee delivery of an annual action plan that will be signed off by the Director of Public Health on behalf of the Health and Wellbeing Board and the Clinical Commissioning Group.

Measuring Success

Fortunately suicide is still a relatively infrequent occurrence, however we will track progress for this strategy through metrics linked to our ambition.

Our ambition is to maintain the lowest suicide rate of the core cities in England and achieve a zero deaths through suicide ambition over the next decade; these will be monitored through the national indicators on 3yr rolling rates and counts published by PHE.

Alongside these indicators we are also developing through the action plan for 2019/20 a suite of metrics to track progress against the priority areas for action.

Principles for Action

Across the implementation of this strategy we have agreed a set of core principles which are shared across the partnership, these are:

1. We are open to share and learn as we implement action to move forward the strategy in the city.

2. We recognise the inequalities in mental health and self-harm that sit behind the picture of suicide and will work collectively to address these.

3. We understand that the implementation of this strategy will require action by all partner organisations, by communities and by citizens working together.

4. We are committed to keeping citizens at the centre of what we do.

Action Plan Development

The Suicide Prevention Working Group will be responsible for co-developing an annual action plan which will be approved by the Director of Public Health for Birmingham City Council, in consultation with the chairs of Health and Wellbeing Board and STP/CCG Boards.

Keeping Citizens at the centre

We are committed to keep Citizens at the centre of what we do as we move forward this work and therefore the final section of this strategy is dedicated to the voices of citizens affected by suicide and self-harm.

'When I look back over the period of time leading up to my suicide attempt, I realise I actually hit all the 'high risk' markers. A holistic approach is needed rather than a 'tick box' one. If a person is saying no to thinking of acting on suicidal thoughts, yet all the indicators point to significant risk factors, such as recent abuse or assault, significant depression, a major life circumstance, a history of self-harm including drug misuse, every effort should be made to ensure safety of that individual. My own personal experience is that I would have benefitted from Increased input from a community mental health team, a link between mental health and drug misuse teams, my doctor not supplying large quantities of medication on prescription at once and retailers being giving training to be made aware of potentially fatal means being sold.'

'My life took a desperate turn when I lost my job and got into debt. I couldn't face life failing my family. I had enough medication from my Doctor to end it. They would be better without me. If I hadn't been found as soon as I was, my children would have been growing up without their Daddy and this haunts me every day. I was scared to tell anyone how I felt because I thought my children would be taken into care. Looking back, I wasn't a danger to anyone, only myself. Maybe I wouldn't have got that far if it wasn't such a stupidly scary thing to talk about or if people could talk to me without being scared themselves. People are too scared to even say the word.'

ANNEXES

1. Membership of the Suicide Prevention Working Group

2. Suicide Prevention Working Group TOR

3. 2019/20 Draft Action Plan

ANNEX 1 – Suicide Prevention Working Group Membership[52]

Name	Organisation
Justin Varney	Director of Public Health - BCC
Duncan Vernon	Public Health - BCC
Amanda Lambert	Public Health - BCC
Dennis Wilkes	Public Health - BCC
Jenny Riley	Public Health - BCC
Mo Philips	Public Health - BCC
Elaine Woodward	NHS England
Helen Wadley	Birmingham MIND
Paul Sanderson	PHE
Kerry Webb	BSMHFT
Joanne Carney	BSOL CCG
Gemma Coldicott	BSOL CCG
Jennifer Weigham	BSOL CCG
Dario Silverstro	BSOL CCG
Clare Walker	Solihull MBC
Elaine Kirwan	BWC NHS FT
Lisa McGowan	BWC NHS FT
Sean Russell	WMCA
Karen Edwards	NHS England
Dave Brown	PAPYRUS
Lesley Hales	CRUSE Birmingham

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[52] As at May 2019

ANNEX 2 – Suicide Prevention Working Group Terms of Reference

Terms of reference Birmingham Suicide Prevention Working Group

1. Aim

The Birmingham Suicide Prevention Working Group aims:

• to reduce the rate of suicide and self-harm within Birmingham

• to provide a forum for successful multi-agency partnership working at strategic and operational level

• to work across STP area Birmingham and Solihull

2. Objectives

To facilitate and promote joined up partnership arrangements where appropriate in ensuring effective working to reduce suicide rates across STP area

3. Responsibilities

• to develop and agree a multi-agency suicide prevention strategy and action plan for Birmingham (and work across/with Solihull's strategy and plan)

• to monitor the implementation of the suicide prevention strategy

• to review and update the strategy as appropriate

• to inform and influence commissioning of specific projects and initiatives to meet the aims of the suicide prevention strategy over and above routine MH commissioning by CCGs

• to commission and analyse an annual statistical and intelligence update

• to publicise ongoing work and recent developments

• to facilitate partnership working between organisations represented on the Working Group

• to influence the work of all agencies and individuals who could help prevent suicide and self-harm, including those with lived experience.

4. Membership

To ensure that as many people and organisations are aware of, and involved in, suicide prevention this group has two types of members:

• those that regularly attend the meetings of the working group

• those who don't regularly attend the meetings, but are on the circulation list and may attend the meetings on an ad-hoc basis.

[regular attenders must include one representative from each of the Task and Finish groups; member from each political party; DPH, PHE/NHSE, Solihull, CCG, MH Trust, VCSE]

[Others who are to be included in the circulation list who may attend on an ad hoc basis include emergency services; police; fire; CJS; railways]

5. Accountability

This group will report to the local Health and Wellbeing Board, the appropriate STP board, and Health Committees within the Council.

6. Administrative support

Public Health will provide the Chair and the admin support for the Group initially until further review.

7. TOR approval and review date

Terms of reference will be reviewed every two years. The next review date will be Feb 2021.

8. Frequency of Meetings

Meetings of the working group will be held quarterly (unless otherwise agreed by the working group). Where possible, meetings will be held in different venues across Birmingham.

ANNEX 3 – Draft Action Plan

The Action Plan will be fully worked up with Partners at the Suicide Prevention Working Party meetings.

Costs associated with partners will be paid by those organisations.

It is felt that only sundry expenses and Officer time will be associated with Birmingham City Council and those will be met from the Public Health Grant.

Action Plan

		Initial Actions	Detail	Lead	Partners	Timescale
Priority 1: Reduce the risk of suicide in key high-risk groups						
1	**Men**	Raise awareness among men of the support available Reduce stigma among men including finding different language to use and not presuming that men don't want to talk. Consider community leaders/ faith leaders as ambassadors. Develop health promotion initiatives which are targeted at men and delivered in locations frequented by men (job centres, youth centres, sports venues, barbers, tattoo artists, music venues, pubs and clubs. Safe space for men to talk.	Learn from other areas e.g. wave 1 SP sites and trailblazer sites. For example- sports focussed programme; men only programmes; campaigns Detail to be agreed			
2	**Self-Harm**	Implement NICE guidance on the treatment of self-harm , including assessments at Emergency Department, including psychosocial assessments and mental health liaison services Improve local monitoring of people who present with self-harm Ensure services in place for those who self-harm Serial presentations of self-harm should be red-flagged as a high suicide risk. Raise awareness with schools/ Children's Trust regarding self-harm and serial self-harmers.	Work with local CCG commissioners/psychiatric liaison to ensure evidence is collected towards the Public Health Outcome Framework measurement of people presenting with self-harm. Make the local Emergency Care Data Set as robust as possible and raise awareness of the NHS			

		Initial Actions	Detail	Lead	Partners	Timescale
			CQUIN for people who frequently attend Emergency Department having self-harmed Detail to be agreed			
3	**Substance Misuse**	Ensure that Mental Health and Substance Misuse services are implementing the NICE Dual Diagnosis guidance Ensure greater focus on alcohol and drug misuse is as a key component of risk management in mental health care Dual diagnosis pathways to be reviewed and embedded to enable the most effective partnership working (Substance Misuse/ Mental Health). More joined up care required as D&A Programmes often exclude people from mental care.	Contact: adele.flannegan@aquarius.org.uk			
4	**Mental health patients**	MH Inpatients NHSE to support/challenge all MHT zero suicide ambition inpatient plans to include: - Assessment and risk management based on best practice. - SI process/learning - Safety plans Primary care/IAPT service Suicide prevention training for all GP's.	Online programmes to be	NHS England		

		Initial Actions	Detail	Lead	Partners	Timescale
			sent (Dr Cave). For all GP's provide training and materials – in identifying patients at risk of death by suicide.			
		Ensure IAPT providers do not include self-harm/suicide risk as an exclusion criteria				
5.	**Birmingham Residents Born in Poland and Eastern Europe**	Work with Polish and Eastern European communities and the groups that are most engaged with them as well as with service providers to ensure mental health and wellbeing services are culturally appropriate/ sensitive. Learn from other areas with existing focused services in place DWP – work psychology specific sessions with interpreters. Work with Polish and Eastern Europe ex-pats to know where communities are. Highlight suicide and mental wellbeing through community events. Develop champions (P&EE). Undertake training for P&EE for translators. Campaign to reduce stigma in Polish/ EE communities.	Link with CEO of the Polish Ex Pats Association and Director of Health Policy in Warsaw Michelle & Stephen Handsworth JCP – find out if this has been done or if this is volunteering. TWR/ PH/ Barney Thorne	DPH/ Birmingham Public Health DWP		
6.	**People in Skilled Trade Occupations**	Work with employers, developers and trade professional bodies to raise awareness of suicide and reduce the risks associated with the workplace. Thrive at Work – link to PHE toolkit for employers. Promote the Zero Suicide Alliance training with SME's and Construction Companies.	Mates in Mind Mental Health First Aiders. Greater Birmingham Chamber of Commerce/	DPH/ Birmingham Public Health		

		Initial Actions	Detail	Lead	Partners	Timescale
		Need a safe space for men to talk. Skilled trades – hidden population of self-employed plumbers, electricians, roofers, builders, etc. Aquarius Life – delivering introduction to Mental Health to skilled trade apprentice programmes.	Birmingham City Council Procurement Team. Specialist regulatory body i.e. Corgi etc. Contact: adele.flannegan@aquarius.org.uk			

		Action	Detail	Lead	Partners	Timescale
		Priority 2 Tailor approaches to improve mental health in specific groups				

7	**Those in prison or facing a custodial sentence**	Engage the Criminal Justice System in a way that will ensure those most vulnerable are identified and supported across organisational boundaries.	Develop new approaches to support those in crisis in the CJS (pre and post prison)			
8	**Children and Young People**	Work with schools and youth services to raise awareness and reduce the risks and promote anti bullying and to tackle self-harm. Schools to work with parents to have conversations regarding mental health resilience. All families with a child under 5 have a named Health Visitor; ensure all Health Visitors have suicide awareness training as standard. Build emotional resilience in primary school age children. Work with Looked After Children Care Leavers Team to raise awareness of personal resilience and mental wellbeing. Birmingham Children's Trust already work in partnership with Education, Forward Thinking Birmingham, BCT/ Health regarding safety plans for suicide and self-harm. Early support and prevention – support risk factors for children with Autism/ SEN. Ensure Children's Homes are a safe environment. Schools to have staff trained in Mental Health Awareness	BCC School Support/ lead practitioner for MH. Training to be included in Specialist Community Public Health Nursing - Health Visiting (SCPHN - HV).			

		and MH First Aid.				
			Link, learn, and share.			
			Custody Cells – good practice.	Police		
				BCC/ schools/ colleges / unis		
9	**Survivors of abuse or violence, including sexual abuse**	Survivors of Modern Day Slavery. Mental Health Awareness training for BHAROSA support staff.	Link with David Grey Adult Social Care/ Police.	Public Health		

10	**Veterans**	Dishonourably discharged – minimal or no support for them. JSNA Deep Dive – this will reveal actions.	Details to be agreed.	Elizabeth Griffiths – BCCPH.		
11	**People with Long Term Health Conditions**	Utilise Commonwealth Games to promote volunteer opportunities. SEN/ Autism and their families – nature of disability puts this group at risk of social isolation etc.	Undertake Autism Research – high risk group.			
12	**People with untreated depression**	Increase awareness of the signs and symptoms of depression and ensure that people are aware of the support available and how to access it themselves or to signpost others.				
13	**People who are especially vulnerable due to social and economic**	Financial and debt advice, homelessness services for vulnerable people…develop a local debt pathway. Suicide awareness training to frontline service providers across education, housing, employment and others	Ensure that the staffing in these services are trained in either MHFA, Assist or the new Suicide First Aid so that people can identify and speak to people about suicide and			

			signpost people appropriately.			
14.	**Lesbian, gay, bisexual and transgender people**	Ensure that mental health services are accessible and culturally competent to support LGBT people. Tackling the discrimination and harassment that add to the burden of mental ill health. (How)				
15.	**Black, Asian and minority ethnic groups**	Work with communities to reduce stigma around mental health and suicide. Bridge the gap between service providers and communities to ensure individuals in need are able to access support. Consider safe hubs in faith communities.				
16.	**Refugees and asylum seekers.**					
17	**Develop/spread best practice in supporting families and communitie**	Learn from the services actively supporting bereaved families and communities. Collate best practice examples from 3rd Sector				

	s.					
18	**Raising Awareness**	Community based awareness campaign to reduce stigma and discrimination against Mental Health Disorders and Suicide. Encourage commissioners to ensure all programmes are accessible and appropriate for disabled people. Suicide prevention training for housing providers and benefit teams. Accommodation Providers to single men/ refugees need to be aware that middle-aged single men are part of the high-risk group. Mental health first aid training for food bank and union staff. Peer Support Programmes consider growing a Brum Survivors Network of Peer Support Champions from suicide survivors. Undergraduate and postgraduate training at universities. Promote local support groups/ networks for those bereaved by suicide. Coordinate with PHE on campaigns. GBCC – promote Zero Suicide Alliance and Mental Health First Aiders with SME's.	Engage with faith groups, respected leaders/ elders, and community groups. Commissioning Managers Raise awareness of housing officers and lettings staff.	Homeless Partnership Board.		

			BCU			

		Action	Detail	Lead	Partners	Timescale
Priority 3 - Reduce access to the means of suicide						
19	Planning and Building Design	High Risk Environments – amends the developer's toolkit to reflect suicide prevention measures when reviewing planning applications. Mapping potential high risk sites through reviewing self-harm data and reports from health and police services and take action to reduce risk e.g. barriers, signage. Children's Homes should be included in safe environment with reduced risks. All new buildings have HIA and put prevention points into new HIA's i.e. Custody Suites.	Work with the Local Authority Property and Housing team to include suicide risk in building design considerations for major refurbishments and upgrading of social housing stock and corporate assets Work with planning and developers to include suicide risk in new building design considerations, especially in relation to multi-storey car parks, bridges and high rise buildings that may offer suicide opportunities.	Kyle Stott.		
20	Suicide Prevention Training	Increase awareness of suicide risk, and steps to intervene, in staff working in high risk areas e.g. park wardens, traffic wardens. Develop Suicide Prevention Training Strategy. Training and awareness of how to	Map suicide training provided across the city. To include online resources Identify good practice in suicide prevention training Develop and resource a local training plan Police have a checklist for			

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		manage home environments. (children's homes, residential homes, PD/LD). Make suicide prevention training a part of the contract with providers who work with vulnerable adults such as CGL. Work with DWP as advisers often get 'journal' messages mentioning suicidal thoughts. Map training offer in West Midlands	custody cells – good practice. Follow up with PHE			
21.	Identification and reduction of Hotspot risk.	PH to coordinate a multi-agency response once areas have been identified. These agencies might include Transport Police, Network Rail and private landlords in addition to the usual agencies. Specific action plans for specific hotspots should be identified in a timely manner, taking care not to draw attention to them in the process.' Raise awareness with Housing Officers/ Social Workers.	Mapping the location of confirmed and possible suicides and self-harm locations to identify "hot spot" locations. Informing partner agencies and those that have responsibility for buildings/land used for suicide to raise awareness and target training. Establish a process for alerting train station staff if someone with high suicide risk goes missing from acute care. - Take action to reduce risk (i.e. install signage, barriers) in line with evidence base			
22	Identification and removal of potential risk points within public	Ensure robust risk assessment procedures for all areas where				

.	services buildings.	suicide could occur Hospital, prisons, care centres to review ligature points and potential high risk areas				
23	Safer Prescribing	Reduce the risk of medication stockpiling through safer prescribing practice, especially for patients in high risk groups. Promote NICE guidelines on the appropriate use of drug treatments for depression. Promote safe prescribing of painkillers and antidepressants, including through the following: - Provide information to the CCG, GPs and hospital prescribers on deaths caused by prescription drugs, with recommendations. - Undertake a needs assessment for people addicted to prescribed medication.	Establish a time limited working group to oversee needs assessment and make recommendations			

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24	Control of Gases and Liquids	• Support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.	Develop and co-ordinate an engagement strategy with retailers .			

	Issue	Action	Detail	Lead	Partners	Timescale
	Priority 4: Provide better information and support to those bereaved or affected by suicide					
25	Support Resources	• Ensure that the 'Help is at Hand' booklet is promoted and suggested to relatives by Police/funeral directors/first responders etc. • Ensure that the Waiting Room Resource Key is available for all professionals (this will enable prevention as well as it helps to signpost people to the right service). • Research best practice i.e. Start a Conversation campaign (Barney Thorne – Leics Police). • Research Norfolk Police/ Public Health. • A bereaved person needs to have the consistency of just speaking to one person to prevent repeated re-telling of events.	Any service with linkage to bereaved relatives who should have a copy – make the handbook local by adding in specific local telephone numbers.	Police (FDS)		
26	Investment in Services	• Investment in services		PHE		

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		supporting those bereaved by suicide – in particular young people. (CRUSE has some really good data that can help with quantifying this). Ensure services are consistent with PHE guidelines. • What are the Commissioning Gaps – the early help that's working.	Austin Rodriguez and Dario?	NHS Trust CRUSE (CCG currently fund CRUSE)		
27	Raising Awareness of Available Support	• Public awareness campaigns to raise awareness of the support available for individuals affected by a death through possible suicide. • Create an App to give advice, animated short clips, signposts help, sometimes it's better to see than read information.		Police/ LA Natasha McLeish (BHC)		
27	Postvention Support	• Support easier accessible suicide bereavement services e.g. improve communication between mental health/crisis services and families- create Postvention service				

		development in Birmingham (i.e. postvention suicide group support sessions, individual family support counselling etc.) • Reduce the impact of suicide - Standardise proactive approach to offering services/support to those bereaved by suicide. (Minimal waiting list required as support in needed THEN). • Support Employers utilising the evidence based toolkits in suicide postvention from Public Health England and Business in the Community • Prevention awareness HS2 by bridges.			

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	Issue	Action	Detail	Lead	Partners	Timescale

Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

		Action	Detail	Lead	Partners	Timescale
28	Promotion of expert guidelines	Work with local and regional media, especially considering media focused on high-risk communities to increase awareness of well-developed expert guides such as by The Samaritans (https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide) Utilise Social Media in a positive way to promote/ manage mental wellbeing, suicide, and death. Manipulation of media i.e. teenage myth-busting (Momo challenge).	Incorporate into wider CCG and BCC communications plans			

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	Priority 6 Support research, data collection and monitoring				
29	Increase Intelligence	Utilise real time surveillance to start to identify trends and hot-spots. Real time surveillance regarding individuals presenting at A&E with self-harm, especially serial presentations. Develop a systematic approach to local intelligence gathering and partnership dissemination (including ethnicity). Explore alternative sources of data and intelligence which identifies populations of interest and informs an agile local partnership response to suicide prevention needs in the city. Identify suicides of non-Birmingham residents that take place within Birmingham. Need to understand BAME cultures to help services engage parents on behalf of children	Sudden death form. Work with the Coroner, WM Police, WM Ambulance Service, Network Rail and BTP to define enhanced, timely and systematic intelligence monitoring. Intelligence to be shared with the Birmingham SP Partnership; enabling an informed response to suicide clusters and drives a proactive response to post-suicide bereavement support. Develop a clear intelligence group to support the aims of the Board Produce a report for the steering group based on currently available data Steering group to identify intelligence needs for future	WM Police Papyrus	*Solihull, B&S Coroner, WMP, WMCA*	

		(Papyrus have done this). An audit of companies undertaking mental health first aider training to see the spread and types of businesses interested. Triangulation of data to include research and local knowledge. Commission a piece of work to get better data around the reasons people decide to take their own life.	development of strategy Approach PHE/ONS for suicide data based on place of death within Birmingham Develop a methodology to identify similar events Use Wave 1 sites as benchmark especially autism work.			

Draft Action Plan

Initial Actions		Lead	Partners	Timescale
Priority 1: Reduce the risk of suicide in key high-risk groups				
1	**Men** — Raise awareness among men of the support available and work with and through partners with specific focus on men's engagement to reduce the stigma among men to discuss mental health and suicidal thoughts. Focus opportunities for awareness raising and health promotion in locations frequented by men (job centres, youth centres, sports venues, barbers, tattoo artists, music venues, pubs and clubs) drawing on existing good practice.	Cruse Common Unity		
2	**Self-Harm** — Implement NICE guidance on the treatment of self-harm , including assessments at Emergency Department, including psychosocial assessments and mental health liaison services with appropriate follow-up support and care, and ensuring that serial presentations of self-harm should be red-flagged as a high suicide risk.	CGL		
3	**Substance Misuse** — Ensure that Mental Health and Substance Misuse services are working collaboratively to implement the NICE Dual Diagnosis guidance and establish coherent dual diagnosis pathways of care.	CGL		

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| 4 | **Mental health patients** | Mental Health Inpatient Settings:
Ensure through commissioning levers and proactive support that all mental health in-patient providers have 'zero suicide ambition in-patient action plans' in place that are being implemented and are demonstrating progress.

IAPT & Community Mental Health Services:
Ensure that the commissioning of IAPT and community mental health services does not create referral or exclusion barriers for treatment for individuals with a history of self-harm or suicidal intent.

Primary care:
Ensure through commissioning and service improvement levers that all primary care clinical staff and front line administrative staff have suicide awareness and prevention training.
Suicide prevention training for all GP's. | CCG: Dario Silvestro | | |
| 5. | **Birmingham Residents Born in Poland and Eastern Europe** | Work with Polish and Eastern European communities, and the groups that are most engaged with them, as well as with service providers to ensure mental health and wellbeing services are culturally appropriate/ sensitive.

Through the partnership with Warsaw, develop a shared learning approach to suicide prevention with Polish and Eastern European communities. | BCC Public Health – Mo Phillips | | |

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			Lead	Partners	Timescale
6.	**People in Skilled Trade Occupations**	Work with employers, developers and trade professional bodies to raise awareness of suicide and reduce the risks associated with the workplace.	BCC Public Health – Mo Phillips Cruse Samaritans		

		Action	**Lead**	**Partners**	**Timescale**
Priority 2: Tailor approaches to improve mental health in specific groups					
7	**Those in prison or facing a custodial sentence**	Engage the Criminal Justice System in a way that will ensure those most vulnerable are identified and supported across organisational boundaries.	Common Unity NHE-Regional Lead		
8	**Children and Young People**	Work with partners to improve the awareness of suicide risk and prevention for children, young people and parents across the 0-19yr workforce. i.e. midwives, health visitors, teachers, youth workers, community sport coaches, etc. Work with schools and youth services to raise awareness and reduce the risks and promote anti bullying, promote mental wellbeing and tackle self-harm. Support schools to work with parents to have conversations regarding mental health resilience. Support staff and settings working with young people facing	Forward Thinking Birmingham PAPYRUS		

		multiple challenges that might put them at greater risk to have appropriate training and awareness of how to prevent suicide e.g. looked after children, young offenders, children with special educational needs, LGBT youth.			
9	**Survivors of abuse or violence, including sexual abuse**	Ensure that pathways of care and support for victims of violence and abuse consider mental health support and suicide prevention explicitly in risk assessment and through staff training.	Women's Aid		
10	**Veterans**	Work with partners in the armed forces to consider how best to support veterans and reduce risk of suicide, especially among those who are dishonourably discharged.	BCC Public Health – Mo Phillips		
11	**People with Long Term Health Conditions**	Work with NHS partners to embed mental health awareness and suicide prevention and risk assessment into chronic disease care and support pathways through direct commissioning and staff training.	CCG: Dario Silvestro STP – Care Pathway Work		
12	**People with untreated depression**	Increase general awareness of the signs and symptoms of depression and ensure that people are aware of the support available and how to access it themselves or to signpost others.	Year 2 - Linked to Men – Priority One		

13	People who are especially vulnerable due to social and economic circumstances	Consider how in the welfare support pathways, especially around financial and debt advice, homelessness and bereavement there is active integration of suicide awareness and prevention alongside training of frontline providers.	Review Year 2 PH Commissioning Citizens Advise Welfare Benefits Neighbourhood Team Academic Loan Sharks		
14.	Lesbian, gay, bisexual and transgender people	Work with providers and frontline services to increase awareness of suicide risk and mental health inequalities affecting LGBT people, especially young LGBT people, those with disabilities, from BAME communities and the elderly. Ensure that mental health services are accessible and culturally competent to support LGBT people. Work with the Community Cohesion and PREVENT team to amplify and support work to reduce homophobic, transphobic and biphobic hate crime and discrimination which may contribute to suicide and self-harm.	Charity - Mental Health Unlocked	BCC Public Health – Mo Phillips	
15.	Black, Asian and minority ethnic groups	Work with communities and front –line organisations to reduce stigma around mental health and suicide. Bridge the gap between service providers and communities to	Charity - Mental Health Unlocked	BCC Public Health –	

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| | | ensure individuals in need are able to access support and that services can provide culturally relevant and competent services.

Work with faith leaders and communities to support positive and constructive approaches to suicide prevention and improving mental wellbeing. | | Mo Phillips | |
|---|---|---|---|---|---|
| 16. | **Refugees and asylum seekers.** | Work to ensure active consideration of suicide prevention and risk assessment in refugee and asylum seeker care and support pathways and that there is access to appropriate mental health support and care when required. | Austin Rodriguez (Refugees & Asylum Seekers Working Group) BCC Public Health – Monika Rosanski | | |

		Action	Lead	Partners	Timescale
Priority 3: Reduce access to the means of suicide					
17	**Planning and Building Design**	High Risk Environments – amends the Birmingham developer's toolkit to reflect suicide prevention measures when reviewing planning applications.

Work with the Local Authority Property and Housing team to include suicide risk in building design considerations for major refurbishments and upgrading of social housing stock and corporate assets and as an active consideration for 'high rise buildings' such as multi-storey car parks.

Mapping potential high risk sites through reviewing self-harm data and reports from health and police services and take action to | BCC Public Health – Kyle Stott

Network Rail – Richard Godwin | | |

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		reduce risk e.g. barriers, signage.			
18	**Suicide Prevention Training for those working in high risk settings**	Increase awareness of suicide risk, and steps to intervene, in staff working in high risk areas e.g. park wardens, traffic wardens.	WMCA – Sean Russell		
19.	**Identification and reduction of Hotspot risk.**	Establish an epidemiological and evidence based process to identify suicide environmental 'hot spots' and a risk reduction protocol.	BCC Public Health – Kyle Stott Natalie Stewart (Geographical Surveillance/Trends) Network Rail – Richard Godwin		
20	**Safer Prescribing**	Reduce the risk of medication stockpiling through safer prescribing practice, especially for patients in high risk groups and with high risk medication such as painkillers and anti-depressants through the NHS Medicines Management Programme	CCG: Dario Silvestro		
21	**Control of Gases and Liquids**	Support retailers and vendors to consider suicide risk in the sale of potentially fatal gases and liquids.	BCC Trading Standards		

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Action		Lead	Partners	Timescale
Priority 4: Provide better information and support to those bereaved or affected by suicide				
22	**Support Resources**	Increase visibility of signposting resources such as 'Help is at Hand' and Waiting Room Resource Key through front line professionals working with individuals who are affected by suicide.	Samaritans		
23	**Support Services**	Work with commissioners across the city partnership to review the provision of bereavement support, including specialist support for bereavement through suicide. Work with service providers and commissioners and front line services to develop a more coherent post-vention pathway for individuals affected by suicide. Encourage employers to use the Business in the Community/PHE suicide prevention and post-vention toolkits.	Cruse Common Unity		

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Action	Lead	Partners	Timescale
Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour			
24 **Promotion of expert guidelines** Work with local and regional media, especially considering media focused on high-risk communities, to increase awareness of well-developed expert guides for journalists such as by The Samaritans (https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide)	Samaritans BCC CGL BEP (Birmingham Education Partnership)		

Action	Lead	Partners	Timescale
Priority 6: Support research, data collection and monitoring			
25 **Increase Intelligence** Work with partners across the West Midlands to develop the approach to real time surveillance to start to identify trends and hot-spots across the region – recognising that this is more effective than a single city approach due to the small numbers. Consider additional research into the reasons people decide to take their own life, especially in the context of high risk groups. Consider work to consolidate an ongoing focus on best practice evidence base as future work emerges as part of the annual refresh of the action plan.	PHE – Institute of Mental Health – Task & finish Working Group BCC Public Health – Ralph Smith CCG: Dario Silvestro		

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Item 10

Birmingham Health and Wellbeing Board

	Agenda Item: 10
Report to:	Birmingham Health & Wellbeing Board
Date:	24 September 2019
TITLE:	HEALTH AND WELLBEING BOARD PRIORITIES UPDATE: HEALTH INEQUALITIES DASHBOARD
Organisation	Birmingham City Council
Presenting Officer	Justin Varney, Director of Public Health

Report Type:	Presentation

1.	Purpose:
1.1	This report sets out the current measures for the Health and Wellbeing Board's agreed Health Inequalities matrix. It includes a description of each measure, its strengths and limitations and the desired direction of travel.
1.2	The Board is asked to delegate action against these measures to the Board's sub-forums.

2.	Implications:	
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Y
Joint Strategic Needs Assessment		
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

3.	Recommendation

It is recommended that the Board:

- NOTE the contents of the report.
- DELEGATE action against each of the indicators to the Board's sub-forums as detailed in Table 3.

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4. **Report Body**

Background

4.1   The Birmingham Health and Wellbeing Board has set Health Inequalities as one of its strategic priorities. On 30 July 2019 the Board agreed a Health Inequalities Dashboard (Table 1) following detailed discussions at its 15 May 2019 Development Session and its informal Board meeting on 18 June 2019.

Table 1: Birmingham Health and Wellbeing Board Health Inequalities Dashboard

	Physical health	*Mental health*	*Wellbeing*
Micro level	Chronic disease: Type 2 Diabetes and CHD (recorded prevalence)	Chronic disease: Depression (gap between recorded and modelled prevalence)	Immunisation rates (various)
Macro level	Physical activity and inactivity	Healthy life expectancy	Economic inactivity for health reason.
Special interest	Smoking in pregnancy	Gap in employment rates for mental health and learning disabilities	Gap in school readiness for those with free school meal status

4.2   The Board agreed the Health Inequalities Dashboard would brake down health inequality according to physical health, mental health and wellbeing and at a city level (macro), ward/GP practice level (micro) and special focus level i.e. community of interest such as those with free school meal status.

4.3   Birmingham Public Health Division was tasked to provide further information on each of the chosen indicators on the health inequalities dashboard to show the strengths, limitations and desired direction of travel.

4.4   On 30 July 2019 the Board approved the development of four Health and Wellbeing Board Sub-Forums to support the delivery of the Heath and Wellbeing Board's objectives:

- Creating a Mentally Healthy City Forum
- Creating a Healthy Food City Forum
- Creating an Active City Forum
- Creating a City Without Inequality Forum

4.5   These Sub-Forums sit alongside the already established Health Protection Forum.

Local context

4.6 There are many different things that drive health inequalities in a city like Birmingham. For this reason, the Board has chosen a series of indicators that span physical health, mental health and wellbeing and those that have a strong connection to other inequalities in the city such as employment and school readiness.

4.7 The Health Inequalities Dashboard will be presented as an information update at each formal Board meeting; as the indicators have different release periods each update will present the latest published figures on the Dashboard. In addition, each of these indicators will be grouped according to theme and discussed in depth on a rotational basis as part of the Board's programme of formal meetings.

4.8 A snapshot of each of the chosen indicators is discussed in turn below. Further information on the indicators including definitions, sources, methodology and caveats are available in **Appendix 1**.

Health Inequalities dashboard indicators

Micro level indicators: Diabetes, recorded prevalence

4.9 Around 7% of people in the UK have a diabetes diagnosis. A large proportion of cases can be attributable to increasing levels of obesity and other lifestyle risk factors that are considered modifiable with public health intervention.

4.10 Diabetic complications may result in considerable morbidity and have a detrimental impact on quality of life. Prompt diagnosis, effective treatment and monitoring are crucial to prevent significant damage to the body or even death..

4.11 The prevalence of Diabetes is reported at a GP Practice level as part of the QOF (Quality Outcomes Framework). The Board's chosen indicator will report the gap between the highest and lowest recorded Diabetes prevalence in GP practices across the City. This will allow the Board to identify possible under recording and underdiagnoses and measures the gap between the highest and lowest diagnosis rates in Birmingham. It will allow monitoring of progress toward meeting previously unmet need as well as understanding the population need for identification and prevention programmes.

4.12 Future in depth reporting of this indicator will allow the Board to investigate inequalities observed at a GP Practice level across the City.

Micro level indicators: Coronary Heart Disease (CHD) recorded prevalence

4.13 Coronary heart disease (CHD) is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients. CHD can be managed effectively with a combination of lifestyle changes, medicine and, in some cases, surgery. With the right treatment, the symptoms of CHD can be reduced, the functioning of the heart improved and further episodes prevented.

4.14 The prevalence of CHD is reported at a GP Practice level as part of the QOF (Quality Outcomes Framework). As with the Diabetes indicator above, the Board's chosen CHD indicator reports the gap between the highest and lowest recorded prevalence in GP practices across the City.

4.15 Future in depth reporting of this indicator will allow the Board to investigate inequalities observed at a GP practice level across the City.

Micro level indicators: Depression (gap between recorded and modelled prevalence)

4.16 Depression is responsible for 12% of the global burden of non-fatal disease and is expected to be the world's second most disabling disease by 2020 (after cardiovascular disease). Depression is responsible for 109 million lost working days every year in England at a cost to the economy of £9 billion.

4.17 This measure allows the Board to assess whether depression is being accurately diagnosed and recorded in an equitable manner across Birmingham. It will show the difference between the expected levels of depression and the levels of those diagnosed. Both under and over diagnosis of depression can be indicative of issues within the individual GP or at a system level and would require in-depth exploration.

Micro level indicators: Immunisation rates (various)

4.18 Health protection is an essential part of achieving and maintaining good public health in Birmingham. Communicable diseases, also known as infectious, transmissible or contagious diseases, are illnesses that can spread between people and result from the infection, presence and growth of pathogenic (capable of causing disease) biological agents in individual human hosts. Programmes such as national immunisation and screening programmes and the provision of services to diagnose and treat communicable diseases are important parts of the system to protect the health of the Birmingham population.

4.19 Measles, mumps and rubella are highly infectious conditions that can have serious, potentially fatal complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

4.20 The measles, mumps and rubella (MMR) vaccine is a safe and effective combined vaccine that protects against 3 serious infections—measles, mumps and rubella (German measles)—in a single injection. The full course of MMR vaccination requires 2 doses. Although measles is rare in the UK, outbreaks do still occur when not enough of the population are vaccinated. There is considerable variation in uptake of MMR vaccines across the GP practices in Birmingham; some Practices have vaccinated only 1 in 5 children, others have achieved 100% coverage.

4.21 Seasonal Influenza (flu) can have significant health impacts, particularly on people with existing health conditions and weaker immune systems due to age. Flu is a largely preventable disease with an effective vaccination for those at risk. The uptake of flu vaccinations of the target groups varies significantly. None of the programmes in Birmingham achieve the targets or recommended

levels of uptake. Variation in uptake at GP Practice level is also significant.

4.22 All of the immunisation and screening programmes delivered in Birmingham are nationally specified, co-ordinated and commissioned locally by a PHE team embedded in the NHS England West Midlands Team.

4.23 Whilst city level immunisation and vaccination data is publicly available, data on GP practice level immunisation rates is only available for health protection assurance and contract management purposes and is therefore not currently available in the public domain. The Public Health Division is exploring opportunities to make this micro-information available on the health inequalities dashboard and will report back progress to a future meeting of the Board.

Macro level indicators: Physical activity and inactivity

4.24 Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health.

4.25 Physical activity and physical inactivity measures are reported by Public Health England on an annual basis, these are based upon a sample of the population who responded to the Active Lives self-reported survey. Currently Birmingham has 61.0% self-reported physically active adults compared to an average of 63.2% in the West Midlands region 66.3% average in England. Matching the regional average would equate to approximately 60,000 more people in Birmingham having a physically active lifestyle.

Macro level indicators: Healthy life expectancy

4.26 This indicator is an important summary measure of mortality and morbidity. Healthy life expectancy shows the years a person can expect to live in good health rather than with a disability or in poor health.

4.27 Birmingham males have a healthy life expectancy of 59.9 years, compared to 62.1 years and 63.4 years for the West Midlands and England respectively. Birmingham females have a healthy life expectancy of 58.9, compared to 62.9 and 63.8 for the West Midlands and England respectively.

Macro level indicators: Economic inactivity for health reason

4.28 This indicator is a measure of people of working age who due to having ill health or a disability are claiming Employment and Support Allowance (ESA) benefit, Incapacity Benefit (IB) or Severe Disablement Allowance (SDA). IB and SDA have been replaced by ESA. ESA provides financial support for people unable to work to their full capacity due to ill health or disability along with personalised support and can be applied for from employment, self-employment or unemployment.

4.29 Names, definitions and eligibility of benefits within the welfare system change over time. Changes in this indicator should be understood in this context as they do not necessarily reflect change in the health of the working age population or

change in the capacity of the labour market to employ people with varying health conditions. Universal Credit is gradually replacing Employment and Support Allowance (ESA). This will affect the rate of ESA claimants.

4.30 Whilst not working will be the right option for some of these people, staying out of work longer term may contribute to a worsening of health outcomes for others. This is because a person's employment status has both an associative and a causal relationship with a range of health outcomes.

4.31 Helping people back to work where appropriate can improve health outcomes by connecting people to the health promoting aspects of work.

Special interest indicators: Smoking in pregnancy

4.32 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour including bleeding during pregnancy; placental abruption and premature rupture of membranes; increased risk of miscarriage; premature birth, stillbirth; low birth-weight; and, sudden unexpected death in infancy.

4.33 Currently the proportion of Birmingham's mothers who are known to be smoking at time of delivery is 8.2%, compared to 11.9% and 10.8% for West Midlands and England respectively. Birmingham is currently the best performing Local Authority in the region. Birmingham is already compliant with the Birmingham and Solihull United Maternity & Newborn Partnership (BUMP) target of 10%.

4.34 The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022. Given the relatively low prevalence of smoking at time of delivery already present in Birmingham this should be viewed as a minimum target. This would equate to approximately 400 less smokers at time of delivery per year in the City.

Special interest indicators: Gap in employment rates for those in contact with secondary mental health services; employment rates for those with learning disabilities

4.35 There is robust and consistent evidence that work is good for wellbeing, physical health and mental health. It is especially important that those in contact with secondary mental health services and learning disabilities—and who therefore are already at a probable disadvantage in terms of mental health and wellbeing compared to the general population—are able to benefit from the positive health outcomes associated with being in employment.

4.36 The preferred direction of travel is to reduce the gap in employment rates between those in contact with secondary mental health services and those with learning disabilities versus the employment rate in the general population.

4.37 Currently Birmingham is performing relatively well on the gap in employment rates for those in contact with secondary mental health services and the general population (60.4%) when compared with the West Midlands (65.7%) and England (68.2%). Birmingham is the 14th highest performing Local Authority nationally.

4.38 Employment rates for those with learning disabilities is 1.37% in Birmingham compared with 5.4% nationally. This places Birmingham in the bottom quarter of all Local Authorities. To progress to the third quarter would require an additional 38 people with learning disabilities to gain employment, to be in the top quarter would require an additional 171 people from the current position.

Special interest indicators: Gap in school readiness for those with free school meal status

4.39 Educational attainment is one of the main markers for wellbeing through the life course and so it is important that no child is left behind at the beginning of their school life. This is a key measure of early-years development across a wide range of developmental areas. Children from more deprived backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

4.40 Free school meal status can be used as a proxy measure for deprivation; this indicator allows the Board to assess the inequalities observed in school readiness between those with free school meal status and the general population.

Baseline dashboard figures and direction of travel

4.41 The baseline Health Inequalities dashboard is available in **Appendix 2.** Please note that the provision of micro (GP Practice level) data on the variation in immunisations and vaccinations in the city is currently under review by the Public Health Division and relevant commissioners.

4.42 The latest available data will be presented to the Board using this dashboard template at each of the Board's formal meetings.

Next Steps / Delivery

4.43 It is proposed that the development and delivery of actions against each of these indicators be delegated to the Health and Wellbeing Board's sub-forums (Table 3).

4.44 Given its wider health inequalities remit, it is suggested that the majority of these indicators will be delegated to the City Without Inequality Forum as this Forum will be well placed to investigate differences observed across the City. It is suggested that the indicators relating to immunisation and vaccination rates be delegated to the Health Protection Forum and that improvements to physical activity rates and reductions in physical inactivity rates be delegated to the Active City Forum.

Table 3: Proposed delegation of development and action against indicators to Health and Wellbeing Board Sub-Forums

Sub-Forum	Health Inequalities Indicator
Creating a City Without Inequality Forum	Gap in employment rates for mental health and learning disabilities
	Gap in school readiness for those with free school meal status
	Unemployment Economic inactivity for health reason.
	Healthy life expectancy
	Smoking in pregnancy
	Chronic disease: Type 2 Diabetes and CVD (recorded prevalence)
	Chronic disease: Depression (gap between recorded and modelled
Health Protection Forum	Immunisation rates (various)
Creating an Active City Forum	Physical activity and inactivity

4.45 Information updates from the Sub-Forums will be submitted to each formal board meeting; in addition, each Sub-Forum and will deliver a detailed presentation to the Board on progress on a cyclical basis. It is suggested that where applicable, the Sub-Forum present on progress on action against any indictors delegated by the Board.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

The Health and Wellbeing Board will monitor changes to the Health Inequalities Dashboard at each of its formal meetings. Progress on the development and delivery of actions to address each of the indicators will be monitored by the Board via annual updates of Sub-Forums to the Board.

5.2	**Management Responsibility**

Paul Campbell, Acting Service Lead, Public Health
Kyle Stott, Service Lead, Public Health
Mo Phillips, Service Lead, Public Health
Monika Rozanski, Service Lead, Public Health
Elizabeth Griffiths, Acting Assistant Director, Public Health

6.	**Risk Analysis**			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
The Public Health Division is unable to secure public facing data on GP practice level immunisation and vaccination rates requiring this indicator to be changed on the dashboard.	Medium	Medium	Public Health Division is exploring opportunities for sharing this data with relevant commissioners.

Appendices
Appendix 1 – Indicator background information Appendix 2 – Baseline Health Inequalities Dashboard

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

Elizabeth Griffiths, Acting Assistant Director of Public Health
Paul Campbell, Acting Service Lead, Public Health

Health Inequalities

Indicators

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Indicator	Total Diabetes Prevalence
Definition	Indicator has an associated disease register. The information systems which underpin the QOF hold the numbers of patients on each of these registers, for each participating practice.
Source	NHS Quality and Outcomes Framework
How is it calculated?	Numerator is the numbers of patients from the disease register who are counted for QOF achievement. The denominator is the number of patients on the practice register.
Frequency	Annual
Latest data	2017/18
Macro/Micro	Micro – GP Comparison
Caveats	It is important to emphasise that QOF registers are constructed to underpin indicators on quality of care, and they do not necessarily equate to prevalence as may be defined by epidemiologists. For example, prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues. It is difficult to interpret year-on-year changes in the size of QOF registers, for example a gradual rise in QOF prevalence could be due partly to epidemiological factors (such as an ageing population) or to increased case finding and recording.

Rationale

Around 7% of people in the UK have a diabetes diagnosis. A large proportion of cases and this can be attributable to increasing levels of obesity and other lifestyle risk factors that are considered modifiable with public health intervention.

Diabetic complications may result in considerable morbidity and have a detrimental impact on quality of life. Prompt diagnosis, effective treatment and monitoring are crucial to prevent significant damage to the body or even death. The diabetes register is made up of people who have a diagnosis of diabetes that has not been resolved and are eligible to receive NICE recommended care.

The indicator measures prevalence at practice level to identify possible under recording and underdiagnoses and measures the gap between the highest and lowest diagnosis rates in the City. It will allow monitoring of progress toward meeting previously unmet need as well as understanding the population need for identification and prevention programmes.

Limitations

Practices on the Birmingham border may include patients who are not Birmingham residents, and conversely not all Birmingham residents may necessarily be registered with practices within Birmingham. Additionally some practices may have unusually young populations (such as those near Universities) and lower prevalence should be expected.

It may be difficult to determine if changes in the gap are due to better recording and / or diagnosis, or changes in prevalence.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the gap between the best performing practices and the worst performing practices to ensure equity of diagnosis across the city.

The best performing practice has a prevalence of 0.9% and the worst has a prevalence of 18.9%. This gives an overall gap of 18.1% between best and worst. The average for Birmingham is 8.6% and 6.8% for England.

It is suggested that all practices should aim to diagnose all patients and that performance under 8.6% (as the current Birmingham average) would require exception reporting to justify such low prevalence. This would also improve performance citywide.

Indicator	Total CHD Prevalence
Definition	Indicator has an associated disease register. The information systems which underpin the QOF hold the numbers of patients on each of these registers, for each participating practice.
Source	NHS Quality and Outcomes Framework
How is it calculated?	Numerator is the numbers of patients from the disease register who are counted for QOF achievement. The denominator is the number of patients on the practice register.
Frequency	Annual
Latest data	2017/18
Macro/Micro	Micro – GP Comparison
Caveats	It is important to emphasise that QOF registers are constructed to underpin indicators on quality of care, and they do not necessarily equate to prevalence as may be defined by epidemiologists. For example, prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues. It is difficult to interpret year-on-year changes in the size of QOF registers, for example a gradual rise in QOF prevalence could be due partly to epidemiological factors (such as an ageing population) or to increased case finding and recording.

Rationale

Coronary heart disease (CHD) is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients. CHD can be managed effectively with a combination of lifestyle changes, medicine and, in some cases, surgery. With the right treatment, the symptoms of CHD can be reduced and the functioning of the heart improved and further episodes prevented.

The indicator compares prevalence at practice level to identify possible under recording and under-diagnoses and measures the gap between the highest and lowest diagnosis rates in the City. It will allow monitoring of progress toward meeting previously unmet need as well as understanding the population need for identification and prevention programmes.

Limitations

Practices on the Birmingham border may include patients who are not Birmingham residents, and conversely not all Birmingham residents may necessarily be registered with practices within Birmingham. Additionally some practices may have unusually young populations (such as those near Universities) and lower prevalence should be expected.

It may be difficult to determine if changes in the gap are due to better recording and / or diagnosis, or changes in prevalence.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the gap between the best performing practices and the worst performing practices to ensure equity of diagnosis across the city. Additionally diagnosis prevalence should be as close as possible to the modelled prevalence, whilst acknowledging the limitations of the data.

The best performing practice has a prevalence of 0.1% and the worst has a prevalence of 5.2%. This gives an overall gap of 5.1% between best and worst. The average for Birmingham is 2.7% and 3.1% for England.

It is suggested that all practices should aim to diagnose all patients and that performance under 2.7% (as the current Birmingham average) would require exception reporting to justify such low prevalence. This would also improve performance citywide.

Indicator	Percentage of Physically Active Adults
Definition	The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.
Source	Public Health England (based on Active Lives, Sport England)
How is it calculated?	The numerator is divided by the denominator and multiplied by 100. Number of minutes presented is the moderate intensity equivalent minutes of activity, which consists of moderate activity plus double the number of vigorous minutes of activity.
Frequency	Annual
Latest data	2017/18
Macro/Micro	Macro – Citywide
Caveats	Active Lives is a self-report survey, which is subjective and is influenced by the respondent's ability to recall and assess their physical activity levels.

Rationale

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

Limitations

Active Lives is a self-report survey, which is subjective and is influenced by the respondent's ability to recall and assess their physical activity levels. Self-reported data may also be affected by respondent desire to confirm to expectations and social norms. However, although this might affect the absolute values, this should not affect comparisons if the bias is consistent across populations.

The survey is sample based and the minimum sampled in a Local Authority area is 500 randomly selected from the Royal Mail Postal Address File. Data is then weighted to ONS population measures. As such the data may only be viewed as indicative although as it was developed in conjunction with Ipsos MORI can be considered robust.

Increased interventional activity in reference to promoting and normalising physical activity may exacerbate the bias inherent in self-reported data to conform to expectations and social norms.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is an increase in the percentage of physically active adults. There are multiple existing targets for individuals to indicate what an active lifestyle would consist of; NHS England suggest this should be 150 minutes of aerobic activity per week and 2 or more days per week of strength exercises.

Currently Birmingham has 61.0% self-reported physically active adults, and the region as a whole is broadly doing quite poorly at 63.2% against an England average of 66.3%. Given this context the suggested target is to meet the regional average, which would equate to approximately 60,000 more persons having a physically active lifestyle.

Indicator	Smoking status at time of delivery
Definition	The number of mothers known to be smokers at the time of delivery as a percentage of all maternities. A maternity is defined as a pregnant woman who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital.
Source	Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD).
How is it calculated?	Crude percentage: numerator is divided by denominator and then multiplied by 100.
Frequency	Quarterly
Latest data	2017/18 Q4
Macro/Micro	Macro special interest group - Citywide
Caveats	The indicator is based on observation and is therefore susceptible to measurement bias. The data are collected by acute trusts that provide maternity services and then sent to CCGs on a commissioner basis. CCG level data are then converted to LA level using birth weighting. Where local authorities cross CCG boundaries (as is the case in Birmingham), the local authority estimate is a weighted average of the CCG indicator values.

Rationale

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes, increased risk of miscarriage, premature birth, stillbirth, low birth-weight, and sudden unexpected death in infancy.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second hand smoke by the infant. The Royal College of Physicians estimates that illnesses among children caused by exposure to second-hand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year

Limitations

As stated within caveats the information is susceptible to measurement bias, although there appears to be good coverage for the Birmingham area with only 481 (2.26%) as unknown smoking status.

There is a potential issue around smoking cessation having reached a saturation point in terms of effectiveness. The number of smokers at time of delivery has remained relatively static since 2015-16 (having lost circa 1% in that year and then being static since 2012-13).

In order to meaningfully target and address the remainder of this cohort new, innovative, and perhaps more innovative approaches will need to be utilised, as prior efforts are now seemingly only maintaining the status quo.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the percentage of smokers at the time of delivery. Currently Birmingham is performing well in this respect at 8.2%, compared to 11.9% and 10.8% for West Midlands and England respectively, and is the best performing Local Authority in the region. Birmingham is already compliant with the Birmingham and Solihull United Maternity & Newborn Partnership (BUMP) national target of 10%.

The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022. Given the relatively low prevalence of smoking at time of delivery already present in Birmingham this should be viewed as a minimum target. This would equate to approximately 400 less smokers at time of delivery per year.

DEPRESSION (GAP BETWEEN RECORDED AND MODELLED PREVALENCE)

Indicators	Depression: Recorded prevalence (aged 18+)	Estimated prevalence of depression (all ages)
Definitions	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.	Patient-reported doctor-diagnosed depression was derived from the number of patients that reported being diagnosed with depression by a health professional.
Source	NHS Quality and Outcomes Framework	Health Survey for England 2014
How is it calculated?	This indicator is calculated as the percentage point gap between the two indicators.	
Frequency	Annual	One-Off
Latest data	2017/18	2015
Macro/Micro	Micro – GP Comparison	
Caveats	See Caveats above regarding NHS Quality and Outcomes Framework	Modelled prevalence is from 2014 and at Birmingham level.

Rationale

Depression is responsible for 12% of the global burden of non-fatal disease and is expected to be the world's second most disabling disease by 2020 (after Cardiovascular disease). Depression is responsible for 109 million lost working days every year in England at a cost of £9 billion.

The ambition is to reduce the number of people with depression, as this may reduce the resilience to dementia onset and progression, and to encourage further research into this association. One of the key factors in achieving this is first ensuring that depression is being accurately diagnosed and recorded in an equitable manner across the population. This measure shows the difference between the expected levels of depression and the levels of those diagnosed. Both under and over diagnosis of depression can be indicative of issues within the individual GP or at a system level and would require in-depth exploration.

Limitations

The modelled prevalence estimates are from 2015 and in some cases practice populations might have changed significantly between 2015 and 2017/18 (period of latest recorded QOF prevalence). In some cases the actual QOF prevalence is above the modelled prevalence. This could be due to limitations of the model or changes in the practice population.

Due to changes in geographical boundaries it has not been possible to generate this measure for the West Midlands region or all Local Authorities that make up that region. Therefore the only available comparator is England.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the gap between the best performing practices and the worst performing practices to ensure equity of diagnosis across the city. Additionally diagnosis prevalence should be as close as possible to the modelled prevalence, whilst acknowledging the limitations of the data.

The best performing practice has a gap of -7.5% (which is to say they are diagnosing more people than the modelled prevalence would suggest. The worst practice has gap of 11.9% (diagnosing less than the model would suggest). This gives an overall gap of 19.4% between best and worst, compared to 5.1% for England.

There needs to be further in-depth analysis to understand the varying levels of performance, a conservative target would be to reduce to 15% although this should be reviewed as soon as the refreshed Public Health Outcomes Framework data is available.

HEALTHY LIFE EXPECTANCY AT BIRTH

Indicator	Healthy Life Expectancy at Birth [male / female]
Definition	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life.
Source	Office for National Statistics
How is it calculated?	Healthy life expectancy is calculated by abridged life tables, for males and females separately using 5 year age bands. The life table extends the traditional life table by partitioning years lived into favourable and unfavourable health states to provide an estimate of healthy life expectancy for males and females at birth.
Frequency	Annual
Latest data	2015-17
Macro/Micro	Macro - Citywide
Caveats	The healthy life expectancy figures exclude residents of communal establishments except NHS housing and students in halls of residence where inclusion takes place at their parents' address.

Rationale

This indicator is an extremely important summary measure of mortality and morbidity. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health).

It complements the supporting indicators by showing the overall trends in a major population health measure, setting the context in which local authorities can assess the other indicators and identify the drivers of healthy life expectancy.

There are clearly established deprivation related inequalities in healthy life expectancy, although links could be drawn to both major priorities of the Board and all the sub-fora.

Limitations

Figures reflect healthy life expectancy among those living in an area in each time period rather than the number of years a baby born in the area could actually expect to live in good health (mortality rates of the area are likely to change in the future and many of those born in the area will live elsewhere for at least some part of their lives).

These indicators are slow to move and a balance should be struck between an aspirational target and an achievable one.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is an increase in the healthy life expectancy at birth for both males and females.

Birmingham males have a healthy life expectancy of 59.9, compared to 62.1 and 63.4 for the West Midlands and England respectively. The best performing areas in the region, and performing better than the England average, are Herefordshire (66.4) and Worcestershire (65.7).

Birmingham females have a healthy life expectancy of 58.9, compared to 62.9 and 63.8 for the West Midlands and England respectively. The best performing areas in the region, and performing better that the England average, are Herefordshire (67.5), Worcestershire (67.2), and Warwickshire (66.2).

It is suggested that the target set should be to improve incrementally towards the West Midlands average.

Indicator	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)
Definition	The percentage point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64)
Source	ONS Annual Population Survey and NHS Digital
How is it calculated?	Employment rate of adults in contact with secondary mental health services and employment rate of population as a whole are calculated. This indicator is calculated as the percentage point gap between the two indicators.
Frequency	Annual
Latest data	2017-18
Macro/Micro	Macro special interest - Citywide
Caveats	In 2013/14 the calculation of the measure was changed. Previously, outcome scores were calculated from annual totals from the Mental Health Minimum Data Set (MHMDS), whereas now the outcome is calculated each month and the ASCOF measure for the year is derived as an average of these monthly scores.

Rationale

There is robust and consistent evidence that work is good for your wellbeing as well as both physical and mental health. The strategy for public health takes a life course approach and this measure provides a good indication of the impact of long term illness on employment among those in the 'working well' life stage. It also provides a link to indicators in the NHS and Adult Social Care Outcomes Frameworks, and therefore cues to action across the wider strategic stakeholders that make up the Health and Wellbeing Board.

It is especially important that those in contact with secondary mental health services, and who therefore are already at a probable disadvantage in terms of mental health and wellbeing compared to the general population, are able to benefit from the positive health outcomes associated with being in employment.

Limitations

The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure; however there are benefits to voluntary work so this should perhaps not be discounted so readily.

Caution should be exercised in the interpretation of this indicator, while a reduction in the gap is indicative of a reduction in inequality this should be achieved by raising the employment levels of those in contact with secondary mental health services as opposed to reducing the employment rate overall.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the gap, whilst seeing an increase (or at least maintaining the current level) in the overall employment rate of the general population.

Currently Birmingham is performing relatively well on this indicator (60.4%) when compared with the West Midlands (65.7%) and England (68.2%), and is in fact the 14th highest performing Local Authority nationally. It is suggested that the target here would be to become best in class and exceed Hartlepool (51.1%).

PERCENTAGE OF SERVICE USERS AGED 18-64 WITH LEARNING DISABILITIES IN EMPLOYMENT

Indicator	The percentage of service users aged 18-64 with learning disabilities in employment
Definition	The measure shows the proportion of all adults with a learning disability known to Birmingham City Council who receive long-term support services, who are recorded as being in employment. The definition requires this information to be collected each year for each person receiving services who is aged 18-64 and has a primary support reason of "learning disability support".
Source	Birmingham City Council Adult Social Care
How is it calculated?	The denominator is the number of persons on CareFirst with a recorded primary support reason of "learning disability support". The numerator is the number of persons on CareFirst with a recorded primary support reason of "learning disability support" and a record of being in employment.
Frequency	Annual
Latest data	May 2019
Macro/Micro	Macro Special Interest - Citywide
Caveats	There are known data recording issues. It is not currently possible to estimate the extent to which missing data contributes to underperformance. However, missing information is being reported to the social work teams.

Rationale

There is robust and consistent evidence that work is good for your wellbeing as well as both physical and mental health. The strategy for public health takes a life course approach and this measure provides a good indication of the impact of long term illness on employment among those in the 'working well' life stage. It also provides a link to indicators in the NHS and Adult Social Care Outcomes Frameworks, and therefore cues to action across the wider strategic stakeholders that make up the Health and Wellbeing Board.

It is especially important that those in contact with learning disabilities, and who therefore are already at a probable disadvantage in terms of mental health and wellbeing compared to the general population, are able to benefit from the positive health outcomes associated with being in employment.

Limitations

The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure; however there are benefits to voluntary work so this should not be discounted so readily.

The measure only accounts for those persons with learning disabilities known to Birmingham City Council Adult Social Care within the reporting year and not all persons with learning disabilities. Therefore the measure does not include those persons with learning difficulties not known to Birmingham City Council, including those who may have previously been known / supported and no longer are.

As stated within caveats there are known data recoding issues that are being addressed, therefore caution should be exercised that should an improvement be seen, this may be attributable to improved recording as opposed to improved performance.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is an increase in the proportion of persons with learning disabilities in employment. Birmingham City Council currently has a rate of 1.37% compared with 5.4% nationally. This places Birmingham in the bottom quarter of all Local Authorities. To progress to the third quarter would require an additional 38 persons with learning disabilities to gain employment, to be in the top quarter would require an additional 171 persons from the current position. It is suggested the initial target is to move out of the bottom quarter!

IMMUNISATION RATES (tbc)

Indicators	MMR Dose 2, seasonal flu of those under 65 with underlying health conditions or weakened immune systems, and seasonal flu for pregnant women.
Definition	TBC
Source	TBC
How is it calculated?	TBC
Frequency	TBC
Latest data	TBC
Macro/Micro	Micro – GP Comparison
Caveats	TBC

Rationale

It is suggested that there are three sub-measures provided for this indicator; MMR Dose 2, seasonal flu of those under 65 with underlying health conditions or weakened immune systems, and seasonal flu for pregnant women. In the case of MMR this is currently of interest due to a record high of 97 suspected cases in 2018, more than double those in 2017and the highest since 2010. The seasonal flu measures are often overlooked due to the focus on those aged over 65but are equally as important and would benefit from additional focus.

Measles, mumps and rubella are highly infectious conditions that can have serious, potentially fatal complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby, and can lead to miscarriage.

In terms of seasonal flu, anyone in the risk groups detailed above is more likely to develop potentially serious complications of flu, such as pneumonia (a lung infection), so it's recommended that they have a flu vaccine every year to help protect them.

Limitations

Currently unsure if micro-level data can be made available in the public domain due to the data governance in place. This will be confirmed at the November Health and Wellbeing Board and alterative arrangements made if these measure are not available.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is an increase in the rates of immunisation and to meet the national targets to achieve herd immunity.

Birmingham currently has MMR dose 2 coverage of 87.2% compared to 87.8% across the United Kingdom.

For seasonal flu vaccinations:

- Those in at risk groups aged under-65 are at 43.1% and 46.3% respectively for Sandwell and West Birmingham CCG and Birmingham and Solihull CCG respectively, the England average is 48.0%.

- For pregnant women coverage is 38.4% and 38.5% respectively for Sandwell and West Birmingham CCG and Birmingham and Solihull CCG respectively, the England average is 45.2%.

Indicator	Employment and Support Allowance claimants
Definition	The percentage of the population aged 16-64 years claiming Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance.
Sources	nomis: https://www.nomisweb.co.uk/ And ONS mid-year population estimates for the given year and geography for people aged 16-64.
How is it calculated?	The numerator is total claimant count for Employment and Support Allowance, Incapacity Benefit and Severe Disablement Allowance. The denominator is the population aged 16-64 years.
Frequency	Annual
Latest data	2018
Macro/Micro	Macro - Citywide
Caveats	The numerator data are from the DWP's Work and Pensions Longitudinal Study and are for a single point in time, the final day of the reference month/year. Names, definitions and eligibility of benefits within the welfare system change over time. People who are not claiming ESA but who are economically inactive due to ill health or a disability will not be counted in this measure.

Rationale

This indicator is a measure of people of working age who due to having ill health or a disability are claiming Employment and Support Allowance (ESA) benefit, Incapacity Benefit (IB) or Severe Disablement Allowance (SDA). IB and SDA have been replaced by ESA, and currently (2017) make up approx. 2% of the total count. ESA (and IB/SDA) provides financial support for people unable to work to their full capacity due to ill health or disability along with personalised support and can be applied for from employment, self-employment or unemployment.. But while not working will be the right option for some of these people, staying out of work longer term may contribute to a worsening of health outcomes for others. This is because a person's employment status has both an associative and a causal relationship with a range of health outcomes.

Helping people back to work where appropriate (a focus of the 'Improving lives: Work, health and disability' green paper which this profile is intended to support) can improve health outcomes by connecting people to the health promoting aspects of work.

Limitations

There is a data quality issue with regard to the upper age limit. ESA is limited to people below state retirement age and similarly Incapacity Benefit and Severe Disablement Allowance has been limited for the purposes of this indicator to those of working age in a given year; but even though working age is rapidly changing (several times each year) for women a denominator of population aged 16-64 years is used for both men and women. This leads to a small discrepancy for the 2017 data, but the discrepancy will be larger for previous years. Comparison across time will be influenced by this increasing discrepancy and so should not be made.

Names, definitions and eligibility of benefits within the welfare system change over time. Change in this indicator over time should be understood in this context, and does not necessarily reflect change in the health of the working age population, or change in the capacity of the labour market to employ people with varying health conditions. Universal Credit is gradually replacing Employment and Support Allowance (ESA). This will affect the rate of ESA claimants.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the number of claimants.

Currently Birmingham has 6.8% compared to 5.9% for the West Midlands and 5.4% for England. There are multiple Local Authorities in the region who are performing better than the England average, however given the starting point meeting the England average by learning lessons from these would be a pragmatic target.

Indicators	School Readiness: the percentage of children achieving a good level of development at the end of reception And School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception.
Definition	Children (with free school meal status) defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children
Source	Department for Education (DfE), EYFS Profile: EYFS Profile statistical series
How is it calculated?	Each is calculated as children defined as having reached a good level of development at the end of the EYFS as a crude proportion of all children eligible. This indicator is calculated as the percentage point gap between the two indicators.
Frequency	Annual
Latest data	2017-18
Macro/Micro	Macro Special Interest - Citywide
Caveats	Only includes pupils with a valid result for every achievement scale. Pupils known to be eligible for free school meals excludes those for whom free school meal eligibility was unclassified or could not be determined.

Rationale

Educational attainment is one of the main markers for wellbeing through the life course and so it is important that no child is left behind at the beginning of their school life. This is a key measure of early-years development across a wide range of developmental areas. Children from more deprived backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. We have therefore measured the gap in school readiness between those children with free school meal status as compared to the general population as a proxy for more deprived backgrounds. This clearly links in the Health and Wellbeing Board priority to reduce inequality and the *Creating a City without Inequality* sub-forum.

Limitations

Caution should be exercised in the interpretation of this indicator, while a reduction in the gap is indicative of a reduction in inequality this should be achieved by raising the school readiness of those with free school meals status as opposed to lowering the school readiness overall.

Currently Birmingham has a gap of 7.9% compared to 12.7% in West Midlands and 14.9% for England. However, the underlying data has a more complex relationship. Birmingham is performing better than comparators in terms of school readiness for those with free school meal status, but worse for the general population.

Preferred Direction of Travel and Exemplars

The preferred direction of travel is a reduction in the gap, whilst seeing an increase (or at least maintaining the current level) in the overall school readiness of the general population.

The best performing Local Authority in terms of the gap in the West Midlands region is Wolverhampton at 6.5% compared to an England average of 14.9%. Birmingham is already performing above the England average at 7.9%. Birmingham should therefore be aiming to become the exemplar for the region.

	Physical Health				Mental Health				Wellbeing	
Micro	**Chronic disease: Diabetes and CHD (recorded prevalence)**				**Chronic disease: Depression**				**Immunisation rates (various)**	
	Diabetes Prevalence (QOF) Difference between best and worst practice in Birmingham		CHD Prevalence (QOF) Difference between best and worst practice in Birmingham		Gap between recorded (QOF) and modelled prevalence (PHE). Difference between best and worst practice in Birmingham				Micro level data currently not able to be made publicly available.	
	Value	Period	Value	Period	Value		Period		Value	Period
	18.1%	2017/18	5.0%	2017/18	19.4%		2017/18 (2015 modelled prevalence)			
	Target[1]	Comparator	Target[1]	Comparator	Target[2]		Comparator		Target	Comparator
	8.6%		2.7%		15.0%					
Macro	**Physical activity and inactivity**				**Healthy life expectancy**				**Unemployment Economic inactivity for health reason.**	
	Percentage of physically active adults				Healthy life expectancy at birth (Male)		Healthy life expectancy at birth (Female)		Employment and Support Allowance claimants	
	Value		Period		Value	Period	Value	Period	Value	Period
	61.0%		2017/18		59.9	2015 - 17	58.9	2015 - 17	6.8%	2018
	Target[3]		Comparator[3]		Target[3]	Comparator[3]	Target[3]	Comparator[3]	Target[3]	Comparator[3]
	63.2%		66.3%		62.1	63.4	62.9	63.8	5.4%	5.4%
Special Interest	**Smoking in pregnancy**				**Gap in employment rates for mental health and learning disabilities**				**School readiness**	
	Smoking status at time of delivery				Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)				Gap in school readiness for those with free school meal status	
	Value		Period		Value		Period		Value	Period
	8.2%		2017/18		60.4%		2017/18		7.9%	2017/18
	Target[3]		Comparator[3]		Target[3]		Comparator[3]		Target	Comparator[3]

	6.0%	10.8%	51.1%	68.2%	6.5%	14.9%

	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**24 September 2019**
TITLE:	**CHILDREN AND YOUNG PEOPLE'S LOCAL MENTAL HEALTH TRANSFORMATION PLAN 2020/21 PRIORITIES**
Organisation	**Birmingham Solihull Clinical Commissioning Group**
Presenting Officer	**Carol McCauley 0 - 25 Lead Commissioner**
Report Type:	**Information**

1.	**Purpose:**
1.1	To consult Board Members on the Children and Young People's Local Mental Health Transformation Plan 2020/21 priorities and to set out the system wide challenges.

2.	**Implications:**		
BHWB Strategy Priorities	Childhood Obesity	N	
	Health Inequalities	Y	
Joint Strategic Needs Assessment			
Creating a Healthy Food City			
Creating a Mentally Healthy City		Y	
Creating an Active City			
Creating a City without Inequality			
Health Protection			

3.	**Recommendation**
	The Board is asked to; -
3.1	Approve the Birmingham Children and Young People Local Mental Health Transformation Plan 2020/21 priorities.

007021/2019

4.	**Report Body**

4.1 Context

4.1.1 In March 2015, the Future in Mind (FIM) report (**Appendix 1**) set out a mandate for Clinical Commissioning Groups to develop an annual whole system Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, 0 – 18 years **(Appendix 2).** Future in Mind outlined a number of recommendations for the transformation of mental health and wellbeing services and it also set out key principles to make it easier for children and young people to access high quality mental health care when they need it.

FIM Key Themes

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce

Current set of challenges as described in FIM facing child and adolescent mental health services:

1. The treatment gap.
2. Significant gaps in data and information and delays in the development of payment and other incentive systems.
3. Difficulties in access.
4. Complexity of current commissioning arrangements
5. Specific issues facing highly vulnerable groups
6. Access to crisis, out of hours and liaison psychiatry services are variable
7. Specific issues facing highly vulnerable groups
8. Simplify structures and improve access
9. Deliver a clear joined up approach
10. CYP Improved Access to Physiological Therapies
11. Co-production

4.1.2 FIM provided 5 years of additional investment to transform services based on the following key principles:

- Building capacity and capability across the system;

- Moving investment upstream towards prevention, building resilience and promoting good mental health and wellbeing;

- Improving access;

- Delivery of a clear joined up approach.

4.1.3 Clinical Commissioning Groups were required to establish a Local Transformation Board to be accountable for the development, delivery and assurance of a local transformation plan based on the recommendations from Future in Mind.

4.1.4 The FIM recommendations were incorporated into Birmingham's new 0–25 model of care in 2015, which was based on the Thrive Framework (**Appendix 3**) which is system change approach that provides a set of

principles for creating coherent and resource-efficient communities of mental health and wellbeing support. It aims to talk about mental health and mental health support in a common language that everyone understands. The Framework is needs-led, this means that mental health needs are defined by patients and their families, alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

4.1.5   Birmingham has seen the demand for mental health support increase at an unprecedented level due to increase public awareness of the identification of need at all levels, exacerbated by the increased demand from the high number of universities in the city, this alongside workforce challenges of an aging workforce and a significant reduction numbers entering the workplace has resulted in long wait times for services.

4.1.6   Birmingham has also seen a reduction in the funding for lower level support services that provided support for children and young people at early signs of emotional distress from across the wider system including the Local Authority from both Public Health and children services and also from schools.

4.1.7   Since the reductions in services, the mental health system has seen an increase of over 45% in referrals at all levels of need during the past three years.

4.1.8   The CCG is working with NHSE Improvement, Intensive Support Teams to understand the demands across the system and Forward Thinking Birmingham, 0 – 25 yrs Mental Health service provider to understand their capacity and the gap. This work will inform our work to deliver the key principles as set out in the NHS 10 year plan, these are:

- Health promotion and independence

- Right care, right place

- Reducing variation

- Harnessing technology

- Economies of scale

4.1.9 In August 2019, BSOL CCG was successful in securing additional resources for Mental Health in Schools. The funding will provide 1 team of 8 Whole Time Equivalent posts to work in 22 schools in South Birmingham with a population of over 9000 pupils **(Appendices 5 and 6)**

4.1.10 The new, specifically-trained workforce will provide:

- Evidence-based interventions for mild-to-moderate mental health and emotional wellbeing issues

- Support to the senior mental health lead in each school or college to introduce or develop their whole setting approach

- Timely advice to staff in schools and colleges, and liaison with external specialist services to help children and young people to get the right support and stay in education

4.2 Current Circumstance

Key Performance Indicators 2020/21 NHS Long Term Plan/FIM

KPI	Current position	Projected position
Access target rate of 35%	26%	35% 2020/21
Eating Disorders Time to treatment Target	91.9%	95% 2020/21

Early Psychosis Teams reaching level 3 – NICE Complaint model of care 2020/24	2 teams level 1
	2 teams level 2
		2020/21
		  2 teams level 2
		  2 teams level 3

100% children's mental health crisis cover 2023/24	100% children's mental health crisis cover	Maintain 100% children's mental health crisis cover
CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]	CYP MH plan aligned with Youth Justice	CYP plans will be fully aligned 2022/23

LTP Priorities

- Provide care at the earliest point of need through a range of community and primary care initiatives

- Use of digital technology to improve access to care

- Increase knowledge, skill and confidence of whole system workforce to support children and young people at the earliest point

4.3   Next Steps / Delivery

- The Children and Young Peoples plan 20/21 is approved by NHSE 18th October 2019

- Local Transformation Baord commence funding allocation process based on agreed priorities, this process will be completed February 2020.

- Implementation of projects/workstreams commence April/July 2020.

5.	Compliance Issues

The Local CYP Transformation Board is accountable for the delivery of the plan within a CCG and STB governance structure attached (**Appendix 7)**

5.1   HWBB Forum Responsibility and Board Update

The Local CYP Transformation Board is accountable for the delivery of the plan within a CCG and STP governance structure attached **(Appendix 7)**

5.2   Management Responsibility

Carol McCauley Lead Mental Health Commissioner 0 – 25 BSOL CCG

6.	Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices
For those accessing this report from CMIS, please note that Appendices 1 to 4 can be accessed by copying and pasting hyperlinks into a browser address bar accordingly. 1. https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people 2. https://www.birminghamandsolihullccg.nhs.uk/our-work/local-transformation-plans 3. https://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf 4. http://implementingthrive.org/ 5. Schools Part of Mental Health in School Project 6. South Birmingham Needs Assessment for Mental Health in School Project 7. CCG and STP governance structure 8. CYP MH Local Transformation Plan KLoEs 2019 20 FINAL

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

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Birmingham Health & Wellbeing Board
Children and Young People's Local Mental Health Transformation plan 2020/21 priorities Appendix 1

Education Setting signed up to Mental Health in School Project 2019/20	Current Ofsted rating
Colmers Farm Primary School	Good
Forestdale Primary School	Requires improvement
Holly Hill Methodist CofE Infant School	Good
Reaside Academy Primary	Good
Redhill Junior and Infant School	Good
Rednal Hill Infant School	Good
Rednal Hill Junior School	Requires improvement
The Meadows Primary School	Good
Albert Bradbeer Primary Academy	Requires improvement
Cofton Primary School	Requires improvement
Fairway Primary Academy	Good
Hawkesley Church Primary Academy	Requires improvement
West Heath Primary School	Good
Wychall Primary School	Requires improvement
Kings Norton Junior and Infant School	Good
Bellfield Junior School	Good
Merritts Brook Primary E-ACT Academy	Good
Colmers School and Sixth Form College	Good
Balaam Wood School Secondary	Serious weakness
Turves Green Boys' School Secondary	Good
Turves Green Girls' School Secondary	Good
Ark Kings Academy All-through	Good

007021/2019

1. South Birmingham Needs Assessment

In this section we describe:
- Population statistics for Birmingham compared with South Birmingham
- Data on child poverty and ethnicity within our city
- Demographics of our local schools

Understanding our communities is a crucial component of the needs assessment for the MHST EOI. In Birmingham, we recognise that the availability and effective use of local data must inform our decision making and support prioritisation of transformation.

Birmingham is a vibrant and culturally diverse city with one of the youngest populations and some of the most deprived communities in the country; an estimated 1 in 3 children and young people within the local population are currently living in poverty. The unique age profile of our city combined with its social economic profile is significant for understanding the needs of Birmingham's children and young people, and the level of demand for mental health and emotional wellbeing support within the local system.

Data presented in the Joint Strategic Needs Assessment (JSNA) tells us that:
- Birmingham is the largest local authority in Europe and the UK's second city, home to an estimated population of 1,128,077 (ONS mid-year estimates 2016).
- There are an estimated 302,516 children and young people under the age of 19 representing 27% of the overall population in Birmingham.
- As well as being a city of young people, Birmingham is also a super diverse city with 62.9% of school aged children from a black, Asian or minority ethnic group.

South Birmingham
South locality is made up of Edgbaston and Northfield constituencies. It is estimated that there are approximately 209,000 people living in South locality (ONS 2017 mid-year estimates) which is just over 18.5% of the total population of Birmingham. Of these 48.6% are male and 51.4% are female. 68.8% of the locality population are aged under 45 years old. The 2011 Census estimated that 22.5% were from Black, Asian and Minority Ethnicity groups as opposed to 42% within Birmingham as a whole and 15% nationally.

During 2013 to 2017 Birmingham saw just over 102,000 migrants register with GPs across the city; of these 16% registered at practices based in South locality.

As part of the HeadStart Phase 3 bid an experimental mental health index was created using 30 indicators grouped into 5 sections (children and families, crime, economics, hospital activity and education).3 An overall score was created to give an indication of resilience and mental wellbeing. Those areas with the lowest scores (shaded darkest on the map) are potentially more likely to have lower resilience and poorer mental wellbeing. In South locality areas

within Northfield constituency have low scores on the index.

Experimental Mental Health Index (10-16yrs)
Various Data Sources: 2015

50 to 154 (higher resilience and wellbeing)
50 to 100
0 to 50
-50 to 0
-101 to -50 (lower resilience and wellbeing)

North

West

East

Central

South
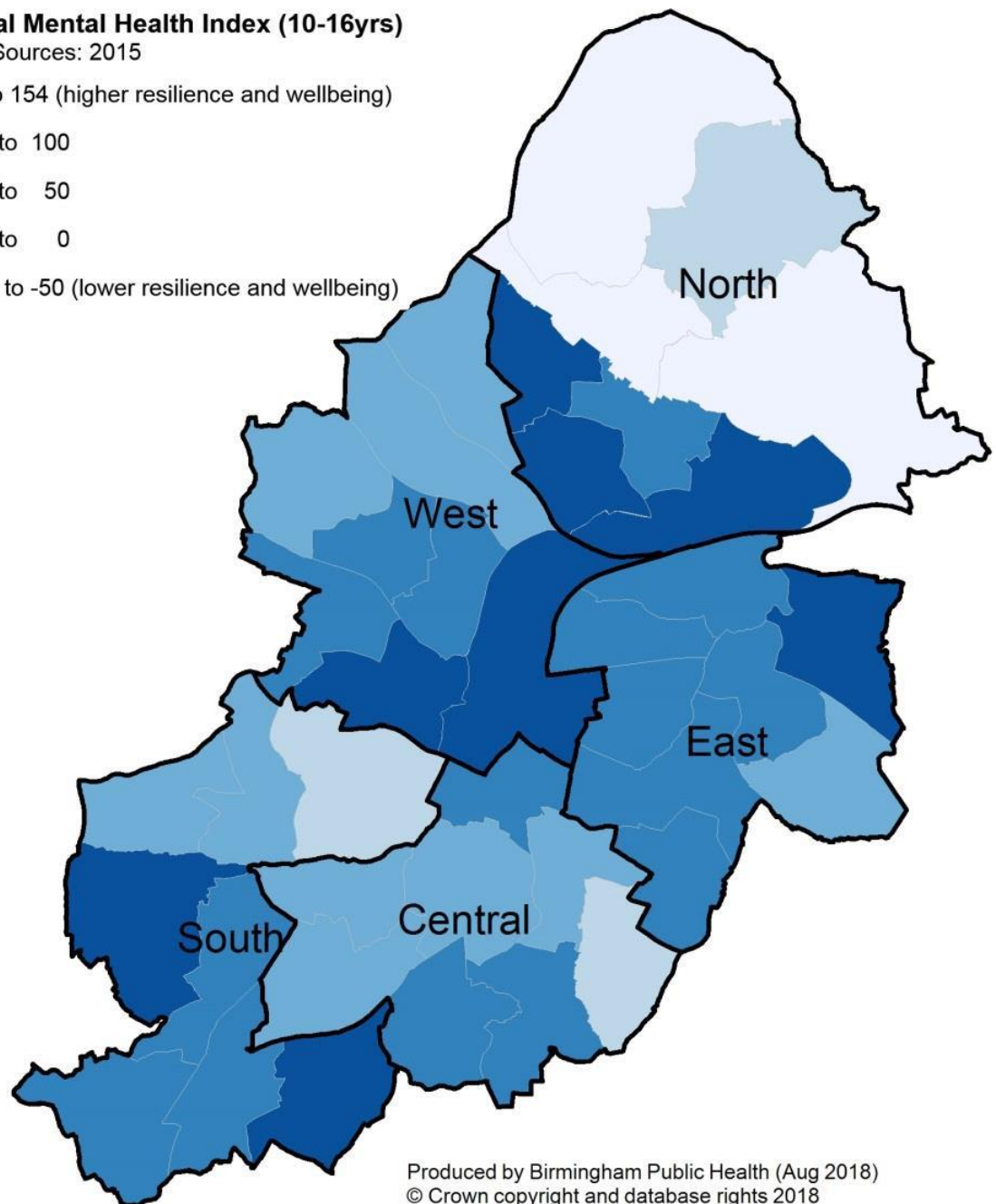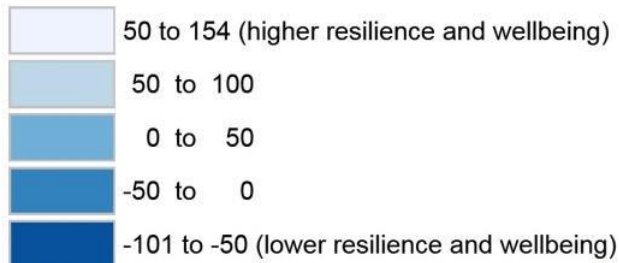
Produced by Birmingham Public Health (Aug 2018)
© Crown copyright and database rights 2018
Ordnance Survey 100021326

Children living in poverty

The level of child poverty in Birmingham is worse than the national average with 33.5% of children aged less than 16 years living in poverty based on accepted indicators. In particular, the rate of family homelessness is far worse than the England average. The impact of an impoverished childhood upon the emotional health and wellbeing, resilience, and illness of children and young people is significant·

Schools

In Birmingham there are 413 state funded schools (including nurseries) for around 197,000 pupils and around 4,800 pupils attend 34 state funded special and alternative schools. There is also an increasing number of free schools.

In South Birmingham there are 22 schools with 8418 pupils on roll.

The January 2017 School Census shows that:

48,682 pupils attending a Birmingham School are eligible for, and claiming, a free school meal which is 26.7% compared to 14.7% for England.

- South Birmingham schools on average have 37% of pupils on Free School Meals

- 54% of pupils recognized as disadvantaged

117,872 pupils are classified as a "minority ethnic pupil" which is 67.9% compared with 24% for England. Note: this does not include nursery pupils, Pupil referral units and alternative provision academies

- On average South Birmingham schools have a 29% BAME population

In the whole of Birmingham 72,809 pupils do not have English as their first language which is 41.9% compared with 18.5% for England. Note: this does not include nursery pupils, Pupil referral units and alternative provision academies.

6,869 pupils have a statement of Special Educational Needs (SEN) or an Education, Health and Care (EHC) Plan which is 3.2% compared with 2.9% for England.

- On average South Birmingham schools have

A further 28,603 pupils receive Special Educational Needs support which is 13.5% compared with 11.7% for England

- On average South Birmingham schools have 21% pupil in receipt of Special Educational Needs Support

Each year a survey of children and young people is undertaken in schools[7]

There are some striking differences when comparing Birmingham in 2014, to the national picture:
- 8% of 11-15's who completed the survey in Birmingham have emotional problems compared to the national average 5%.

- 14% of 11-15's who completed the survey in Birmingham have conduct disorders compared to the national average 11%. Although there appears to be a decrease in trend, it still has been consistently higher than the national average.

- 13% of 11-15's who completed the survey in Birmingham have poor attention and concentration, compared to 11% national average.

- 4% of 11-15's who completed the survey in Birmingham have poor peer

relationships compared to the national average 1%.

- 9% of 11-15's who completed the survey in Birmingham have poor pro-social skills compared to the national average 2%.

Figure 2

11-15 year old Mental Health comparison against national averages
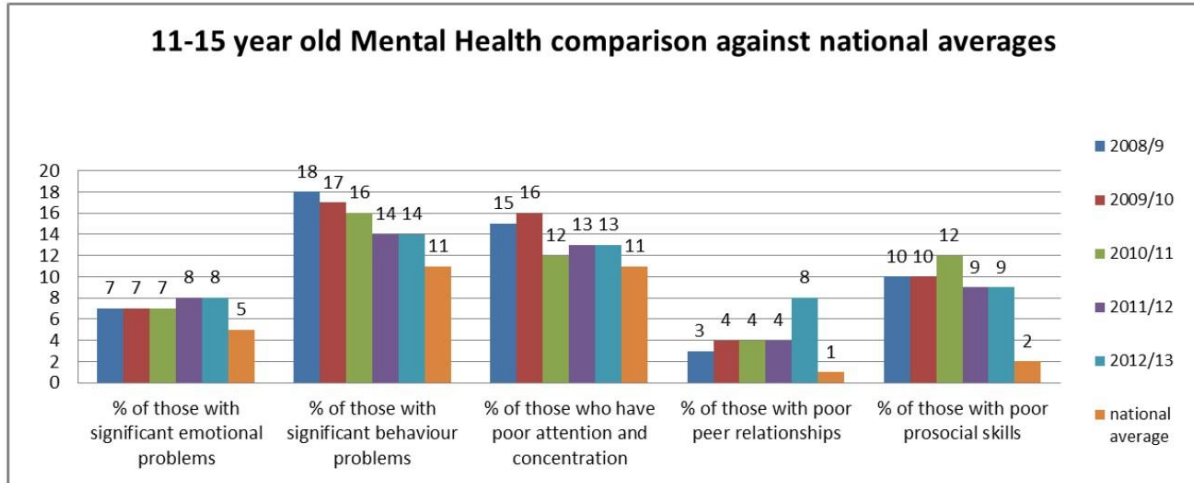
BSOL Governance

Strategic/operational oversight within existing governance arrangements
- STP Portfolio Board *Maternity, Childhood and Adolescence*
- BSOL CCG Mental Health Programme Board
- CYP Mental Health Local Transformation Boards *(chaired by Dr Angela Brady and include providers/commissioners/stakeholders e.g. parents/young people/education)*

New Joint BSOL MHST Steering Group
- New multi-agency (CCG, LA's, Education, VCS, Mental Health providers, parents, young people) group working collaboratively to ensure a consistent approach e.g. cross border working, shared learning, pathways, protocols, transitions, communications.

Locality Project Team for each MHST
- Multi-agency – whole system representation, link to PCN
- CYP/Parent/carers/schools co-production
- Informed by local area needs assessment
- Project/implementation planning (bi-weekly during mobilisation)
- + Ad hoc (e.g. communications, drafting the contract, local information/data management, preparation for engagement events, school selection/engagement etc.)

Formal Contract Management
- Quarterly

007021/2019

MHST - Governance

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┌─────────────────────────────┐
│ Birmingham and Solihull     │
│ Sustainability and          │
│ Transformation Partnership  │
│ (MCA Portfolio Board)       │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│ Birmingham and Solihull     │
│ Mental Health Programme     │
│ Board                       │
└─────────────────────────────┘
              │
   ┌──────────┴──────────┐
┌──────────────────┐  ┌──────────────────┐
│ Birmingham       │  │ Solihull Future  │
│ Future in Mind   │  │ in Mind Local    │
│ Local            │  │ Transformation   │
│ Transformation   │  │ Board            │
│ Board            │  │                  │
└──────────────────┘  └──────────────────┘
              │
┌─────────────────────────────┐
│ Birmingham and Solihull     │
│ MHST Steering group         │
└─────────────────────────────┘
              │
   ┌──────────┴──────────┐
┌──────────────────┐  ┌──────────────────┐
│ Birmingham MHST  │  │ Solihull  MHST   │
│ delivery Group   │  │ delivery Group   │
└──────────────────┘  └──────────────────┘
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Guidance for the 2019/20 Refresh of the Children & Young People's Mental Health & Wellbeing Local Transformation Plans

Rationale and Guidance

Terms of Use

This guidance and Key Lines of Enquiry (KLoE) supports the updating of existing Children & Young People's Mental Health & Wellbeing (CYP MH&WB) Local Transformation Plans (LTPs) by 31 October 2019. This is the fourth annual refresh *(from the initial KLoEs developed in 2015)* to ensure that Local Transformation Plans fulfil their purpose of setting out transparent joint agency plans to improve children and young people's mental health. They set out how areas, using the rising funding allocated by the NHS and other joint agency contributions, will deliver the vision set out in Future in Mind, the commitments of the Five Year Forward View for Mental Health Programme and, importantly ensure strategic contribution and operational readiness for areas developing their local NHS Long Term Plan. For links to all underlined documentation, please see Tab 11.

These CYPMH Local Transformation Plan (LTP) KLoEs for 2019-20 are aligned with the KLoEs to support assurance of the NHS Long Term Plan. Where relevant the NHS Long Term Plan KLoEs are referenced and linked with the CYPMH LTP KLoE criteria.

Local Transformation Plans should be organic living documents, locally developed by partnerships that include the NHS, Local Authority Children's Services, the voluntary and third sector, education and justice agencies and children, young people and their families.

The requirement to refresh and republish CYP MH LTPs each year is set out in the NHS Planning Guidance (page 5, Annex B). These refreshed KLoEs have been developed with regional mental health leads, clinical networks and aligned with the NHS Long Term Plan Implementation Framework, the supplementary NHS Mental Health Implementation Plan and CYP Mental Health Improvement Team Framework 2019-20 circulated to regions.

Regions will be assuring a range of plans this year leading up to the first iteration of the Sustainable Transformation Partnerships (STP) / Integrated Care Systems strategic plan for the NHS, so our aim in this guidance is to support what should by now be a straightforward process reviewing updated CYPMH LTPS in conjunction with other required plans such as detailed workforce plans. The criteria outlined in these KLoEs are not mandatory chapters or a template. They serve as a checklist with the below RAG-rating system developed to be used only for guidance and to highlight areas where plans are sufficiently robust and developed or may need further development. Some areas may hold elements of the plan in more than one place – for example, detailed workforce plans or safeguarding. Where this is the case we suggest that regions satisfy themselves that there is enough detail in the CYPMH Local Transformation Plan to inform local children, young people, families, referrers and other key stakeholders to assure them on the updated actions to support further local progress rather than repeat in detail information held elsewhere.

A good joint plan will identify: the aim; the pathways concerned; the partners involved with a joint commitment to deliver; a project plan including planning structures; resources (including resource transfer); time scale; benefits and outcomes and; risk assessment and potential barriers.

Ratings Key:

Fully confident: Objective clearly identified and delivered. All requirements in place.

Partially confident: Objective not clearly identified, some requirements in place or plans/actions require strengthening.

Not confident: Objective not identified or no confidence that actions will result in requirements being achieved.

SECTIONS:	Overall RAG rating
1. Transparency and Governance	
2. Understanding Local Need	
3. Local Transformation Plan ambition 2018-2020	
4. Workforce	
5. Health and Justice	
6. Eating Disorders	
7. Data - Access and Outcomes	
8. Urgent and Emergency MH Care	
9. Early Intervention for Psychosis	
10. CYP MH services working with educational settings (incl MHST)	

1. Transparency and Governance	RAG Rating	Narrative
The criteria below will help to demonstrate how the plan meets NHS Long Term Plan KLoEs which include questions on: (a) Is there a robust, up to date Local Transformation Plan in place, with evidence of progress against the plan? (b) Is the area working with whole system CYP partners, including education, local authority, voluntary and community sector?		
1.1 Will the Local Transformation Plan (LTP) be both refreshed and republished by the deadline of 31 October 2019 with checked URLs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with a disability?		Yes
1.2 If the plan is not refreshed by the 31 October 2019 deadline, has the CCG confirmed a progress position statement on the refresh on their website?		Yes
1.3 Does the LTP align with the STP/ICS plan and other local CYP Plans to provide the contribution of children's mental health to the NHS Long Term Plan? (CCGs are requested to provide a paragraph on alignment?		page 7, 10 - 1st paragraph
1.4 Does the LTP include baseline figures (e.g. from 2015/16), and latest 18/19 out-turn (see Mental Health Five Year Forward View Dashboard) and planned trajectories for:		
1.4a - finance (NHS uplift in CCG baselines plus other NHS investment, Local Authority and public health investment and other wider investment that contributes to delivery of transformation?		SP: Table 1, page 12
1.4b - workforce plans (current staffing and plans to increase skill mix capabilities, capacity) (see Section 4)?		SP: Page 16, 5th bullet point
1.4c - activity; referrals made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with a clear year on year plan that demonstrates how performance will improve in line with access targets and increase capacity to deliver evidence-based interventions? (please include activity delivered by public health e.g. work in education settings)?		SP: Table 4, page 14
1.4d - the whole 0 - 25 CYP pathway, including under 5s and 18 -25s		
1.5 Does the plan show how funding has been allocated and used in previous years, and plans for 2019-20?		SP: Table 4, page 14
1.6 Has modelling been used to review current MH provision to plan investment across the whole system pathway, considering local prevalence data, for example, using the System Dynamic Modelling Tool?		
1.7 Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability (LD)/Autism/Attention Deficit Hyperactivity Disorder (ADHD)? In:		SP: Table 2: page 12, page 17, paragraph 2 but no mention of the specific groups
1.7a governance?		SP: page 10: paragraph 6 but no mention of specific groups
1.7b needs assessment (including under 5s)?		SP: page 17: paragraph 7 but no mention of under 5s
1.7c service planning?		SP: page 17: paragraph 3, 3rd bullet point
1.7d service delivery and evaluation?		SP: page 17, paragraph 6
1.7e treatment and supervision?		SP: page 19, paragraph 4
1.7f feedback to inform commissioning and services?		SP: page 20, paragraph 4
1.8 Have the following relevant partners been involved in developing and delivering the refreshed LTP for 2019/20, including information about system roles and responsibilities:		
1.8a the chair of the Health and Wellbeing Board and their nominated lead members?		SP: page 10: last paragraph but no mention of the chair. Page 17: paragraph 4 - no mention of chair
1.8b multi-agency safeguarding arrangements?		SP: page 39: last paragraph
1.8c specialised commissioning?		SP: page 57 - 2nd paragraph, page 30 - 4th paragraph
1.8d key strategic education leads?		SP: page 33; 4th paragraph
1.8e Health and Justice commissioners?		SP: page 62: 2nd paragraph after bullet points
1.8f local authorities including Directors of Children's Services, Directors of Public Health, and Local Safeguarding Children's Boards?		SP: page 8 - penultimate paragraph refers to local authorities involvement. SP: page 16 - 1st paragraph ref to high level strategic partnership.
1.8g local Transforming Care Partnerships?		SP: page 45 - 1st paragraph
1.8h local participation groups for CYP and parents/carers?		
1.8i local voluntary sector partners?		
1.8j local education partners?		
1.9 Does the LTP demonstrate how to track and improve progress in activity, outcomes and experience of care over the plan's period that includes KPIs for the transitional 2019-20 year and preparation for the NHS Long Term Plan shows how local needs are being met? Refers to NHS Long Term Plan KLoE - Can the system track whether the cohort is receiving support appropriate to their needs and measure the effectiveness of this support?		
1.10 Does the LTP align with other key strategic reforms and plans for children and young people overall, as well as CYP with MH conditions, e.g. Transforming Care and special educational needs and disabilities (SEND), and Youth Justice?		
1.11 Does the plan highlight innovation that can be shared as 'best practice'? For example, digital innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma and promoting MH prevention and treatment		
Overall Transparency and Governance RAG rating		

	2. Understanding Local Need	RAG Rating	Narrative
2.1	Is there clear evidence that the Local Transformation Plan (LTP) addresses local needs by focusing on:		
2.1a	all children and young people and their families who experience MH problems or who may be vulnerable and at greater risk of developing MH problems?		
2.1b	looked after children?		
2.1c	adopted children?		
2.1d	children living with connected carers?		
2.1e	care leavers, including information on the numbers within the area?		
2.1f	disabled children and young people, including those with a learning disability, autism or both?		
2.1g	the needs of CYP affected by Adverse Childhood Experiences (ACEs) and those who have complex needs?		
2.1h	children and young people who identify as LGBTQ +		
2.1i	up to date information on local needs and demonstrate how these needs will be met (e.g. identified in the published Joint Strategic Needs Assessment - JSNA), identifying where gaps exist and the action plans in place to address these?		
2.2	Is there an expansion plan (including staff training) funded based on a local needs assessment, including alternatives to A&E (NHS Long Term Plan KLoE)?		
2.3	Does the LTP make explicit how health inequalities are being addressed?		
	Overall Understanding Local Need RAG rating		

3. Local Transformation Plan (LTP) Ambition 2018-2020		RAG Rating	Narrative
3.1	Are there clear pathways that demonstrate the whole system of care in existence or in development, including:		
3.1a	- mental health promotion and prevention including in universal settings, schools, colleges and primary care networks?		
3.1b	- early intervention in the above settings?		
3.1c	- evidence-based routine care?		
3.1d	- crisis care and intensive interventions?		
3.1e	- inpatient care, including New Models of Care / NHS-led Provider Collaboratives, and re-investment of any savings in community provision?		
3.1f	- specialist care e.g. CYP with learning disabilities and forensic CAMHS?		
3.1g	- services provided directly by educational settings to support emotional wellbeing and MH? Are these coordinated with services commissioned by CCGs and Local Authority?		
3.2	Does the LTP demonstrate local evidence-based service models which promote needs-based care, for example, implementing the Thrive framework, LEAN, CAPA?		
3.3	Is there an action plan with funding commitments, including identifying which agency will fund the change, with clear timelines, outcomes to be achieved and ownership?		
3.4	Does the LTP include work underway with adult MH services to link to liaison psychiatry or mental health teams in line with the requirements in the Five Year Forward View for Mental Health and ensure smooth transitions and continuity of care to other services?		
3.5	Does the plan build on the work completed as part of the Transitions CQUIN to set out how the needs of CYP going through transition will be met?		
3.6	Does the plan set out how access will be improved, including sustainable reductions in waiting times and improvements in productivity and efficiency?		
3.7	Is there evidence that CYPMH commissioners and providers are beginning to consider with AMH colleagues and other system partners how to better meet the needs of 18-25 year old? Linked to NHS Long Term Plan Deliverable for Comprehensive 0-25 support offer in all STPs/ICSs by 2023/24 (areas can draw from a menu of evidence-based approaches that are to be made available in 2020) and requirement to identify the baseline of current activity for 18-25 year olds this financial year in the NHS Mental Health Implementation Plan		
	Overall Local Transformation Plan (LTP) Ambition 2018-2020 RAG rating		

	4. Workforce	RAG Rating	Narrative
4.1	Does the Local Transformation Plan (LTP) include or link to a multi-agency workforce plan or align with wider STP level workforce planning?		
4.2	Does the workforce plan detail the required work and engagement with key organisations, including schools, colleges and primary care networks?		
4.3	Does the workforce plan:		
4.3a	- identify the additional staff required by 2020 and include plans to recruit new staff and train, support and retain existing staff to deliver the NHS Long Term Plan ambition?		
4.3b	- include Continuing Professional Development (CPD) and continued training to deliver evidence-based interventions (e.g. CYP IAPT training programmes), including resources to support this?		
4.3c	- include recruitment and employment of additional workforce requirements? For example, to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care, ensure MHSTs are fully staffed, and dedicated eating disorder (ED) services where there is not already in place.		
4.4	Has data on the existing workforce - WTE, skill-mix, capabilites, demographics, activity, outcomes - been used, alongside local prevalence data, to establish where and what extra capacity and capability is needed?		
4.5	Does the workforce plan include the workforce expansion that will be required to reach the NHS Long Term Plan ambitions?		
4.6	Does the workforce plan detail how it will train staff in schools to work with children with specific needs? For example, children and young people with LD, autism, ADHD and / or communication impairments?		
	Overall Workforce RAG rating		

5. Health and Justice	RAG Rating	Narrative
5.1	Does the Local Transformation Plan (LTP) detail how it is ensuring that there is full pathway consideration for CYP in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those:		
5.1a	- within and transitioning to and from the Children and Young People's Secure Estate on both welfare and youth justice grounds?		
5.1b	- receiving specialist or forensic CAMHS (specifically high-risk young people with complex needs)?		
5.1c	- interacting with liaison and diversion services?		
5.1d	- presenting at sexual assault referral centres (SARCs)?		
5.1e	- in crisis care related to police custody?		
5.1f	- with complex needs?		
	Overall Health and Justice RAG rating		

6. Eating Disorders	RAG Rating	Narrative
Deliverable: Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter		
6.1 Does the Local Transformation Plan (LTP) identify current performance against the Eating Disorder Access and Waiting Time standards and show improvement from the baseline measure?		
6.2 Where relevant, does the plan clearly state which CCGs are partnering up in the ED cluster?		
6.3 Is the Community Eating Disorder Service (CEDS) in line with the model recommended in NHS England's commissioning guidance?		
6.4 Does the LTP show how the additional funding allocated in 2019/20 for CEDS for children and young people will be invested to further enhance and develop provision, including increase in workforce capacity?		
6.5 Is the CEDS signed up to a national quality improvement programme?		
Overall Eating Disorders RAG rating		

7. Data - Access and Outcomes	RAG Rating	Narrative
FYFV for MH: 70,000 additional CYP accessing NHS Services by 2020/21 In preparation for NHS Long Term Plan Deliverable: 345,000 additional CYP aged 0-25 accessing NHS funded services by 2023/24		
7.1 Does the Local Transformation (LTP) recognise the requirement for all NHS-commissioned (and jointly-commissioned) services, including non-NHS providers, to submit data to the MH Services Data Set (MHSDS), including an action plan, where relevant, to improve data quality?		
7.2 Does the LTP describe how data on key ambitions like access, urgent and emergency mental health, Eating Disorders, outcomes and paired scores are routinely monitored and used?		
7.3 Is there evidence of the use of local and regional data reporting and its use to enhance local delivery and demonstrate impact on outcomes for children and young people e.g. local CYPMH dashboards?		
Overall Data - Access and Outcomes RAG rating		

8. Urgent & Emergency (Crisis) Mental Health Care for CYP	RAG Rating	Narrative
NHS Long Term Plan Deliverable: 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 (linked to Adult Mental Health Crisis KLoEs)		
8.1 Does the Local Transformation Plan (LTP) set out the model for delivering 24/7 urgent and emergency mental health services for CYP and their families in line with the 2019/20 Planning Guidance and the NHS Long Term Plan, including:		
8.1a - evidence of close working with blue light services (ambulance & police) to support CYP who present in crisis, including those with multiple complex needs, e.g. CYP with autism, LD or looked after children (NHS Long Term Plan KLoE)?		
8.1b - reasonable adjustments being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people particularly those with LD, autism and / or ADHD?		
8.1c - the urgent and emergency mental health care for CYP has locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and their families, including monitoring their experience and outcomes?		
8.1d - that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families in line with the NHS Long Term Plan?		
8.1e - details on what support is in place for CYP beyond their crisis presentation, inclusive of the local comprehensive offer for 18-25s (NHS Long Term Plan KLoE)?		
8.2 For areas that are implementing NHS-led Provider Collaboratives (New Care Models), is the area reprofiling inpatient expenditure into community-based care (NHS Long Term Plan KLoE)?		
Overall Urgent & Emergency (Crisis) Mental Health Care for CYP RAG rating		

9. Early Intervention in Psychosis (EIP)	RAG Rating	Narrative
Delivery of the Early Intervention in Psychosis standard: - Maintain 60% EIP Access Standard by 2020/21 and maintaining its delivery thereafter		
9.1 Does the Local Transformation Plan (LTP) identify an EIP service delivering a full age-range service, including all CYP aged 14 or over experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?		
Overall Early Intervention in Psychosis (EIP) RAG rating		

	10. CYP Mental Health Services working with educational settings (including Mental Health Support Teams)	RAG Rating	Narrative
	NHS Long Term Plan Deliverable: Mental Health Support Teams (MHSTs) rolled out to between a quarter and a fifth of the country by 2023/24		
10.1	Does the plan set out how CYP mental health services (however provided) work in partnership with educational settings? (for example, provision in schools or FE colleges. Areas that are applying for Mental Health Support Teams in schools programme should reference this here)		
10.2	For areas with MHSTs or planning for developing MHSTs, does the plan include (NHS Long Term Plan KLoEs):		
10.2a	- evidence of the MHST resource being targeted at the areas of greatest need within ICS/STP as the programme rolls out?		
10.2b	- a clear joint assessment of need in the education setting, carried out in conjunction with school/college leadership, with the planned work of MHSTs commensurate to their training and resources?		
10.2c	- are NHS CYP mental health services integrated with MHSTs? e.g. providing input/support to MHSTs to jointly deliver an integrated referral and advice system that prioritises CYP accessing appropriate help as quickly as possible		
10.2d	- do the MHSTs demonstrate fidelity to all three of the nationally prescribed core functions?		
	Overall CYP Mental Health Services working with educational settings (including Mental Health Support Teams) RAG rating		

Links for 2019/20 Refresh of the Children & Young People's Mental Health & Wellbeing Local Transformation Plans

Links to supporting documents

Future in Mind

Five Year Forward View for Mental Health

NHS Long Term Plan

NHS Planning Guidance

NHS Long Term Plan Implementation Framework

NHS Mental Health Implementation Plan

	Agenda Item: 12
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**24 September 2019**
TITLE:	**JOINT STRATEGIC NEEDS ASSESSMENT DEEP DIVE REVIEW FORWARD PLAN**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney, Director of Public Health**

Report Type:	**Information**

1. Purpose:	
1.1 To update the Board on the Birmingham Joint Strategic Needs Assessment (JSNA) Deep Dive topic three years forward plan, decided through a Delphi prioritisation process.	

2. Implications:		
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

3.   Recommendation
It is recommended that the Board notes:
3.1   The outcome of the JSNA Deep Dive Delphi prioritisation process 3.2   The JSNA Deep Dive three year forward plan

007022/2019

4.	**Report Body**

4.1   Context

4.1.1   The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify the current and future health and wellbeing needs of the local population and the services and assets available for meeting those needs.

4.1.2   Local Authorities and local NHS have a joint statutory duty to produce a JSNA via the Health and Wellbeing Board.

4.1.3   The 2018 CQC Birmingham Local System Review raised specific concerns over the capacity of the Birmingham JSNA to inform future commissioning decisions. To address these concerns a multi-agency steering group is now in place and three parallel programmes are in process:

1.   Improvements to the Core JSNA dataset.

2.   A three year forward plan for Deep Dive JSNA reviews.

3.   Integration of City wide partner data to move to a fully refreshed JSNA to inform the autumn 2020 commissioning cycle.

4.1.4   This report outlines the process for selecting topics for the JSNA Deep Dive reviews and the outcome of the prioritisation process.

4.2   Current Circumstance

4.2.1   The JSNA Deep Dive review format provides the opportunity to drill down into a population sub-group and look at that group's needs across the spectrum of health and social care.

4.2.2   Potential topics for Deep Dive reviews in 2020/21, 2021/22 and 2022/23 were collated in a longlist following engagement with a wide range of agencies via the JSNA Steering Group. The Health and Wellbeing Board agreed that a Delphi method will be used to prioritise the longlist into a Deep Dive forward plan.

4.2.3   A Delphi method is a systematic, interactive way of gaining opinions from a panel of independent experts over 2 or more rounds. It is a type of consensus method which does not require face to face meetings as it can be run electronically. The Delphi comprises a series of rounds of questionnaires followed by detailed feedback which is used to refine responses in subsequent questionnaire rounds.

4.2.4   All members of the Health and Wellbeing Board and the JSNA Steering Group were invited to participate in the Delphi process.

4.2.5   A Delphi process was conducted over a period of two months.

4.2.6   The Delphi process confirmed that the following topics had been prioritised by the Health and Wellbeing Board and the JSNA Steering Group:

Diversity and Inclusion Priority Topics

- Mobility impairment
- Sensory impairment
- Learning Difficulties
- Carers

General Topics

- Diabetes
- Sexual and reproductive health
- Immunisation and vaccination
- Social / corporate responsibility in Birmingham
- Homelessness (risk factors and health outcomes)
- Work and worklessness
- Dual diagnosis i.e. mental health and substance misuse

4.3 Next Steps / Delivery

4.3.1 A draft forward plan of Deep Dive reviews has been produced in Table 1. The forward plan includes the Deep Dive topics that are already underway in 2019/20 and those that are mandated such as the Pharmaceutical Needs Assessment.

Table 1: Birmingham JSNA Deep Dive DRAFT Forward Plan 2019-23

19/20	20/21	21/22	22/23
Mobility impairment	Sensory impairment	Learning Difficulties	Carers
Veterans	Sexual & Reproductive Health	Immunisation & Vaccination	Dual diagnosis i.e. mental health and substance misuse
Dying in the City	Diabetes	Homelessness (risk factors and health outcomes)	Social / corporate responsibility in Birmingham
Health of public sector workforce	Work & Worklessness	Pharmaceutical Needs Assessment	tbc

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

Monitoring of progress will be undertaken by the Board; planning and delivery of the JSNA will be managed by the JSNA Steering Group with a deep dive topic lead from across the Board's partner organisations monitoring progress.

5.2   *Management Responsibility*

The JSNA process will be overseen by Elizabeth Griffiths, Acting Assistant Director in Public Health and the delivery of the deep dive led by Susan Lowe in the PH Knowledge and Governance team. They are accountable to Dr Justin Varney, Director of Public Health, for delivery of the JSNA Deep Dives.

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

Report Type:	Information

1.	Purpose:

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.

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

3.	Recommendation

The Health and Wellbeing Board is asked to note:

3.1 The findings from the Public Health Green Paper public consultation as summarised in this report and **Appendices A-D.**

3.2 The mechanisms by which the issues raised will be progressed.

1

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

2

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.

5.	**Compliance Issues**

5.1	*HWBB Forum Responsibility and Board Update*

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.

5.2	*Management Responsibility*

Paul Campbell, Acting Service Lead, Public Health

6.	**Risk Analysis**

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.

Appendices

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

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
Supressed Total Respondents	**440**	**100%**	**N/A**

*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

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%	**49.5%**
Female	244	55%	**50.5%**
Other	0	0%	**0%**
Prefer not to say	28	6%	**0%**
Supressed Total Respondents	**440**	**100%**	**N/A**

*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.

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	Number of respondents*	% of those responding	% of total England population
Yes	158	36%	**38.9%**
No	245	56%	**61.1%**
Prefer not to say	31	7%	
Supressed Total Respondents	**440**	**100%**	**N/A**
Actual Total Respondents	**447**	**N/A**	**N/A**
Those that answered yes : **Affected by the following long-term physical or mental health conditions or illnesses**	**Number of respondents***	**% of those responding**	
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 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 4: Public Health Green Paper Consultation respondents by Ethnicity.

Ethnicity	Number of respondents*	% of those responding	% of total Birmingham population
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
Supressed Total Respondents	**444**		N/A

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

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

*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

**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

Sexual orientation	Number of respondents*	% of those responding	% of total Birmingham population
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%
Supressed Total Respondents	**421**	**100%**	**N/A**

*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

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.

#	a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham? - The Vision - Part A	b. If you disagree, please explain why and let us know how you think this could be improved. - The vision - Part B	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Child health	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Working age adults	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Ageing well	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Healthy environment	b. If you disagree, please explain why and let us know how you think these could be improved. - The Four Priority Areas - Part B	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Addressing health inequalities because every child, citizen and place matters	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Maximising the public health gains from hosting the Commonwealth Games
1	Agree		Strongly Disagree	Strongly Disagree	Strongly Disagree	Strongly Disagree	It should be treated equally.	Strongly agree	Strongly disagree
2	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
3	Agree		Agree	Agree	Agree	Agree	Will you be including anything on mental health across the differnet age brackets?	Agree	Disagree
4	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree
5	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	although I have agreed, these do look a bit obvious and unimaginative and split like this may miss the important overlaps between them, which may mean that some appropriate actions fall down the holes between silos, or miss that an action in one area may be to the detriment of others.	Strongly agree	Neither agree nor disagree
6	Agree							Strongly agree	Disagree
7	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
8	Agree		Strongly Agree	Agree	Agree	Neither agree nor disagree		Strongly agree	Strongly agree
9	Disagree	Along way to go	Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly agree
10	Agree		Strongly Agree	Agree	Agree	Agree		Strongly agree	Neither agree nor disagree
11	Strongly agree		Neither agree nor disagree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
12	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree
13	Strongly agree	Item 13	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
14	Agree								
15	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
16	Strongly agree		Strongly Agree	Strongly Agree	Agree	Strongly Agree		Strongly agree	Agree
17	Strongly disagree	People are no where near educated to treat themselves even for minor ailments. Another council failing I might add. You follow that route you'll have more A&E admissions and most likely a few overdoses, the main reason for overdose already is lack of education on medicines. And we have similar problems from the same source with our antibiotic issues. The majority of people are not educated anywhere near enough to even consider such a strategy.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I do not disagree but Birmingham needs to sort out its pollution if it's claiming it wants a healthy environment. Our pollution is so bad you can literally taste it and it's a direct cause of countless problems causing countless strains on our systems.	Strongly agree	Neither agree nor disagree
18	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree
19	Agree		Agree	Strongly Agree	Agree	Agree		Strongly agree	Disagree
20	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
21	Strongly agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
22	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
23	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
24	Agree		Agree	Agree	Agree	Agree	plain English please!... "population based proportionate universalism" Investment in a cycling network would tick a lot of these boxes.	Agree	Agree
25	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Also include the role of Environmental Health Officers in using regulation and enforcement, and education to raise standards.	Strongly agree	Strongly agree

007023/2019

#	a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham? - The Vision - Part A	b. If you disagree, please explain why and let us know how you think this could be improved. - The vision - Part B	a. ...proposed priority areas... - Child health	a. ...proposed priority areas... - Working age adults	a. ...proposed priority areas... - Ageing well	a. ...proposed priority areas... - Healthy environment	b. If you disagree, please explain why and let us know how you think these could be improved. - The Four Priority Areas - Part B	a. ...overarching themes - Addressing health inequalities because every child, citizen and place matters	a. ...overarching themes - Maximising the public health gains from hosting the Commonwealth Games
26	Disagree	The overall vision is appropriate, and enabling people to help themselves is a valid objective. The priorities and actions proposed throughout the plan recognise and acknowledge that people's ability to make healthy choices is driven, and constrained, by the social determinants of health (housing, employment, education, environment, community and social networks). The overall vision needs to reference the social determinants to reflect the content of the plan.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
27	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree	I don't disagree but I do think "working age adults" should take some self-responsibility for their own health and wellbeing	Strongly agree	Strongly agree
28	Agree		Strongly Agree	Agree	Agree	Agree		Strongly agree	Neither agree nor disagree
29	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
30	Agree		Strongly Agree	Agree	Strongly Agree	Agree	I agree with the above priorities but worry about transition between childhood and working age.	Agree	Agree
31	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
32	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
33	Strongly agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
34	Agree		Agree	Agree	Agree	Agree		Agree	Agree
35	Neither agree nor disagree		Agree	Agree	Agree	Agree		Agree	Agree
36	Strongly disagree	Equity is just an excuse for the Labour Councillors to spend money in their areas and nothing in the conservative councillor areas where most of Birmingham's income is generated	Strongly Agree	Strongly Disagree	Strongly Disagree	Strongly Agree	Policy indicates that nothing should be spent on pensioners health when they are the sector that have most health problems	Strongly agree	Strongly disagree
37	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
38	Agree		Disagree	Disagree	Disagree	Strongly Agree	Child health; I agree with all but believe that we should extend supporting the mental and physical health of ALL our children not just the most vulnerable. Working age adults: again I agree with the points but all re mental and physical health should be supported. I also believe that supporting healthy eating should be as important as tobacco and drug control and exercise. also good public transport for all should be in this list. Ageing well: All not just the most vulnerable should be supported.	Disagree	Neither agree nor disagree
39	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
40	Agree		Neither agree nor disagree	Neither agree nor disagree	Agree	Agree		Strongly agree	Neither agree nor disagree
41	Strongly disagree	Just look at my bins full for 3 weeks stinking outside my front door..	Strongly Disagree	Neither agree nor disagree	Neither agree nor disagree	Strongly Disagree	If you don't know by now.you are all in the wrong job.	Neither agree nor disagree	Strongly disagree
42	Agree		Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Strongly agree
43	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
44	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree
45	Strongly disagree	Vision = improve & protect Values = equity, prevention & evidence based practice Improvements require a great deal more than equity, prevention evidence based practice eg need to meet cancer targets, dramatically improve waiting times for results of diagnostics	Strongly Agree	Disagree	Strongly Agree	Disagree	Initial focus and priority should be to get the basics delivered for 1. children and 2. the elderly. Working aged adults and healthy environment should be prioritised 3 & 4.	Strongly agree	Strongly disagree
46	Agree		Agree	Agree	Agree	Agree	Why do you not include mental health and wellbeing as a priority too.	Agree	Neither agree nor disagree
47	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
48	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
49	Agree		Agree	Agree	Disagree	Agree	I have concerns that older people like myself will be prevented from going to hospital at all and be restricted to GP opinion only, so getting specialist opinion be restricted to people who can pay privately for a Hospital Consultant rather than it be available from the NHS. I luckily have not needed much medical intervention to date but may do in future.	Agree	Agree
50	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree

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51	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Disagree	Don't disagree with there principle but surprised that there is is no reference to housing conditions, especially the private rented sector, or public health nuisances. The latter cover a range of environmental and social factors that have a major impact on health and well-being including noise nuisance, poor quality living conditions, air quality, rubbish dumping etc and the City enforces a great canon of legislation to tackle them. Public Health intelligence can play a critical role in targeting interventions where they have the most impact on improving health and reducing inequalities	Strongly agree	Strongly agree
52	Agree		Agree	Agree	Strongly Agree	Neither agree nor disagree		Strongly agree	Agree
53	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
54	Agree		Strongly Agree	Disagree	Strongly Disagree	Agree	Where is the priority for the city's youngsters. Not Children, but young adults. The ones who are already disaffected, the one's who already feel ignored by society. The one's who are getting into gangs and hurting one another. They should be made a public health priority.	Strongly agree	Strongly disagree
55	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
56	Neither agree nor disagree	The phrase 'enabling people to help themselves' captures the reality that lifting your self out of the health implications of inequality are to a certain extent within the reach of the individuals who are impacted. However, it also muddies the fact that social determinants of inequities in health are structural and can only be addressed where the power to address structural processes rests. There is a risk that this phrase plays into the narrative of individual responsibility and undermines a clear narrative around what is clearly a societal problem. Whilst I don't think the vision should be changed I think there should be an emphasis placed on 'enabling people' rather than ' to help themselves'.	Strongly Agree	Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Strongly agree
57	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
58	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
59	Strongly agree	If you mean do i agree with the principle of 'equity, prevention and evidence based practice. Then the answer is yes	Strongly Agree	Neither agree nor disagree	Neither agree nor disagree	Strongly agree	If you want to address health inequalities then on the basis that behaviour is shaped by the environment we live in the we need to even up the localities in Birmingham. This means that is is as safe to move round in Nechells as it is in Sutton and as easy in Balsall Heath as it is in Harborne.	Strongly agree	Agree
60	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
61	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
62	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
63	Not Answered								
64	Neither agree nor disagree	when a group of people are identified in a communities who are careless with their behaviour and demand resources to promote healthy living can never be fair !	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	the issues mentioned above has always been there it has been ignored by all the agencies involved in making decent case for it. What makes this so impotent now for Birmingham council	Neither agree nor disagree	Neither agree nor disagree
65	Disagree	I think 'enabling people to help themselves' has to be very carefully considered. It is easy for it to be a way of avoiding care for the vulnerable, the disabled and those whose ability to access self help is limited for many complex reasons.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree

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66	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
67	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
68	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
69	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
70	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
71	Disagree	I agree that the values are fine that are there at the moment. However, none of this will be achieved without a focus on environment and sustainability. In todays day and age where the UN and rest of the world are focussing on the sustainable development goals, it is remiss of the UK's second biggest city not to focus in this area. Just listen to the young people who are striking at the moment, they are who we should create a healthy future for.	Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
72	Strongly agree		Strongly Agree	Neither agree nor disagree	Agree	Agree		Strongly agree	Neither agree nor disagree
73	Strongly agree		Strongly Agree	Disagree	Disagree	Agree	I think this should be framed into wider context of living well - health and fitness and wellbeing for all - this appears to suggest a focus on one part of the population. why not conflate with working age adults and be specific what is it we want- how will we know people are better off? Quality of life, health and wellbeing indicators do we want to reduce obesity or increase community cohesion? 1) Child Health, 2) Healthy environment, (Promoting healthy lifestyles eating and living), 3) Supporting people to manage acute and chronic health conditions. you might call it - Live well and Stay well!	Agree	Strongly agree
74	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly agree
75	Strongly agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Strongly agree
76	Agree							Disagree	Neither agree nor disagree
77	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
78	Strongly agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly agree
79	Agree		Agree	Agree	Agree	Agree		Agree	Agree
80	Strongly agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
81	Strongly agree	Include environmental wellbeing	Strongly Agree	Agree	Agree	Strongly Agree	Children and the environment must be the priority	Strongly agree	Strongly agree
82	Agree		Agree	Agree	Agree	Agree		Agree	Agree
83	Agree	'Prevention' and 'evidence-based practice' are not values - they are more like methods. Equity is really important, and adequate support should be in here somewhere as a value. There is no point saying 'helping people to help themselves' if there is not robust - adequately funded - support to enable this. Otherwise it's just blaming.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly disagree
84	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
85	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
86	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
87	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree	I also believe reducing social isolation should be a priority for working age adults.	Strongly agree	Strongly agree
88	Agree		Agree	Agree	Agree	Agree	Housing and clean air impact in other parts of the city need to be considered , as well as rehab services for drug and alcohol addiction	Strongly agree	Strongly agree

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89	Agree		Strongly Agree	Agree	Agree	Neither agree nor disagree		Strongly agree	Disagree
90	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
91	Strongly agree		Neither agree nor disagree	Neither agree nor disagree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Neither agree nor disagree
92	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
93	Strongly agree		Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
94	Disagree	I do not agree with use of this phrase "Reducing inequalities in health." What inequalities do you refer to?	Agree	Disagree	Agree	Agree	"employee wellbeing offer" - perhaps a Plain English campaign would be more appropriate for this paper.	Agree	Neither agree nor disagree
95	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Disagree
96	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
97	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
98	Agree		Disagree	Strongly Agree	Strongly Agree	Neither agree nor disagree	Children do not contribute to society in the way that working age adults do therefore I think priority should be given to working age adults. Children get more advantages than anyone else at present, or so it seems, let's give priority to adults for a change.	Agree	Strongly disagree
99	Agree		Agree	Agree	Agree	Agree	I do agree I think we also need to focus on knife crime epidemic and the fact that social and economic constructs have a huge part to play in opportunities for young people, progression in to work place and progression once at work affecting living wages and peoples ability to change there own situation!	Strongly agree	
100	Agree		Agree	Agree	Disagree	Agree	'Ageing well' is far too vague and subjective a term. I would substitute something like - Post-retirement or non working over 65's	Disagree	Disagree
101	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
102	Strongly agree		Neither agree nor disagree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
103	Strongly agree		Agree	Agree	Agree	Agree	Use of the term priority 1 to 4 suggests that one priority is of greater importance than another. I would Strongly agree with the above if the description was just "These are our 4 main piorities" without any numbers.	Strongly agree	Strongly agree
104	Agree		Agree	Agree	Agree	Agree		Agree	Agree
105	Agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Neither agree nor disagree
106	Strongly agree		Strongly Agree	Neither agree nor disagree	Agree	Strongly Agree		Strongly agree	Strongly agree
107	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
108	Agree		Strongly Agree	Strongly Agree	Agree	Strongly Agree		Agree	Agree
109	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree

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110	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
111	Disagree	I am sceptical that "reducing inequalities in health and enabling people to help themselves" will justify or result in the withdrawal of support and services for vulnerable people, of any age, within our community.	Agree	Agree	Agree	Agree		Strongly agree	Disagree
112	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
113	Strongly agree		Agree	Agree	Agree	Strongly Agree		Agree	Strongly agree
114	Strongly agree		Agree	Agree	Agree	Agree	I can't read the chart. The print is too small. The priorities described are so general I can not imagine anyone disagreeing with them.	Agree	Agree
115	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
116	Agree	Also think the NHS system is drained and abused by people who should not have access to our free health care. How will you stop this happening? Without this control the support does not go to the right people and drains our resources.	Agree	Neither agree nor disagree	Strongly Agree	Agree	People have to also take responsibility for their own health which is under their control.	Neither agree nor disagree	Neither agree nor disagree
117	Agree		Agree	Agree	Agree	Agree		Strongly agree	Disagree
118	Agree		Agree	Agree	Agree	Agree		Agree	Agree
119	Agree		Strongly Agree	Strongly Agree		Strongly Agree		Strongly agree	Agree
120	Agree		Agree	Agree	Agree	Agree		Agree	Agree
121	Strongly agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Strongly agree
122	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
123	Strongly agree		Agree	Strongly Agree	Neither agree nor disagree	Strongly Agree		Strongly agree	Neither agree nor disagree
124	Agree		Neither agree nor disagree	Neither agree nor disagree	Strongly Agree	Strongly Agree	I think you need to be more explicit in where teenagers health fits in your priorities, are they falling under child health or adult health? Also, what pathways are there for those aged 17 who turn 18 (adult) whilst under the care of CAMHS? This cohort regularly falls through the gaps in service provision.	Strongly agree	Strongly agree
125	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Agree	Strongly agree

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126	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
127	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
128	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
129	Agree		Agree	Agree	Agree	Neither agree nor disagree		Agree	Disagree
130	Disagree	proper consultation with the public regarding implementation of strategies. currently the Be Active scheme is unavailable to lots of members of the public who are entitled to use because of the timings of the sessions, therefore the scheme is not reaching its target audience.	Strongly Agree	Strongly Agree	Strongly Agree	Agree		Agree	Disagree
131	Agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
132	Agree		Strongly Agree	Agree	Agree	Agree		Strongly agree	Agree
133	Agree		Disagree	Disagree	Disagree	Disagree	Proportionate universalism is a ridiculous phrase to use on a public document. It has little meaning for the majority of adults let alone any person who is vulnerable! I don't think the monitoring of air pollution (and implementation of clean air scheme) is as relevant as educating parents to walk their children to school and if not then turn engines off around the areas they sit and wait. I think ALL mental health for all children working adults and the aging community should be monitored and considered. There is so little available if you ONLY target the Most vulnerable it can really never be improved. There is NO mention of the impact of homelessness on health. I understand it is "covered" elsewhere but health and home are synonymous.	Strongly agree	Disagree
134	Agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
135	Agree		Agree	Agree	Agree	Agree		Agree	Agree
136	Agree		Agree					Strongly agree	Neither agree nor disagree
137	Agree		Agree	Agree	Agree	Agree	mental health should be specifically mentioned under working age adults as a priority. cancer and dementia should be specifically mentioned under ageing well as the main causes of mortality.	Agree	Disagree
138	Strongly agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Disagree
139	Agree		Agree	Agree	Agree	Agree		Strongly agree	Strongly agree
140	Disagree	all of the above is good but lets see a positive focus on raising the level of wellbeing . This is something over and above prevention but of course does contribute to prevention. We should have the courage to reflect on the state of our being and aspire to raise it to new heights.	Agree	Agree	Agree	Agree	Of course the above make sense but I would be mindful to add community health as a crosscutting theme. Currently the effectiveness of the community approach is very questionable. Here there are underlying issues of empowerment and lets not beat around the bush there are political and economic factors at play - the elephant in the room that is rather tricky to deal with without getting stamped on! Empower the community voice more than is currently the case. Not easy and a bit tricky but community voices will say things that you cannot	Agree	Agree
141	Strongly agree		Strongly Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
142	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree

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143	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree			Strongly agree	Strongly agree
144	Neither agree nor disagree		Agree	Neither agree nor disagree	Agree	Agree		Agree	Agree
145	Strongly agree		Agree	Agree	Strongly Agree	Neither agree nor disagree		Strongly agree	Strongly agree
146	Agree		Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
147	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
148	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Neither agree nor disagree
149	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
150	Agree		Agree	Agree	Agree	Strongly Agree		Agree	Agree
151	Agree		Agree	Agree	Agree	Agree		Agree	Agree
152	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
153	Strongly agree		Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
154	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
155	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
156	Agree		Agree	Neither agree nor disagree	Agree	Agree		Agree	Disagree
157	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
158	Agree		Agree	Agree	Agree	Agree		Agree	Agree
159	Strongly agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Agree
160	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree
161	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
162	Neither agree nor disagree	The vision reads more like a mission statement. A vision should be how we want to see things e.g. Birmingham citizens living happily and healthily without negative impacts of social determinants of health	Agree	Agree	Agree	Agree	Community assets is only mentioned in the Ageing Well category. Community assets are important across the board. Not including them nudges towards a service-based approach rather than building on existing strengths.	Strongly agree	Strongly agree
163	Agree	I feel that primary and secondary prevention should be the focus of Public Health, tertiary prevention less so.	Agree	Strongly Agree	Agree	Strongly Agree	Overall, three of the priorities effectively say "people" in various life course stages. It feels like this could be simplified.	Agree	Disagree
164	Neither agree nor disagree		Strongly Agree	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree		Agree	Neither agree nor disagree
165	Neither agree nor disagree		Agree	Agree	Agree	Disagree	A better access to help with mental health issues. By making access to talking therapies and psychologists easier and free.	Agree	Strongly disagree
166	Strongly agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
167	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree

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168	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
169	Agree		Agree	Agree	Agree	Strongly Agree		Neither agree nor disagree	Neither agree nor disagree
170	Agree		Agree	Agree	Agree	Agree		Agree	Agree
171	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
172	Disagree	you should help people especially vulnerable	Strongly Agree	Strongly Disagree	Strongly Agree	Strongly Agree		Agree	Agree
173	Strongly agree		Agree	Agree	Strongly Agree	Strongly Agree		Agree	Disagree
174	Neither agree nor disagree		Agree	Agree	Agree	Agree		Agree	Disagree
175	Strongly agree		Agree	Agree	Agree	Neither agree nor disagree		Strongly agree	Agree
176	Agree		Agree	Agree		Agree		Agree	Agree
177	Neither agree nor disagree		Agree	Agree	Agree	Agree		Strongly agree	Agree
178	Agree		Strongly Agree	Strongly Agree	Agree	Agree		Strongly agree	Agree
179	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
180	Strongly agree		Agree	Neither agree nor disagree	Strongly Agree	Agree	These are good but I think there could be additional priorities particularly around working age adults, a lot of people of working age aren't working for various reasons, so not in touch with workplace initiatives (which are of course good), and yet aren't necessarily classified as 'vulnerable'. Levels of mental ill health seem to be very high yet there are massive waits for talking therapies and too much reliance on quick fix drugs from the GP. I think access to alternative coping strategies should be a priority. eg confidence building, anger management, etc. Also there needs to be a lot more joint working between departments so that encouraging people to be active in open spaces is linked in with the parks and environmental strategies.	Strongly agree	Strongly agree
181	Agree		Agree	Agree	Strongly Agree	Strongly Agree		Disagree	Strongly disagree
182	Agree		Agree		Agree	Agree		Neither agree nor disagree	Strongly disagree
183	Agree		Agree	Agree	Disagree	Agree	the priorities identified for older adults don't seem that important	Agree	Disagree
184	Agree		Agree	Agree	Agree	Agree		Agree	Strongly agree
185	Agree		Agree	Agree	Agree	Agree	Protecting Walsall Road allotments is an important aspect of maintaining healthy environments. Allotments provide open, green space. They provide opportunities for exercise and growing healthy food. Walsall Road allotments are well established and have some inspirational allotment holders. They have featured on TV, providing ideas and advice to people nationally.	Strongly agree	Disagree
186	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
187	Strongly agree	I'd suggest that something around ensuring this is not done in isolation - equity / prevention / evidence is excellent; this will be done by working with social, voluntary, statutory bodies, as well as of course the NHS. I appreciate this is detail, not headline though.	Strongly Agree	Agree	Agree	Strongly Agree	No disagreement: We are a young city with poor young outcomes. This has to be prioritised. We have a large potential workforce but we haven't managed to help enough actually feel fit enough to work.	Strongly agree	Agree

	a. The Vision - Part A	b. The vision - Part B	a. Child health	a. Working age adults	a. Ageing well	a. Healthy environment	b. The Four Priority Areas - Part B	a. Addressing health inequalities because every child, citizen and place matters	a. Maximising the public health gains from hosting the Commonwealth Games
188	Neither agree nor disagree		Agree	Agree	Agree	Agree		Agree	Strongly disagree
189	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
190	Agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
191	Neither agree nor disagree	Equity should be equity of opportunity to meet potential, but approaches should be tailored which by definition will not be equal	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Make the city centre a no smoking zone	Agree	Strongly agree
192	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
193	Agree		Agree	Agree	Agree	Agree		Agree	Agree
194	Agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
195	Agree		Agree	Agree	Agree	Agree	I believe that the goals are great, but how you want to implement these could be more specific.	Agree	Agree
196	Agree		Strongly Agree	Agree	Agree	Strongly Agree		Agree	Agree
197	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Neither agree nor disagree
198	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree	I think the healthy environment should be first.	Strongly agree	Agree
199	Agree		Agree	Agree	Agree	Agree		Agree	Agree
200	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
201	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
202	Agree		Strongly Agree	Strongly Agree	Agree	Strongly Agree		Strongly agree	Strongly agree
203	Disagree	This is too complicated. Why not use a simple concept that everyone can understand e.g. health and wellbeing is everyone's business?	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	I'm not sure why we need priority areas? There are too many priorities. There should be fewer priorities and no need for "areas".	Disagree	Disagree
204	Strongly agree		Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Agree
205	Agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly disagree
206	Strongly agree		Agree	Agree	Agree	Agree	Think there should be a specific focus on mental health and also child health should include prenatal health and supporting pregnant mothers as infant mortality rates are on the rise	Strongly agree	Agree
207	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
208	Agree		Strongly Agree	Neither agree nor disagree	Agree	Agree		Agree	Strongly agree
209	Agree		Agree					Agree	Agree

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210	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
211	Neither agree nor disagree	Their is no equality Every child should get free childcare pre nursery as they reach age 2. But not every child gets it especially tax payers. If you pay £700 tax per month why can't the government give £160 for childcare?	Strongly Agree	Agree	Strongly Agree	Strongly Agree	What about teenage health like- 1- councilling 2- knife crime prevention 3- Anti drugs and anti social The government should provide affordable activities for teenagers so they can use their energy in a positive way. They should also educate teenagers and provide help and support. Also theirs lack of funding for Senco children?	Agree	Agree
212	Agree		Strongly Agree	Neither agree nor disagree	Agree	Strongly Agree		Agree	Neither agree nor disagree
213	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
214	Strongly agree	i hope this is not just hot air speaking.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
215	Strongly disagree	There are no regulations in place to help people who want to undertake body alteration and those who they use with no medical qualification	Neither agree nor disagree	Disagree	Neither agree nor disagree	Neither agree nor disagree		Strongly agree	Agree
216	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
217	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
218	Agree		Strongly Agree	Agree	Agree	Agree		Agree	Agree
219	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree but would like to see something on end of life care	Strongly agree	Agree
220	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
221	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
222	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree
223	Disagree	Enabling people to help themselves????????? Sounds very ablelist	Strongly Disagree	Strongly Disagree	Strongly Disagree	Strongly Disagree	Your priority's are arse upwards. for priority's 1 to 3 to be effective priority 4 needs to come first as without a healthy environment no one will be healthy. Then priority should be given due to vulnerability Not Age. A young child will have a capable adult to ensure their health needs are met. It is often vulnerable adults who do not get the right care for their health.	Strongly agree	Strongly agree
224	Agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Neither agree nor disagree
225	Agree		Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	How do you define 'child' health? We need to make sure teenagers and young adults get sufficient emphasis.	Agree	Neither agree nor disagree
226	Strongly agree		Strongly Agree	Agree	Agree	Agree		Agree	Strongly disagree
227	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Agree		Agree	Neither agree nor disagree
228	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
229	Agree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	What about maternal heath?	Agree	Agree
230	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree

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231	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Agree
232	Agree		Neither agree nor disagree	Disagree	Disagree	Agree	As someone who would be classed as a 'Working Age Adult' I feel disenfranchised by this statement as I have a long-term physical/cognitive health condition classed as a 'hidden disability' which limits my capacity to work, and it has left me feeling that there is little or no support or understanding given or made available to GP's, employees or the wider society about disabilities like mine. Because of this fact it is extremely difficult for me to engage in "normal" society activities, where things are made easily accessible only to those who have no medical conditions.	Strongly agree	Strongly agree
233	Agree		Agree	Agree	Strongly Agree	Agree		Agree	Neither agree nor disagree
234	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
235	Agree		Strongly Agree	Agree	Strongly Agree	Agree	Missing the elements needed to move healthy kids into work, changing their aspiration and showing them what is possible, developing their confidence to break their boundaries.	Strongly agree	Agree
236	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
237	Strongly agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
238	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree
239	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Disagree
240	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
241	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
242	Disagree	It could be written in language that most people can quickly and easily understand. For example, why use a buzzword like equity when you could just say fairness, which everyone can understand?	Agree	Agree	Agree	Agree	Agree but would prioritise healthy environment and ageing well over working age adults. Healthy environment should look at all parts of the city, in particular the most deprived areas. Waste and fly-tipping and public education on these needs to be a health priority as it makes a huge difference to how people feel about their environment and getting out of the house as well as being able to take pride in their surroundings. A health priority across all these sections should be encouraging better quality shops and cafes to help people eat more healthily. This needs to be in small local centres. A city-wide Section 4 agreement restricting outlets that serve unhealthy food and an education programme for owners of any catering or food business would be a start	Disagree	Disagree
243	Agree		Agree	Disagree	Agree	Agree	Calling it working age discriminates against those with a illness which prevents them from working at this time. It also defines people by their job - as though paid employment is their only worth	Agree	Strongly agree
244	Agree		Agree	Agree	Agree	Agree		Strongly agree	Strongly agree
245	Not Answered								
246	Agree		Neither agree nor disagree	Strongly Agree	Agree	Disagree	Going in to work is good for your health. Helping those from deprived communities to find and keep work, especially among groups who are under represented in the workplace, is the key to social change, improved health, and reducing inequality. The Green Paper does not overtly and tangibly align to regional and national initiatives to support the hardest to help and the hardest to reach to attain the full rights and entitlements of citizenship; and to do, public health initiatives must be citizen led at a community level.	Strongly agree	Strongly disagree
247	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
248	Strongly agree	Equity of access is about every person who is resident in Birmingham having equal access to health care. for some asylum seekers / refigees eg those with no access to public funds there is confusion and mixed messaging about charging. many immigrants are too scared to seek help for their health needs in case they are charged or removed by Home Office.	Strongly Agree	Agree	Agree	Strongly Agree	antenatal care can only be improved and the perinatal mortality rate reduced if women feel safe to report their pregnancy early on and seek care without the fear of being charged. The politics of unfair charging will have to be addressed before child health improves.	Agree	Neither agree nor disagree

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249	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
250	Agree		Disagree	Agree	Agree	Agree	Promoting physical and mental well-being for children should be across all children in Birmingham, not just targeted to the most vulnerable group. By targeting a specific group, the vision is not demonstrating equity or equality.	Disagree	Agree
251	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
252	Neither agree nor disagree		Agree		Agree	Strongly Agree		Strongly agree	Strongly agree
253	Agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly agree
254	Agree		Agree	Agree	Agree	Agree		Strongly agree	Neither agree nor disagree
255	Disagree	Access to evidence based practice for patients and access to prevention tools and knowledge should be easily and readily available to the most vulnerable people. A mass scheme should be run so not just the well off or those with wealth are informed	Disagree	Disagree	Agree	Strongly Agree	child health: parents or carers need help and assistance in provided nutritional meals from pregnancy to child's developmental years. Not just informing of the nutrition that's needed but how to realistically easily and in an affordable way provide meals for children. working age adults: employers have a poor record in this from my experience and research. there should be wellness centers for adults accessible outside of working hours. running relaxation sessions from gentle yoga to tai chi and mindfulness	Agree	Agree
256	Agree		Agree	Agree	Agree	Agree	Essentially you are prioritising all age groups. Isn't that just a description of the population?	Agree	Agree
257	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
258	Agree		Neither agree nor disagree	Agree	Agree	Agree	I don't disagree with the importance of these things but you have put "healthy environment" as 4th PRIORITY, which I agree with, and yet you are pushing forward with the "clean air" policy which will prevent people getting easily around. I don't think air pollution is any worse in the city centre because you don't live there so generally there is a short exposure to it. Even if you work there, air conditioned buildings mean you don't have to breathe it in. But increased bus fares and restrictions on cars could prevent people from getting the help they need so I agree it is least important of all these things.	Agree	Disagree
259	Strongly agree		Agree					Strongly disagree	Strongly disagree
260	Agree		Agree	Agree	Agree	Agree	They are numbered 1 to 4 but I assume they have equal priority.....	Agree	Agree
261	Neither agree nor disagree		Neither agree nor disagree	Neither agree nor disagree	Agree	Agree		Agree	Strongly disagree
262	Neither agree nor disagree	Overpopulation has rendered the above aims unsuitable -there is no adequate funding model- NHS has failed e.g long waiting lists, N Staffs type failings, hospitals in special measures, impossible to recruit/retain staff all levels. Elderly Care struggling. Financial disasters e.g Carillon. We have just had 6% communist tax increase by Labour Council, no one expects any improvements.	Neither agree nor disagree	Agree	Strongly Disagree	Strongly Disagree	Child Health already has vast amounts spent on it -there is a population explosion time to wake up on this.....parents should insure for large baby/child care bills.......emphasis should be on pre conceptual gene mapping especially where inbreeding occurs. Working age is already the healthiest stage of life why spend more? Apply the Safety at Work Acts ! Ageing well-enough spent on that but laudable ambition Enviro Police -you have much reduced food quality inspections agree should reinstate those and prosecute . Air pollution near roads due to poor traffic flow due to poor planning and overpopulation	Agree	Strongly disagree
263	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
264	Agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
265	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
266	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
267	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
268	Strongly agree		Strongly Agree	Disagree	Agree	Strongly Agree	I would like to see more resources aimed at unemployed people - young and old, to keep them connected with society. If you visit a job centre, you will see people who're broken: in acute poverty, poor health, very low self-esteem etc. To earn benefits, we should have at least 2 days 'community engagement' days in our local communities: picking up rubbish, taking vulnerable people to hospital, etc.	Strongly agree	Disagree
269	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
270	Strongly disagree	Where are the priorities to improve the health of Birmingham's Black Minority Populations. Birmingham is a multicultural city and no where in this document is the health of BME groups give any priority. Yet, its well documented that BME groups have poorer health outcomes - higher rates of diabetes, heart diseases etc.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Disagree	Neither agree nor disagree
271	Agree		Agree	Agree	Agree	Agree		Agree	Strongly disagree

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272	Disagree	Enabling people to help themselves is a meaningless sentiment. Might this be related to the recent launch of the NHS app? This is vaunted to give people access to online consultations, or rather, consultations via smartphone. There are significant numbers of people, particularly the isolated elderly, who do not have smartphones for a variety of reasons. As general practices merge and relocate to new premises the elderly and confused are being effectively denied convenient access to their one time practice. My own practice, Granton, has above average numbers of patients who might fall into this category. The present practice premises, within easy walking distance for patients in the vicinity of the Cotteridge end of Middleton Hall Road, are scheduled for closure with no consideration to maintaining access to services via the previous location.	Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
273	Neither agree nor disagree	1.Equity assume means equality and that is a good thing. we do not want postcode lotteries, whether in prescribing of medicines or in provision of social care services etc.

2> Evidence based practice is different. What does it mean?. Evidence based prescribing is a farce. example Thyroid patients will all say they benefit from a medication known as liothyronine. the cost of this has spiralled out of control but NHS makes difficulties for use of EU liothyronine. The excuse: there is no evidence-basis for prescription, based on discredited 2016 research of just 32 patients in Brazil. Therefore, 100s of thousands of patients in the UK suffer and have to fight for medication to stay alive. " Evidence based" is often an excuse to do nothing. BEWARE. | Neither agree nor disagree | Neither agree nor disagree | Neither agree nor disagree | Neither agree nor disagree | If the priorities are equal, then they are acceptable. BUt ifthey are in order of priority then not acceptable. Healthy environment HAS to be context in which we all operate It has to be mandatory. . It is useless to make improvements to individuals and let them die in using unhealthy environment. Environment should be top priority for council mass tree planting /hedge planting in all residential and school/medical facility areas. to promote clean healthy air to breathe. We have to STOP tree felling if we are serious about our health and climate change. Next use DEMOGRAPHICS to assess the priorities. Example.I f demographics show aging population is most at risk , this has to be priority. etc | Strongly agree | Strongly agree |
274	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
275	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
276	Disagree	Reducing inequality conflicts with fairness. Improving the Health of everyone should be the aim.	Agree	Agree	Agree	Agree		Strongly disagree	Strongly disagree
277	Neither agree nor disagree		Strongly Agree	Agree	Neither agree nor disagree	Neither agree nor disagree		Neither agree nor disagree	Neither agree nor disagree
278	Disagree	There appears to be very little provision for children who are in school. You have evidenced an increase in obesity for children between reception class and year 6. Offering children and young people the opportunity to have safe evidenced based health education delivered by public health staff who are trained to work with children and young people means that they are receiving safe messages which are focused on their needs and appropriate for their age group. Using public health staff to deliver these massages leaves teachers the time to teach and education academic topics. Topics delivered should include healthy lifestyles such as healthy eating and exercise, smoking and substance use and misuse, healthy relationships, safe sex and family planning and mental health including direct support for low level mental health concerns such as anxiety etc	Disagree	Strongly Agree	Strongly Agree	Strongly Agree	Your vision appears to focus on pre school child health, missing a vital opportunity to engage school age children and young people.	Strongly agree	Disagree
279	Disagree	People's health varies greatly. You can't have blanket cover. Too many people are left to help themselves and can't cope! I don't believe you will provide the help some require.	Disagree	Agree	Disagree	Agree	With more ageing adults they should be priority. Parents should take more responsibility for their child's wellbeing.	Agree	Strongly disagree
280	Strongly agree		Strongly Agree	Neither agree nor disagree	Agree	Strongly Agree	It is all about the environment
If you have a poor environment you get poor behaviours
The city pays for this
Prevention not cure	Strongly agree	Agree
281	Neither agree nor disagree		Agree	Neither agree nor disagree	Strongly Disagree	Neither agree nor disagree		Neither agree nor disagree	Strongly disagree
282	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
283	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
284	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree

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285	Agree	Some concerns around the definition of equity - shunts the burden onto groups themselves and doesn't acknowledge the structural factors that may prevent some groups from equally accessing services - often it isn't about providing additional support but tackling issues with the design of services themselves.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
286	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
287	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
288	Strongly agree	I'm Strongly agree to your vision. This is good Idea if : One patient will have one GP or max 2 nurse (I'm say about people with long term ill how cancer, pyoderma gangrenosum or Diabetes) to another people (make public training to recognition basic diseases and when they need a Doctor and when they need just pharmacist)	Agree	Agree	Agree	Agree	~Everything with your structure and priorities is ok but, Older people, parents and every people with your priorities must know that them health is subsidiary with them customs. They must by aware- If will child protect to much with dirt, germs etc. The Child's Immune system will be at risk and will more time ill. Next priorities is mandatory child vaccinations, parents must know, how much this is important for child's and rest of the public. For rest of your groups is important to know how much is important health food, good balance between sleeps and functioning. How much drugs affect their health. People who destroy own body- narcotic, smoking, alcohol, pain killers and another pharmacy specific. This people must be more aware to stop them addiction.	Strongly agree	Agree
289	Agree		Agree	Agree	Agree	Agree		Agree	Agree
290	Strongly agree		Strongly Agree	Disagree	Disagree	Strongly Agree	these are national priorities and need to avoid duplication	Strongly agree	Neither agree nor disagree
291	Agree		Neither agree nor disagree	Disagree	Neither agree nor disagree	Disagree	More enfersis should be put into working adults health because so many working people are having more and more pressure put on them, extra working hour ,famy life etc if these are not look at it's a nasty cycle, get ill lose job,no benifits, living in policy.	Strongly agree	Neither agree nor disagree
292	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
293	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly agree
294	Agree		Agree	Agree	Agree	Strongly Agree		Agree	Agree
295	Strongly agree		Strongly Agree	Strongly Agree		Strongly Agree		Strongly agree	Agree
296	Disagree	Health care should be tax related.	Strongly Agree	Agree	Strongly Agree	Agree		Disagree	Disagree
297	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
298	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
299	Neither agree nor disagree		Strongly Agree	Agree	Agree	Neither agree nor disagree		Agree	Disagree
300	Neither agree nor disagree		Disagree	Disagree	Disagree	Agree	These statements are all bullshit - vague with no plans ; 'management speak'	Agree	Disagree

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301	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
302	Agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
303	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
304	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
305	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
306	Agree		Agree	Agree	Agree	Strongly Agree		Agree	Neither agree nor disagree
307	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
308	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
309	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
310	Strongly agree		Agree	Agree	Agree	Agree		Agree	Disagree
311	Neither agree nor disagree	If you are enabling people to help themselves it might be a good start to promote natural products which are known to help in healing, for example plant based oils and fish oils, honey, witch hazel etc. Prescriptions are expensive, doctors waiting rooms are full. Using natural medicine would cut costs and reduce visits to doctors. Evidence based practice is fine, but people could be encouraged to look for natural cures themselves. There is a growing number of people in South Birmingham who are not only exploring natural options for good health, but using meditation and mindfulness to reduce stress levels.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
312	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
313	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
314	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
315	Neither agree nor disagree		Disagree	Disagree	Disagree	Disagree	The heath sector, i. e, Hospitals worse you can not even go in to a & e in hospital drunks sleeping on the floor, swearing that is only the start, Working with adults ithis is only on paper there use to be use youth center's youth and now nothing rooming the streets. If you have not got food Moe and more people turning to ha ndout	Disagree	Strongly agree
316	Agree		Agree	Agree	Agree	Agree		Agree	Agree
317	Agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
318	Strongly agree		Strongly Agree	Agree	Strongly Agree	Agree		Agree	Agree
319	Agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree
320	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
321	Agree		Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
322	Agree		Agree	Agree	Agree	Agree		Strongly agree	Neither agree nor disagree
323	Strongly agree		Strongly Agree	Strongly Agree	Agree	Neither agree nor disagree		Strongly agree	Agree

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324	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
325	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
326	Agree	Should the Strategy cover a longer period than 4 years? Would a longer term plan be more appropriate? Priority 4 on Page 3 – Planning Policy Team welcomes the inclusion of aiming to increase the health gains of new developments. However, specific mention of 'active travel' would be preferable in this section Paragraph 2.2a Primary Prevention - This paragraph could also include measures to improve the environment such as air quality improvement schemes, protection and creation of green spaces and high quality new developments in accordance with policies TP7 and TP9 of the Birmingham Development Plan. Public Health Approach – is there scope to include more information on partnerships – for example, how does Public Health Birmingham relate to: •Public health across the West Midlands •Public Health England •NHS Trusts •Other BCC departments •Health and Wellbeing Board •Regional Road Safety Partnership The terminology in Paragraph 5.2 is difficult to understand. Perhaps more explanation is required by calling the section "A proportionate approach" and explaining the approach without using the word "Universalism".	Agree	Agree	Agree	Agree	The Priority tables need clearer information on the 'actions' describing what we are proposing to do about it, and/or how we are already tackling these issues. The actions need details; who will be responsible, how it will be funded and any partnerships – some specific comments are also given in later sections.	Agree	Agree
327	Agree		Strongly Agree	Agree	Neither agree nor disagree	Strongly Agree		Strongly agree	Agree
328	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
329	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
330	Agree		Strongly Agree	Strongly Agree	Agree	Strongly Agree		Strongly agree	
331	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
332	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
333	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree

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334	Not Answered								
335	Agree		Agree	Agree	Agree	Agree		Agree	Disagree
336	Disagree	I disagree because not all citizens will, or are able to, be empowered to help themselves achieve equitable access to services to promote their health and wellbeing. This is due to poor educational abilities, ignorance about potential benefits from health services, cultural and language barriers and mistrust of health services as they are perceived as part of the establishment.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
337	Neither agree nor disagree		Strongly Agree	Strongly Agree	Agree	Agree		Strongly agree	Strongly disagree
338	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
339	Disagree	Enabling people to help themselves sounds like actions to deliver the vision could end up being over reliant on individual health behaviour change and not tackling systemic reasons for inequalities	Strongly Agree	Disagree	Agree	Neither agree nor disagree	Working class adult section does not mention or look like it's even attempting to tackle systemic reasons for health inequalities in our city. What about systemic violence, inequalities amd maternal health as key factor in infant mortality?

Healthy environment is a bit week. Could do more to acknowledge places that won't be in the receipt of new developments or transport improvements and that those places will be the places with greatest inequalities. | Strongly agree | Strongly agree |
340	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
341	Strongly agree		Agree	Agree	Agree	Agree		Agree	Disagree
342	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
343	Agree		Agree	Agree		Agree		Agree	Strongly disagree
344	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
345	Agree		Agree	Agree	Agree	Strongly Agree		Agree	Strongly agree
346	Agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
347	Agree		Agree	Agree	Agree	Neither agree nor disagree		Agree	Agree

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348	Agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
349	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
350	Agree	I agree with the aims but the main aim should be to improve the health of everyone and, of course, reduce inequality but you could reduce inequality by reducing the health of the healthier	Agree	Neither agree nor disagree	Agree	Agree	the key issues is which areas are not priorities. I would like to see mental health emphasised	Strongly agree	Strongly agree
351	Agree		Agree	Agree	Agree	Agree		Strongly agree	Disagree
352	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
353	Neither agree nor disagree		Agree	Agree	Agree	Agree		Strongly agree	Neither agree nor disagree
354	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
355	Agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Agree
356	Agree		Agree	Neither agree nor disagree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree
357	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
358	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
359	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
360	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
361	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
362	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
363	Agree		Strongly Agree	Neither agree nor disagree	Agree	Neither agree nor disagree		Agree	Neither agree nor disagree
364	Strongly disagree	This is jargon and doesn't mean anything to an ordinary citizen.	Disagree	Disagree	Agree	Disagree	Your vision is unclear. Surely a healthy environment is necessary across all the life course. Health and wellbeing of older people hasn't had much attention in Birmingham compared to other areas. There might be a higher proportion of young people but there a large and growing number of older adults living with multiple conditions including dementia.	Strongly disagree	Neither agree nor disagree
365	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly disagree
366	Strongly agree		Strongly Agree	Agree	Strongly Agree	Agree		Strongly agree	Strongly agree
367	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
368	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Agree
369	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
370	Agree		Neither agree nor disagree	Agree	Agree	Agree	I'm just surprised infant mortality is mentioned. I would have thought that this statement is unnecessary due to our already high survival rates. Without it, there would be more importance given to the remaining points that need it.	Agree	Strongly agree
371	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
372	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree

	a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham? - The Vision - Part A	b. If you disagree, please explain why and let us know how you think this could be improved. - The vision - Part B	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Child health	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Working age adults	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Ageing well	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Healthy environment	b. If you disagree, please explain why and let us know how you think these could be improved. - The Four Priority Areas - Part B	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Addressing health inequalities because every child, citizen and place matters	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Maximising the public health gains from hosting the Commonwealth Games
373	Agree		Agree	Agree	Agree	Strongly Agree		Agree	Agree
374	Disagree	I have read your draft and find your methodology confused and confusing. You cite Dahigren and Whitehead and yet apply their wider determinants in a selective and unsatisfactory manner leaving large gaps in your preventative strategy. You say that policy must be data driven and intelligence-led and cite statistics e.g. around infant mortality but no figures around the outcomes your measures aim to achieve. At bottom the health inequalities in Birmingham stem from poverty. No mention of how you are going to reduce it. Nothing about job creation and local employment initiatives taking place, not just the Commonwealth Games but HS2, initiatives by social assets such as those at City Hospital and UHB to recruit local people - Birmingham is now officially a Social Enterprise City. Nothing about local business procurement. Nothing about increasing housing provision. A paucity of of policies around the environment - Birmingham is now officially a Biophilic City on a par with Christchurch NZ owing to the wealth of its green spaces. contact with nature has proven health benefits. Air pollution is only one kind of pollution. There's light pollution but more relevant is noise pollution and the poorer you are the more you are exposed to it. Too many cars are coming into Birmingham on a daily basis(usually people from rural areas). Where's your transport policy. What are you doing to increase social interaction, say, for instance, making more meeting places available in neighbourhoods - schools, libraries, other council buildings. Many solutions to problems lie within the community once people are brought together and can exchange their skills cf Gather Cafe, Dudley. In other words the whole systems approach you advocate in one part of the childhood section is missing throughout.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		Strongly agree	Neither agree nor disagree
375	Agree	Inclusion of and a stronger focus on Early Help and proportionate intervention is required. When people are not in a position to help themselves, early help may be required to enable them to enter back in to the realms of self-help. Prevention and Early Help are key.

There is united thinking of the priority around reducing inequalities, and a corporate driver across partners is required. Collective articulation between partners is required around how this will be tackled, in particular focuses on life expectancy and infant mortality. Focus is required on vulnerability and proportionate universalism. | Strongly Agree | Agree | Strongly Agree | Agree | Assurance is required around the demographics (e.g. age) of the life stages. For example, 'Child' should include infants, children and young people up to the age of 25 years, and as more people are working later in life, need to be aware of what 'working age' encompasses. | Strongly agree | Neither agree nor disagree |
376	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Strongly disagree
377	Strongly agree		Neither agree nor disagree	Agree	Agree	Agree		Agree	Neither agree nor disagree
378	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
379	Agree		Agree	Agree	Agree	Agree		Strongly agree	Agree

#	a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham? - The Vision - Part A	b. If you disagree, please explain why and let us know how you think this could be improved. - The vision - Part B	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Child health	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Working age adults	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Ageing well	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Healthy environment	b. If you disagree, please explain why and let us know how you think these could be improved. - The Four Priority Areas - Part B	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Addressing health inequalities because every child, citizen and place matters	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Maximising the public health gains from hosting the Commonwealth Games
380	Strongly agree		Strongly Disagree	Strongly Disagree	Strongly Disagree	Strongly Disagree	The Green Paper frontispiece states it is part of the process to develop a Public Health Strategy (although the DPH's foreword doesn't use the word 'strategy'.) A 'strategy' typically has a purpose, values, strategic aims and objectives. The first three priorities are about three age groups ('life stages'), the fourth a curious mix of spatial/environment matters (air quality, whatever 'new developments' means & transport) plus matters such as screening, vaccination and CDs. Here are some suggestions under which we think would be appropriate to develop aims and objectives for action: 1) To fulfil mandatory public health services. (It'd be helpful if you listed the current ones as most us haven't a clue what they are.) 2) Addressing health inequalities. 3) Pre-natal and infant health. Having three age-groups as priorities generates strange juxtapositions of demographic needs; e.g. pre-natal health is very different from adolescent health, taking 'working age adults' as a single 'life stage' puts the needs of young adults in the same bracket as, say, people in their mid-twenties with those in their mid-60s. As pre-natal and infant health has life-long consequences, it seems appropriate to us to include aims and objectives for this age group. 4) Food supply systems — the means for us all to eat well To work towards meeting rights under the 1996 Rome Declaration on food security. (Food is mentioned only three times in the Green Paper, twice on page 15 food vouchers and working with fast food outlets and on page 17 about food in work canteens.) 5) Risk and resilience. There is an assumption in the Green Paper that the next four years will be business as usual. It won't be. As well as the possibilities listed under the NRR, it is probable there will soon be sudden crises/emergencies arising as a result of 'slow-burn' threats such as climate change and the increasing burden of, say, obesity, malnutrition, alcohol or other drug use. What role does/should PH have in building resilience the population and, indeed, in their services? 6) Others . . . ??		
381	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
382	Agree		Strongly Agree	Agree	Agree	Agree		Strongly agree	Agree
383	Agree	Birmingham Women's and Children's are delighted to see this commitment to a sustained public health strategy, and the setting of core priorities to inform co-ordinated action across the city. We encourage public health to set a big enough vision and ambition to address the scale of the challenge facing the city. In particular, that the department has an opportunity to support the whole council on a journey to embrace the power of place in determining our wellbeing, across not only services provided, but how the city is built and organised from the bottom up. This could also be clarified by ensuring the description of evidence based practice not only considers 'interventions', which potentially limits the scope of work that the public health team is able to pursue, but also extends to how evidence might guide and develop other parts of the council in how you together support citizens of Birmingham to enjoy healthy and happy lives. Approach also needs to recognise that there are gaps in the evidence for what works, and that the approach to evidence based practice must also include opportunities to innovate and add to the evidence base through evaluation into practice, as well as relying on the work of others.	Strongly Agree	Strongly Agree	Agree	Strongly Agree	These are great priorities. We would just note that the first life stage begine a long time before birth, with our period in the womb having a powerful influence on our life course. Also, that it will be important in delivering the strategy to note that child health does not, of course, happen in isolation and is intimately linked to the health of the family and social context a child is raised within.	Strongly agree	Agree
384	Neither agree nor disagree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
385	Neither agree nor disagree		Agree	Agree	Strongly Agree	Neither agree nor disagree		Strongly agree	Disagree
386	Strongly agree	Having a driving focus on equity, and therefore health inequalities, will help bring attention and resources to those who need it most. Also including prevention and evidence-based practice will ensure that actions are looking to have a long-term impact and are proven to be effective. We think key to this should be a consideration of how food poverty can be tackled at the root by improving public health, thereby ensuring that no one goes to bed hungry in Birmingham.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree

#	The Vision - Part A	The vision - Part B	Child health	Working age adults	Ageing well	Healthy environment	The Four Priority Areas - Part B	Addressing health inequalities	Maximising public health gains Commonwealth Games
387	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
388	Agree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	I think priority areas evolve over time depending upon needs and political priorities. The priorities highlighted will always be important to Public Health	Agree	Neither agree nor disagree
389	Strongly agree		Agree	Agree	Agree	Strongly Agree		Agree	Neither agree nor disagree
390	Agree	I agree with the overarching principles but am not clear that there is sufficient detail in the document to convince me that PHE has sufficient understanding of health inequalities in the city.	Agree	Agree	Agree	Agree	Birmingham is a city of superdiversity and I see absolutely no mention of this important epidemiological fact in the document. Adopting generic overarching priorities without ensuring that race and ethnicity has been explicitly woven through as a golden thread is in my view missing an opportunity to impact on hard core inequalities in health, which impact a large proportion of the local population. Is this an omission or is this as the result of a conscious decision to adopt a colour blind approach. There is sufficient evidence to show that pretending not to see that race and ethnicity does not matter only serves to further exclude those already disenfranchised communities. Even so, the Equality Act 2010 requires the demonstration of 'due regard' and if the document had been subject to an Equality Impact Assessment the document would have included those actions which need to be taken to make sure that those who are most affected by systemic inequalities are protected from further harm. This document appears to have been airbrushed and it is not acceptable to disregard the complexity of addressing inequalities in a super diverse city. If Birmingham City Council has made an overt decision to disregard race and ethnicity in its approach to addressing inequalities, then that in itself should be the focus of a consultation. The leadership of the Council has changed and remains unreflective of the communities they serve, which again is a requirement of the Equality Act 2010. What action is being taken to ensure the Council reflects the communities they serve and that the views and experiences of the communities are being adequately represented in these overarching policies. Unless I have missed it the route of consultation appears to be confined to an online process which may exclude a significant portion of the population from having a say. All of your overarching priority areas will vary based on cultural differences, etc. so who decides what 'ageing well' means or are we all going to be subject to the middle class eurocentric perception of what that means? This approach is very scary and there is insufficient checks and balances to give assurance that the needs of the most disenfranchised in all these areas are being consulted, considered and responded to fairly. Also the way this consultation is written is designed to favour a positive return. Not many people would disagree with the headlines but the devil is in the detail and there is very little detail in the document and so you cannot assume that if people just	Agree	Disagree
391	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	But I would have stressed all adults in priority 3	Strongly agree	Strongly agree
392	Agree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	this is not a framework for recognizing the social determinants of health, nor for reducing the health gap	Strongly agree	Disagree
393	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Disagree
394	Strongly agree		Strongly Agree	Agree	Agree	Agree		Strongly agree	Strongly agree

	a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham? - The Vision - Part A	b. If you disagree, please explain why and let us know how you think this could be improved. - The vision - Part B	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Child health	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Working age adults	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Ageing well	a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision? - Agreement to four Priority Areas - Healthy environment	b. If you disagree, please explain why and let us know how you think these could be improved. - The Four Priority Areas - Part B	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Addressing health inequalities because every child, citizen and place matters	a. To what extent do you agree or disagree that the overarching themes should be considered across our work? - Agreement to overarching themes - Maximising the public health gains from hosting the Commonwealth Games
395	Agree	Agree with caveats, in reference to 'enabling people to help themselves'. Smoking continues to be the greatest cause of preventable illness and avoidable death in England (1), and also one of the biggest drivers of health inequalities (2). Smokers from lower socioeconomic status groups are more likely to access stop smoking services, but are less likely to be successful in their quit attempt, due to the additional barriers they face to quitting including higher levels of dependence, positive or accepting social norms around smoking and difficult or challenging life circumstances including disadvantage (3). In addition, smoking is being increasingly classified as a chronic, relapsing health condition rather than simply a 'lifestyle' choice: both the NHS and local authorities must support smokers to quit. As such, Birmingham City Council's vision to improve and protect health and wellbeing by reducing health inequalities cannot rely on people being equipped to help themselves: The Council must actively support smokers, and particularly the most deprived smokers, by delivering and promoting specialist stop smoking services. Supporting all smokers, and particularly those from more deprived groups, will improve the health of Birmingham's population and reduce the unfair health inequalities that exist in the community. Cancer Research UK recommend Birmingham City Council's vision include a reference to the supportive role of the council in improving and protecting the health and wellbeing of its residents. Reference:	Agree	Agree	Agree	Agree		Agree	Agree
396	Agree	The vision and core values should NOT be set out only for Public Health, but a commitment from ALL stakeholders meeting this vision. Historical failures are due to the lack of consistency of service due to poor allocation of limited resources - prevention initiative has to strategic with CCG, Hospitals, BCC and other bodies underpinning these values Currently a statement of intent - Birmingham Citizens would prefer a pledge or promise of commitment of improving public health for every citizen not only by Public Health but all stakeholders working collaboratively.	Strongly Agree	Disagree	Strongly Agree	Disagree	Public Health Priorities are consistent with other Statutory Agencies and Large funded bodies (offering services with a budget of over £10M) Working on these themes are important but Public Health has to Transend and address issues at the core of inequalities in health and wellbeing. Public Health should be a 'catalyst for change' working with key stakeholders meeting these priorities by adding intelligence, knowledge and effective mechanism of change management. Not a commissioner of services but a body having the authority and delegation of leading issues and developing local strategies to address core issues. The idea is not how to commission how the money is spend but how can we improve the local mechanisms to improve public health; i.e. effective use of health centres; development of local assets; investment of prioritisation in areas of high health inequalities. Utilise intelligence modelling not academic or theory models of practice - have it people at the heart of Public Health. Go back to basics currently Public Health commissions services i.e. substance misuse; sexual health - what it should be doing is looking at current provision and patterns and develop innovative method working at t neighbourhood level - the use of place based models acting as a channel to empower, encourage and create active participation of citizens to gain knowledge to address their health. The use of family orientated models addressing the family with significant health determinants. Look at ways addressing ineffective approaches considering reducing A&E admissions directing people to the right service at the right time; addressing DNA thus releasing clinical time for urgent cases and health awareness addressing core health priorities i.e. Diabetes, respiratory, CHD, cancer etc Reduce duplication of services and ensure fair allocation of services addressing health inequalities	Strongly agree	Strongly disagree
397	Not Answered								
398	Strongly agree		Agree	Agree	Agree	Strongly Agree		Strongly agree	Agree
399	Agree		Agree	Agree	Agree	Neither agree nor disagree		Strongly agree	Neither agree nor disagree
400	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
401	Strongly agree		Agree					Agree	
402	Agree		Strongly Agree	Agree	Agree	Agree		Agree	Agree
403	Disagree	No reference to the main driver of illness, criminality or educational underperformance ie- Adverse Childhood Experiences	Strongly Agree	Agree	Agree	Agree	Must put trauma awareness front and central in child health	Strongly agree	Disagree

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404	Agree		Agree	Agree		Strongly Agree		Strongly agree	Disagree
405	Agree		Agree	Neither agree nor disagree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree
406	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
407	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Agree	Priority 4 could be re-titled 'Health for all'	Strongly agree	Agree
408	Strongly agree		Agree	Agree	Agree	Agree		Strongly agree	Agree
409	Agree		Disagree	Agree	Agree	Agree	You need to specifically mention oral health within Child health as it is a major issue and should be clearly identified as such.	Strongly agree	Agree
410	Agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I don't disagree but it is hard to see what other priorities their might be. 3 stages of the life cycle and the environment - OK what have you left out. The two side bars one is fundamental to health and social cohesion in all modern societies the other is really just an incidental opportunity around the Games. The London Olympics great though they were did not have much of a health or green transport legacy. Let's hope we do better.	Strongly agree	Neither agree nor disagree
411	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree
412	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Neither agree nor disagree
413	Strongly agree		Strongly Agree	Agree	Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
414	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
415	Agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree

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416	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Agree
417	Agree		Agree	Agree	Agree	Agree		Agree	Neither agree nor disagree
418	Strongly agree		Strongly Agree	Agree	Strongly Agree	Strongly Agree		Agree	Strongly agree
419	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
420	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Neither agree nor disagree
421	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
422	Agree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Strongly Disagree	As a Birmingham Council Tax payer for over 60 years, I strongly protest the support for Taxis from the Council Budget. Relative to busses Taxis carry a small proportion of passengers, frequently with only one or two passengers. The clean air charge could be added to the Taxi fares. Persons using Taxis can afford this charge based upon distance travelled. The Council should support the majority rather than the few and invest in the Bus ervices which will entice car drivers travel on and further reduce pollution. Can my protest be forwarded to Cllr Waseem Zaffar	Neither agree nor disagree	Agree
423	Agree	it isnt that i disagree but I do have some concerns that evidence based practice can stifle innovation. It can also lead to more clinically based interventions rather than focusing on the person and what would help them.	Strongly Agree	Strongly Agree	Strongly Agree	Agree		Strongly agree	Neither agree nor disagree
424	Neither agree nor disagree		Neither agree nor disagree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree
425	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly agree that these are all key priority areas - but healthy environments should be integral to each of the life course stages rather than a separate priority.	Strongly agree	Neither agree nor disagree
426	Disagree	Removal of the - enabling people to help themselves line ! Majority of people know how to 'help' themselves but the wider determinants of I'll health eg map the health and wealth nationally is consistent and not driven by people not helping themselves. I think the vision should reflect more of what the council will do to enable this shift	Strongly Agree	Agree	Agree	Agree		Agree	Strongly disagree
427	Strongly agree		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree		Strongly agree	Strongly agree

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428	Agree	Whilst the headlines explain the objectives of public health they do not respond to the specifics of inequalities in Birmingham. It would be useful to emphasize a more co-productive approach and also recognise the role that the environment and other factors such as poverty play in preventing citizens from making health investments as opposed to the paternalistic and deficit approach which has a tone of blame, when we know that the poverty levels in Birmingham limit greatly some citizens ability to make the healthiest of choices.	Agree	Agree	Agree	Agree	Whilst we cannot disagree with the priorities they do not fully capture some of the really important issues in the city at this time. Will maternal health be reflected within these priorities, if so where? There is no mention throught the document of race or ethnicity, when we know that black and minority ethnic communtites are at greater risk of health ineqaulities and the city is on the eve of a significant demographic shift towards an ethnic minority majority. To omit this important factor from a Public Health Green Paper appears to ignore the elephant in the room. Birmingham is a city of racial superdiversity and we need to ensure that we are explicitly tracking the less favorable experiences that we know BME communities continue to experience across the life course. Whilst it may be argued that the priorities are high level and that this will be picked up at the implementation level, we know that if it does not feature as a priority it will not be addressed. Cultural competence needs to be fundamental to the approach, particularly when diversity is lacking at a decision making level, the mechanisms put in place need to ensure that evidence bases are culturally literate and culturally safe. It does not appear that the scope of 'healthy environment' includes a public health approach to violence which is a significant issue in the city. Birmingham has a history of civil unrest and it is known that a public health approach to violence has gleaned results in other areas such as Glasgow. The West Crime Commissioner is having conversations about the adoption of a public health approach to violence and it would make sense to incorporate it within the healthy environment priority, if we are developing a document which responds to the challenges for Birmingham as opposed to a generic document which could be applied loosely to any large city.	Agree	Agree
429	Strongly agree		Neither agree nor disagree		Disagree	Agree	If there are things going on in the community for older people, how do we find out about them Age UK, is not any help.	Agree	Agree
430	Agree		Agree	Strongly Agree	Agree	Strongly Agree		Agree	Neither agree nor disagree
Late Hardc opy 1		"working age adults" should shoudler some personal responsibility as should their employers amd their trade unions if appropriate. An option not available to children and senior citizens who are more vulnerable usually.	I am skeptical about the legacy of the Commonwealth Games in Birmingham.	It is important that partnership takes place with health authorities in the region and that precious funding is not frittered away on "administration". The private sector must contribute to this programme.				The "green agenda" is a concept whose time has come as shown by concern about "global warming" and it would be disgraceful if the authorities including central governmentand the citizens of Birmingham did not play their part in this long term "health project".	

#	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
1	We have more pressing issues other than the Common Wealth Games, Birmingham dont want and dont need it.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Ban parents from driving to schools, every child should walk.	Agree	Agree	Strongly Agree
2		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
3	Not sure if there could be a better overarching theme. Not all Birmingham residents will access this theme will it be the most beneficial use of focus	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree	What about the effects of children's speech and language skills and the impact that has across their life span up to age 18 eg education, social etc including the impact on exclusion from schools and what happens after that!	Agree	Agree	Agree
4	more grass roots work needs to be done in communities around public health prevention instead of the commonwealth games, in particular with Pakistani and Bangladeshi community in Birmingham	Strongly Agree	Strongly Agree	Disagree	needs to be all children not just the most vulnerable as children can become vulnerable at any point in their life need to build there resilience so the can cope with things such as exam pressures	Strongly Agree	Strongly Agree	Strongly Agree
5	OK, so now you have picked up that there may be some over-arching themes. But although I think the Commonwealth games is a big opportunity, I fear that concentrating on that may risk not supporting the existing community clubs/groups in the meantime and beyond. They are largely run by volunteers and are far more important in day to day and long-term improvement in health and inequalities than a big bang of an event. This was also a mistake made by the London Olympics after the big party had moved on to its next occasion.	Strongly Agree	Strongly Agree	Neither agree nor disagree	I think that the distinction between "most vulnerable", "vulnerable" and "just about OK" will be difficult to define, and I suspect will be over-restrictive and lack the impact it could have if a wider definition were used, as problems with mental and physical health in any child can interact and impact on others in their peer group	Agree	Agree	Neither agree nor disagree
6		Strongly Agree	Agree	Agree		Agree		Agree
7		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
8		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
9		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
10		Agree	Agree	Strongly Agree		Neither agree nor disagree	Disagree	Strongly Agree
11		Agree	Neither agree nor disagree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
12		Strongly Agree	Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
13		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
14								
15		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
16		Strongly Agree	Strongly Agree	Neither agree nor disagree	We should be supporting the Physical and metal health of all children not just those that fall within a label of most vulnerable. when is a child not vulnerable ?	Strongly Agree	Agree	Agree
17	Does the commonwealth games contribute enough to justify this? Use a Freedom of Information request to find out the incomes from last time from the likes or VisitBritain.	Strongly Agree	Strongly disagree	Neither agree nor disagree	No state or organisation should have to do the parents job of maintaining a healthy body. Educate and make healthy foods more available and if you approach anyone approach adults. Hell right now Birmingham has more takeaways than schools, libraries, police stations, fire stations, all put together. And we all know most are just a front for illegal activities. And as for mental health, the government and council have contributed more than enough to the cause, I have zero faith that issue will be addressed sensibly or even effectively. Because to address it would be to take blame and thus responsibility, something I am sure will never happen.	Agree	Strongly disagree	Strongly Agree
18	There are many people who will not be able to be part of the Common Wealth Games due to factors such as poverty, homelessness, mental health and disability. I don't think the Common wealth games is an accurate way forward for Public Health gains.	Strongly Agree	Strongly Agree	Strongly Agree	Just a comment, I agree but you need to define what you mean by a whole systems approach as this could be anything or something that is irrelevant to childhood obesity. It is not clear. Childhood obesity is about healthy behaviors which start at home before the child is even born. An adult who is obese is unlikely to recognize that their child is obese.	Strongly Agree	Strongly Agree	Strongly Agree
19	Life expectancy is only one factor in this equation. There are many other factors that health alone will be needed to reduce this. I fail to see the connection to the commonwealth games and long term health gains. I think you are clutching at straws here.	Disagree	Agree	Strongly Agree	I am going purely on the list of priorities here and putting personal and moral feelings to one side. I apologise for this sounding harsh but the more children that survive the more strain on an already over stretched system.	Strongly Agree	Disagree	Strongly Agree
20	I agree that the principle of making the most of the games is important but am skeptical as it whether it will actually happen. Does BCC have the bottle to excluded global sponsors who sell sugary drinks and high calorific foods?	Strongly Agree	Strongly Agree	Strongly Agree	How about consanguinity? Does public health have the nerve to raise this?	Strongly Agree	Strongly Agree	Strongly Agree
21		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
22		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
23		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Neither agree nor disagree	Strongly Agree
24		Agree	Agree	Agree		Agree	Agree	Agree
25		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
26		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
27		Strongly Agree	Agree	Agree	Again, I don't disagree but I do think we should be Supporting the mental and physical health of ALL children	Agree	Agree	Strongly Agree
28	Surely, there is another priority to choose other than the health factors from the proposals to host the Commonwealth Games? What about dealing with the increased amount of homeless people? Reduced education time that school nurses and GP surgeries can provide patients on public health issues, such as smoking cessation, obesity, lack of exercise? Reduced funding into discharge of patients from hospital back into their own homes with social care support. All of these have a huge impact on people across the age groups.	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
29		Strongly Agree	Strongly Agree	Agree	I think all children should be supported as many have hidden needs.	Strongly Agree	Strongly Agree	Strongly Agree
30		Strongly Agree	Neither agree nor disagree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
31		Strongly Agree	Agree	Strongly Agree	There should be a more explicit focus on reducing poverty for families in order to improve children's health, as well as a greater focus on mental health for children and young people	Agree	Agree	Strongly Agree
32		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
33	I need to be convinced that the commonwealth games can be a major driver for public health improvement. If it can be, I support it.	Strongly Agree	Agree	Strongly Agree	The category of most vulnerable children should specifically include the children born to parents with no recourse to public funds	Neither agree nor disagree	Agree	Strongly Agree
34		Agree	Strongly Agree	Agree		Agree	Agree	Agree
35		Agree	Agree	Agree			Neither agree nor disagree	Agree
36	First worthwhile noting that section 2 does not align with the the overarching principle of every citizen matters as pensioners are left out. Secondly spending money on the Commonwealth Games when it can be spent directly on Zpublic Heslth does not make sense	Strongly Agree	Strongly disagree	Disagree	Obesity as a whole should be tackled if you tackle Parents obesity and education in obesity then you also tackle the children. Also children (unless they arr being abused) are the most resilient when it comes to mental health/ it's the adults that need help mentally	Strongly Agree	Strongly Agree	Strongly Agree
37		Agree	Agree	Strongly Agree		Agree	Agree	Strongly Agree
38	I disagree with your claim to address inequalities via over aching themes because I believe that the city should concentrate on addressing the four priorities first because success in these will be in effect addressing the over arching issues. Spreading your efforts too thinly will be detrimental to the success of this challenge facing the city.	Strongly Agree	Strongly Agree	Agree		Strongly Agree	Strongly Agree	Strongly Agree
39		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
40	I suspect the proposed public health gains regarding the Commonwealth Games will increase costs for marginal benefit - more marketing than benefit.	Strongly Agree	Agree	Agree		Neither agree nor disagree	Disagree	Agree
41	Games are a waste of our money.get your priorities right first	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		Neither agree nor disagree	Strongly Agree	Agree
42	Apart from financial gains for the BCC there will be no health gains from the Commonwealth Games.	Neither agree nor disagree	Agree	Strongly Agree		Agree	Agree	Strongly Agree
43		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
44	I think we should spend more effort boosting our healthcare than relying on one event. Having said that I agree we should encourage physical activity through the games similar to after the 2012 olympics	Strongly Agree	Strongly Agree	Neither agree nor disagree	Why can't we support the mental and physical health of all our children?	Strongly Agree	Agree	Strongly Agree
45	The public health gains from hosting the Commonwealth Games are unclear, woolly and poorly documented.	Strongly Agree	Agree	Strongly Agree		Disagree	Disagree	Strongly Agree
46		Agree	Agree	Agree		Agree	Neither agree nor disagree	Agree
47		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
48		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
49		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
50		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

#	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
51		Strongly Agree	Strongly Agree	Strongly Agree	Think the Green paper should also recognise the call in PHE's recently published report on air quality to create a 'clean air generation'	Agree	Strongly Agree	Strongly Agree
52		Strongly Agree	Agree	Agree		Agree	Agree	Agree
53	We don't quite understand what the public health gains from hosting the Commonwealth Games means.	Strongly Agree	Neither agree nor disagree	Strongly Agree	What is a whole systems approach to tackling obesity?	Strongly Agree	Neither agree nor disagree	Strongly Agree
54	DOn't see how this is connected, or can be capitalised on for those in our communities who need it most?	Agree	Strongly Agree	Strongly Agree		Disagree	Strongly Agree	Strongly Agree
55	I'm not convinced that the Commwealth games will deliver much benefit to Birmingham. In principal it does look good, but put in the hands of the most incompetent local authority in the world, who are incapable of doing the basics, such as collecting rubbish, and recycling properly, then it is quite likely that the event will be a financial disaster. Something that Birmingham citizens will have pay for over decades.	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
56	'Addressing health inequalities because every child, citizen and place matters'. This hints at rather than addresses the issue. Whilst taking a citizen level approach to service delivery is supported, public health needs to improve at the level of community. The disparity in health inequality doesn't effect random children or citizens but is systematically visited on marginalized communities. 'Building health equality in every community because every child, citizen and place matters' would be better.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
57		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
58		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
59	In terms of the Commonwealth Games then the model is easy By 2022 the city should feel completely different with safe universal access to walking cycling and public transport(which should be cheaper). This should be a prerequisite of a successful low carbon games which is then the 'legacy' for our citizens when the athletes and visitors leave	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	If you create a city where people are fit thin and happy and I would argue that is by creating a city that feels radically different then you will achieve all 3 objectives	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
60		Strongly Agree	Neither agree nor disagree	Neither agree nor disagree	There needs to more more focus on general health, checking if there are any family/genetic diseases and advising how children can change their lifestyle to help prepare or avoid these. We also need to find the root causes as to why a number of children are obese and suffering mental health issues and I think it will take more than just offering counselling when things get to breaking point.	Agree	Neither agree nor disagree	Neither agree nor disagree
61		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
62		Strongly Agree	Strongly Agree	Strongly Agree	Whilst not disagreeing, the mental and physical health of ALL children is important. Early years of life calls for a comprehensive and sustained approach. Opportunities to work with parents, teachers, social workers and others need identifying and addressing in partnership with others (parents, carers, schools, social care, faith groups, voluntary, not-for-profit and social enterprises. Particular attention needed for children in the Council's care.	Strongly Agree	Strongly Agree	Strongly Agree
63								
64	did not have to wait until games arrive	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	all these are education issues, authorities in charge of have failed by apportioning responsibility to inappropriate agencies	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
65		Strongly Agree	Strongly Agree	Disagree	We should be focussing on the mental and physical health of all our children. It is very easy for children in the most elegant of homes to be abused, but they will not always be seen. The definition of 'vulnerable' needs to be carefully considered.	Neither agree nor disagree	Agree	Disagree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
66		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
67	The Commonwealth Games is a one off event and would soak up a lot of revenue on people who have the ability to be fit and healthy. I accept that it will be a high profile event and information displayed at it could reach a wide audience. However I would prefer the money be spent on more ongoing public health projects.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
68		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
69		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
70		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly disagree
71		Agree	Agree	Disagree	Also need to support vulnerable children who have experienced migration - including asylum seekers, refugees, children in detention centres.	Agree	Agree	Agree
72		Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
73		Agree	Agree	Agree		Agree	Neither agree nor disagree	Strongly Agree
74		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
75		Agree	Strongly Agree	Agree		Agree	Strongly Agree	Agree
76	query as to why a child is not recognised as a citizen so suggest that this could actually be citizen, community and place.	Agree	Neither agree nor disagree	Disagree	i agree with the 'improve child health' priority over all but am concered that there is very little (any) focus on the health and wellbeing older children and young people.	Disagree	Disagree	Disagree
77	I dont agree with the games being held in Birmingham. It will be a financial disaster for the city.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
78		Agree	Strongly Agree	Agree	I think the role of the environment in shaping child health is extremely important. I think access to green space, good air quality, and making the roads safer for walking and cycling from a child's earliest years are essential for peoples' long term health. Healthy habits form very early and Birmingham's environment is depriving children, and adults, of the opportunity to be healthy at the moment.	Strongly Agree	Strongly Agree	Strongly Agree
79		Agree	Agree	Agree	Sport for all .. inclusivity	Agree	Agree	Agree
80		Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
81	The legacy of the Commonwealth games as well as the "in the moment" gains	Strongly Agree	Strongly Agree	Strongly Agree	Include toxic air inhalation as outlined in the UN report	Strongly Agree	Strongly Agree	Strongly Agree
82		Agree	Agree	Agree		Agree	Agree	Agree
83	It is not clear how the commonwealth games will in any way address the outstanding health inequalities presented here. The games could be great for Birmingham, but with the shockingly inadequate and underfunded health and educational services at present, the idea that the games are a key theme seems misplaced. If you want to the public to get behind the games from a health/wellbeing pint of view, there would need to be much more detail around genuine ways in which the people of Birmingham would benefit both at the time and in legacy terms.	Strongly Agree	Neither agree nor disagree	Agree	These are ridiculously worded questions - no one can (or should) 'disagree' with these, but they might have things to say. Again, more emphasis needs to be on adequate support - with adequate funding - and less on blame and judgement. My own and friends' experiences with health visitors services indicate a chronic lack of capacity and skill. Whilst there are some great workers, there is too much evidence of box ticking and a lack of care and common sense. We had poor experiences, and felt unsupported.

Across the education system in Birmingham, financial cuts are taking their toll of the quality of care and education provided. Many schools cannot offer a full week's teaching, have inadequate staff, who are overstretched, and the play areas and equipment are in a terrible state. All the words above are meaningless if the basics are not in place. | Neither agree nor disagree | Agree | Strongly Agree |
84	Maximising public health gains following Commonwealth Games - Whats gains came following the Olympics, I think not a lot. Personally I think the time & money being spent on the Games could be utilised better as they won't produce anything fro the people of Birmingham.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
85		Strongly Agree	Strongly Agree	Disagree	a universal preventative approach to all children with targeted resource for the most vulnerable	Agree	Strongly Agree	Strongly Agree
86		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
87		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Agree	Agree
88		Agree	Agree	Agree		Agree	Agree	Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
89	I can't see what health gains are to be had from hosting the Commonwealth Games. This diverts money from public services into this area. The infrastructure and public transport system is not great and the roads are congested, full of potholes and rush hours is a real misnomer and lasts more than an hour	Agree	Agree	Disagree	It should be all children not just the most vulnerable - perhaps prioritise the most vulnerable but needs to be all children	Agree	Neither agree nor disagree	Disagree
90		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
91		Agree	Neither agree nor disagree	Neither agree nor disagree		Agree	Neither agree nor disagree	Agree
92		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
93		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		Agree	Neither agree nor disagree	Agree
94		Agree	Strongly Agree	Agree		Strongly disagree	Agree	Strongly Agree
95	Because I do not understand the statement. How do we gain public health from hosting the commonwealth games.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
96		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
97		Agree	Strongly Agree	Agree		Strongly Agree	Agree	Agree
98	Don't give a damn about the Commonwealth Games. If you remember, the Olympics in 2012 gave a massive boost in exercise/health benefits for a few months then it slipped back again. Waste of time (and especially money) spending it to promote something that will die a natural death within months. People are lazy.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Parents could do their bit for some of these (not mortality, obviously). It's not a nanny state.	Agree	Agree	Agree
99		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
100	I personally agree that everyone and everywhere matters but basing this on bald statistics are not enough- the research bases or commissioned research into these inequalities should delve down into this theme before coming up with policies and action points. Why only the Commonwealth Games hosting ?All public health gains should be maximised. You are vague on other points- why this one so specific ?	Agree	Agree	Agree		Disagree	Agree	Agree
101		Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Strongly Agree
102		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
103		Strongly Agree	Strongly Agree	Strongly Agree	again these are the the 3 priorities no ranking should exist to suggest importance of one over another	Strongly Agree	Strongly Agree	Strongly Agree
104		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
105		Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
106		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Neither agree nor disagree	Strongly Agree
107		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
108		Agree	Strongly Agree	Agree		Strongly Agree	Strongly Agree	Strongly Agree
109		Agree	Agree	Strongly Agree		Neither agree nor disagree	Neither agree nor disagree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
110		Strongly Agree	Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
111	There are severe shortages in funding in many services for which Birmingham City Council are responsible. I do not consider the funding required to host the commonwealth games justifiable in the current economic climate.	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
112		Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
113		Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Strongly Agree
114	This is proving to be a rather silly questionnaire.				Layout difficult to read. I can't bother with this any more. While I'm here I'll tell you another annoying thing. You keep sending me invitations to meetings about services. I'm housebound for several months every year so can't attend. Don't you want input from people in my situation?			
115		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
116	Ensure that those people who pay into health service have access and it's not abused so money is spent wisely. Yes use the common wealth games as a springboard for healthier life styles but make people accountable for their own health too e.g. Smoking, weight, diabetes etc	Neither agree nor disagree	Agree	Neither agree nor disagree		Strongly Agree	Strongly Agree	Strongly Agree
117	The Commonwealth games is a transient event. The Council needs to providde evidence that the money spent on staging the games will provide greater health benefits than simply spending that money on health.	Agree	Agree	Neither agree nor disagree	The term 'vulnerable children' is too broad.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
118		Agree	Agree	Agree		Agree	Agree	Agree
119		Strongly Agree	Disagree	Strongly Agree	Obesity is as much the fault of parents as it is yours. Life is about the choices we make and if parents only feed their children junk food then you are not responsible for this.	Strongly Agree	Disagree	Agree
120		Agree	Agree	Agree		Agree	Agree	Agree
121		Strongly Agree	Strongly Agree	Strongly Agree	I strongly agree with all, however, it is the HOW for providers to do this across specialist acute sectors with ideas on how to prevent dis-ease from occurring, the community services that can be stretched to far reaching places, and people with person centred, individualized needs. It is a time for collaboration across many different funding streams nut may have different agendas.	Agree	Agree	Agree
122		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
123		Agree	Strongly Agree	Neither agree nor disagree		Disagree	Strongly Agree	Strongly Agree
124	Whilst I do strongly agree with maximising the public health gains from hosting the CWG how do you plan on ensuring that the most socio-economically deprived residents of Birmingham see the gains from all of the funding opportunities that the CWG/ HS2 will bring?	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
125		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
126		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
127		Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Neither agree nor disagree	Strongly Agree
128		Agree	Strongly Agree	Strongly Agree		Strongly Agree	Neither agree nor disagree	Strongly Agree
129	By disrupting transport i.e flyover at Perry Barr and including traffic lights the pollution from standing vehicles will increase .	Agree	Agree	Agree		Strongly Agree	Strongly Agree	Strongly Agree
130	ensure that the whole of Birmingham benefits from the commonwealth games not just the north of the city and ensure that the whole of Birmingham understand the benefits.	Agree	Agree	Strongly Agree		Strongly Agree	Neither agree nor disagree	Neither agree nor disagree
131		Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
132		Strongly Agree	Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
133	I cannot see how spending millions on certain areas of the city is going to encourage people that THEIR fitness is relevant. Residents need to know now that the work being done will have an impact on homes being available for those in need after the games. (And if they can be built for the games why can't they be built for residents). Those communities affected by the athletes' village should be able to be involved to ensure they have a say in the design from the outset. They should have the opportunity to plan what will be in and around the areas in order that a community builds rather than being PLONKED in after the athletes leave.	Strongly Agree	Strongly Agree	Disagree	The mental and physical health of ALL children should be supported. There is as much evidence that children from families who do not fit into any of the brackets mentioned above are as likely to suffer from poor mental health and depression. https://www.telegraph.co.uk/family/parenting/real-reason-todays-children-unhappy/ https://www.thetimes.co.uk/article/are-we-in-the-age-of-anxiety-how-depression-became-an-epidemic-for-middle-class-young-people-86vzdnfgv If Birmingham is looking to provide equality across the city then all children and young adults need support. Children should also be being taught about the unhealthy lifestyles you are trying to eradicate in adults. This includes being a good citizen, caring for others, caring for your environment and your own space.	Agree	Disagree	Disagree
134		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
135		Agree	Agree	Agree		Agree	Agree	Agree
136		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
137	commonwealth games a distraction.	Disagree	Agree	Disagree	infant mortality is low and should be a target anyway. omit physical health, mental health should be stressed, otherwise becomes broad to the extent of meaningless.	Agree	Disagree	Agree
138	I would be concerned that the novelty and excitement of the Commonwealth Games becomes a distraction from the real lives of people across Birmingham who are living with health inequalities. I don't think it is clear how an older adult with long-term health problems living in Sparkbrook will benefit from the Commonwealth Games.	Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Agree	Strongly Agree
139		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
140	A missing over arching theme is promoting health and wellbeing for young people. Developments over the last 20 years has seen loss of active use of green space, very high levels of inactivity, alienation, youth violence and the failure of the planning process to protect community health - especially that of children. This is more important than the Commonwealth Games. Yes the Commonwealth Games is good but not so important.	Strongly Agree	Disagree	Strongly Agree	I would prefer a focus on wholesome nutrition rather than on childhood obesity as this is the underlying issue . In the public mind obese means you are fat so you need to loose weight. Fair enough but for people to change it helps to have a positive reason. Promoting better nutrition is a more positive sell.	Agree	Agree	Agree
141	I would encourage a focus on all opportunities not just the Games especially in light of having to shift the public health agenda to include a focus on youth violence	Strongly Agree	Agree	Agree	Still missing the link of adverse childhood experiences/trauma to public health outcomes!	Agree	Agree	Agree
142		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
143		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
144		Agree	Agree	Agree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
145		Agree	Neither agree nor disagree	Agree		Neither agree nor disagree	Neither agree nor disagree	Agree
146		Neither agree nor disagree	Strongly Agree	Agree		Agree	Strongly Agree	Strongly Agree
147		Agree	Strongly Agree	Disagree	You should be helping all children not just those you have identified as most vulnerable	Strongly Agree	Strongly Agree	Disagree
148		Strongly Agree		Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
149		Agree	Agree	Agree		Agree	Agree	Agree
150		Neither agree nor disagree	Strongly Agree	Agree		Strongly Agree	Strongly Agree	Strongly Agree
151		Agree	Agree	Agree		Agree	Agree	Agree
152		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
153	The Games are a loss leader for Brum, agreed, but I can't see how such a short event would allow us to improve public health in the longer term. Presumably ULEZ will be in by then?	Neither agree nor disagree	Agree	Neither agree nor disagree	Low enthusiasm is that much of this is national responsibility rather than Council's.	Agree	Agree	Neither agree nor disagree
154		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
155		Strongly Agree	Strongly Agree	Strongly Agree	But there need to be measurable targets. 'Reduce the gap, 'increase the proportion' etc., could be achieved with miniscule shifts in performance. What are we aiming for?	Strongly Agree	Strongly Agree	Strongly Agree
156		Agree	Agree	Agree		Agree	Neither agree nor disagree	Agree
157		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
158		Agree	Agree	Agree		Agree	Agree	Agree
159		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
160	Is there any evidence that hosting high profile sports events has any impact of the well being of local residents who may be unable to attend in the first place and are unlikely to relate to the freakish level of physical health of elite athletes	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Disagree
161		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
162	I think it is important to maximise public health gains from CWG however the text provided doesn't convince me that this will be done. It seems quite vague about opportunities rather than having a clear idea and implementation plan.	Strongly Agree	Agree	Neither agree nor disagree	Supporting the physical and mental health of most vulnerable children - surely we should be supporting ALL children. Perhaps this could be re-worded to - reducing inequalities in health and wellbeing for our children	Agree	Neither agree nor disagree	Neither agree nor disagree
163	The CWG in and of itself presents very little in terms of Public Health gains. I feel this legacy could be better managed through other parts of the Council and partners. Public Health can influence this but do not need to place it as core to their priority themes.	Agree	Strongly Agree	Neither agree nor disagree	Whole systems approach to obesity is the right approach most definitely. Mental and Physical health being targeted at "most vulnerable" will in itself likely introduce further inequity.	Strongly Agree	Neither agree nor disagree	Neither agree nor disagree
164		Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
165	Hosting has nothing to do with maximising public health.	Agree	Neither agree nor disagree	Strongly Agree		Agree	Neither agree nor disagree	Strongly Agree
166		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
167	Walsall Road Allotments are under threat of closure due to the Commonwealth Games. These allotments are among the best in the country . Every plot is taken and there is a waiting-list. How can taking them away benefit local health?	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
168		Strongly Agree	Agree	Strongly Agree		Agree	Agree	Strongly Agree
169		Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Strongly Agree
170		Neither agree nor disagree		Neither agree nor disagree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
171		Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
172		Strongly Agree	Disagree	Agree	parents should be held accountable for children's health	Strongly Agree	Strongly Agree	Strongly Agree
173	How can you maximise public health gains when you are considering bulldozing Walsall Road Allotments for the commonwealth games, destroying green space and destroying a place that already promotes health and well being for its plot holders	Agree	Strongly disagree	Strongly disagree		Agree	Agree	Agree
174	How will the CG. improve public health if we are going to have green spaces, i.e. Walsall Road allotments turned into a car park when in his own words Cllr. Ward cites the removal of Perry Parr flyover and the plans for a traffic light controlled junctions in it's place is to get the public out of their cars and use public transport, certainly contradictory remarks from the Council Leader. I feel the CG are being used as the whipping boy to facilitate pet projects of both BCC and West Midlands Mayors office.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
175		Strongly Agree	Agree	Strongly Agree		Agree	Neither agree nor disagree	Agree
176		Agree	Agree	Agree		Agree	Agree	Agree
177		Strongly Agree	Strongly Agree	Agree		Agree	Neither agree nor disagree	Agree
178		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
179		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
180	I do agree, and hope therefore that the Council has already been working very closely with the Commonwealth Games Organising Board and its officers, and that they have been involved in developing this health strategy.	Agree	Strongly Agree	Strongly Agree	I hope that the work on infant mortality will not be afraid to look at whole family data like how many children in total there are in the family (linking in with whether parents have been using birth control) and co-sanguinity (cousin marriages) and undertake educational measures if there are found to be links between these factors.

Looking at incidence of post natal depression (clinical and non-clinically defined) may also impact on infant health.
Infant mortality though higher than elsewhere is still low numerically, but hopefully these measures will also impact on a larger number of individuals by impacting on morbidity too.

In terms of child and adolescent mental health I would hope that you will actively support programmes such as No Outsiders, which help reduce bullying of 'others' and reduce feelings of not belonging for children who feel different for whatever reason, from their peers. Being in a family where your parents are protesting against this teaching must be very detrimental to their health. | Agree | Strongly Agree | Strongly Agree |
181	As the redevelopment of Alexander stadium for the games puts Walsall Road Allotments in jeopardy of being removed how can this improve the health and well being of users including the school children who use the site, the retired who use the plots for exercise and socialising? In my particular case I began at the allotment while suffering from depression and stress which it helped to negate	Agree	Disagree	Disagree	Walsall Road Allotments which are under threat due to the redevelopment of Alexander stadium plays host to a number of school children with special educational needs this helps them socialise, interact, exercise and learn about nature so how can your policy reflect this when a facility is being possibly removed for 11 days of games?	Neither agree nor disagree	Agree	Disagree
182	No gains to be made in the area that the games are being held in. It's causing chaos and confusion and upsetting most of the residents in the area. Council is proposing totally unnecessary work to be carried out which is not needed in the area.	Strongly Agree	Neither agree nor disagree	Strongly Agree		Neither agree nor disagree	Agree	Strongly Agree
183		Agree	Disagree	Disagree	vulnerable children is such a big group - can this be further defined?	Strongly Agree	Strongly Agree	Disagree
184		Agree	Agree	Agree		Agree	Agree	Agree
185	Walsall Road allotments should be protected because allotments are an important way of addressing health inequalities. Allotments are low cost and provide outdoor space for people living in flats or small houses. Walsall road allotments are a multicultural community, helping to provide social cohesion.	Strongly Agree	Strongly Agree	Strongly Agree	Allotments such as Walsall Road contribute to family health by providing exercise and healthy food. Many allotment sites host visits of groups of schoolchildren, who can then apply what they have learnt to gardening projects in school.	Strongly Agree	Strongly Agree	Strongly Agree
186		Agree	Agree	Agree		Agree	Agree	Agree
187	No disagreement:
Maximising the impact of commonwealth games - great. But this has to be wider than expecting the average Brummie to suddenly take up javelin or have a jog every month. Living conditions and transport are probably more important to my mind (which you have included)	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
188	The Commonwealth games will be the straw that broke the camels back. The council resources does not have resources to host expensive projects like this. We simply don't have the money anymore to fund such stuff or promote any public health initiatives. To really have an impact we should fund sports activities overall Birmingham instead of having to rely on these games. However if we still wish to proceed with the games we should ask external investors especially those rich monarchs of the Gulf states to fund such frivolous activities. They have money to squander on football clubs, expensive cars, hotels and other things. They could certainly with the billions and trillions they have hoarded easily fund 10 commonwealth games over. What the Gulf rulers will gain is investment in the city, and advertisements for their businesses along with an improvement in their PR image. what we will gain is the seasonal work that will result from this and any projects they build in the city. We should also encourage them to build as much projects as they can like more swimming pool, football pitches and so forth.	Disagree	Disagree	Disagree	Money- Without this, all of this is pie in the sky. You can write a million strategy but if you do not have the money to back it up you will get no where with this.	Agree	Agree	Agree
189		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
190		Strongly Agree	Strongly Agree	Strongly Agree	I think the issue of linking activity in schools needs to be considered, schools need access to playing fields etc to enable children to participate in activity. There is no linking with national initiatives such as park run especially the children's version . Consideration of open spaces needs to be made and usage encouraged. There is nothing about children walking to school, if the decision was made to reduce choice and enable children to go to the most local school children could walk there, this would also have a knock on effect on car emissions, just walk around Edgbaston to see the difference in traffic during term time and holidays to notice the difference. Walking to school needs to become the norm once more.	Strongly Agree	Strongly Agree	Strongly Agree
191		Strongly Agree	Agree	Strongly Agree		Disagree	Strongly Agree	Strongly Agree
192		Strongly Agree	Strongly Agree	Strongly Agree	There is a lack on the "how", how is this going to be achieved.	Strongly Agree	Agree	Strongly Agree
193		Agree	Agree	Agree	Maybe be more specific in the implementation of the actions.	Agree	Agree	Agree
194		Agree	Agree	Agree	I think that the priorities are correct but that the implementation could be more clear. I don't really see what is going to happen and especially HOW that is going to be done. It's all a bit broad and vague.			
195		Agree	Agree	Agree		Agree	Agree	Agree
196		Strongly Agree	Strongly Agree	Strongly Agree				
197		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	The aims need to be more specific in how they will all be aimed.	Agree	Agree	Agree
198		Agree	Agree	Neither agree nor disagree	How can you support this in children if the whole family is disadvantaged?	Agree	Strongly Agree	Agree
199		Agree	Agree	Agree		Agree	Agree	Agree
200		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
201		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
202		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
203	Health inequalities is a difficult concept for a lay person to understand. CWG - surely public health gains should be maximised across the board not just for a short sporting event.	Neither agree nor disagree	Neither agree nor disagree	Strongly disagree	Infant mortality and excess weight are important issues but your priorities don't suggest how you intend to tackle these complex issues. You should be taking a whole systems approach to all public health issues. Vulnerable children - how are you going to decide which are the most vulnerable? Surely health and wellbeing of all children/adults/older people is important? It doesn't mention parents or families, surely these are most crucial for a child/young person's health and wellbeing.	Strongly Agree	Neither agree nor disagree	Disagree
204		Agree	Strongly Agree	Agree		Agree	Strongly Agree	Agree
205	Extraordinary displacement of expenditure: huge expense for short-term gain: Whatever 'spin-off' gains to public health emerge from hosting the commonwealth games, so much the better. However, the idea of spending resources on such a nebulous and (proven to be) short-term gain is utterly stupid, wasteful and deceitful to the public.	Neither agree nor disagree	Strongly Agree	Neither agree nor disagree		Agree	Agree	Strongly Agree
206		Disagree	Disagree	Disagree	Early intervention not mentioned in any of these	Strongly Agree	Strongly Agree	Strongly Agree
207		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
208		Neither agree nor disagree	Strongly Agree	Agree		Strongly Agree	Neither agree nor disagree	Agree
209		Agree	Agree	Agree		Agree	Agree	Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
210	I think your links with maximising public health from hosting the Commonwealth Games are very tenuous. You need to provide more details of how the Birmingham population with the poorest health outcomes will benefit from the games. Can you justify the public health gains given the huge amount of money required to prepare for and run the games, could that have been spent differently and given just as good if not better public health outcomes to a broader spectrum of people	Strongly Agree	Strongly Agree	Strongly Agree	When will you as a council realise that the School Nurse can play an important part in managing both obesity and mental health and ensure that this is covered within the service specification	Neither agree nor disagree	Agree	Strongly Agree
211		Agree	Agree	Agree		Agree	Agree	Agree
212		Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
213		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
214	i strongly agree with everything but then I live in Moseley where poverty is not an issue and we have far fewer street people than even a month ago so where did they go?	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
215		Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Agree	Strongly Agree
216		Strongly Agree	Strongly Agree	Strongly Agree	The problem is mental health is so badly resourced, it is not fit for purpose.	Neither agree nor disagree	Strongly Agree	Strongly Agree
217		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
218		Agree	Agree	Agree		Neither agree nor disagree	Agree	Agree
219		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
220		Strongly Agree	Neither agree nor disagree	Strongly Agree		Agree	Agree	Strongly Agree
221		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Neither agree nor disagree	Agree
222	I think citizens should be valued and health maximised over any sporting event	Neither agree nor disagree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
223	I strongly agree that health inequality should be addressed however I see no evidence of that in this document just words about nothing	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
224		Agree	Agree	Agree		Agree	Agree	Agree
225		Strongly Agree	Strongly Agree	Agree	How do you categorise 'vulnerable'? By definition, all children are vulnerable.	Agree	Neither agree nor disagree	Agree
226	The alleged public health gains from the Commonwealth Games will, I suspect, be largely non-existent and certainly not measureable by any reliable or objective evidence-based test. This argument is basically self-authenticating, in that, because of the public money expended, there HAS to be a gain. Given the amount of sport and exercise facilities currently on offer (in both the public and voluntary sectors) it is difficult to see, why, e.g., the public should wait until 2022 for the alleged benefits, when they could derive health benefits well before that date.	Strongly Agree	Disagree	Strongly Agree	Infant mortality and child mental health are clear priorities; in my view, the alleged child obesity issue has litttle real evidence base. Should you instead have a malnutrition strategy, for the children whose parents have to use food banks, and isn't an obesity strategy an insult to these children?	Agree	Agree	Strongly Agree
227		Strongly Agree	Agree	Agree		Agree	Strongly Agree	Strongly Agree
228		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
229		Agree	Agree	Agree		Agree	Agree	Agree
230		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
231		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
232		Neither agree nor disagree	Agree	Disagree	You do not have to be deprived to have mental and physical health - the cuts to the NHS and the inability to gain an appointment with your GP are major factors in adding to mental and physical health.	Strongly Agree	Agree	Disagree
233		Agree	Agree	Agree		Agree	Agree	Agree
234		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
235	The Commonwealth Games description is too focussed on the infrastructure elements, needs to include more on the individual physical wellbeing legacy to be gained through engaging disenfranchised communities in sport itself.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Agree	Agree
236		Strongly Agree	Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
237		Agree	Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
238		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
239	What benefit will get from the commonwealth games in the Aston Area	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
240		Strongly Agree	Strongly Agree	Agree	Each and every child's mental and physical health must be supported not just the most vulnerable. Who and how are 'most vulnerable' to be identified.	Strongly Agree	Strongly Agree	Agree
241		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
242	We should be looking at ways to make all areas healthy, through the planning system for instance, not just the small part of the city that will host the Commonwealth Games	Strongly Agree	Strongly Agree	Strongly Agree		Disagree	Agree	Strongly Agree
243		Strongly Agree	Strongly Agree	Strongly Agree	this can only be done by supporting the mental health of parents and addressing their obesity problems.	Agree	Agree	Strongly Agree
244		Agree	Agree	Agree		Agree	Agree	Agree
245								
246	Hosting the Commonwealth Games, during a period when local authority finances are at their most stretched in a generation, is an example of acting on blue sky thinking while sheltering from a thunderstorm. Hosting will come at a huge cost, using money that would be better spent elsewhere. As with all these aspirational golden legacy schemes it will only benefit those who are already benefiting from city growth, and further diminish the opportunities for those who have seen no benefit from city growth.	Agree	Disagree	Strongly Agree	Obesity, together with the digital revolution, plastic pollution and religious extremism, are the four horsemen of the modern age. The clock will not back on these issues, they are here to stay; products of the one thing all nations have in common: greed.	Agree	Neither agree nor disagree	Strongly Agree
247		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
248	migrants will be more likely to settle in the poorer areas of Birmingham. The data for this is readily available. access to health care is also poorer in these areas and will need to be free at the pint of need for each individual with no discrimination because of status.	Strongly Agree	Neither agree nor disagree	Agree	there needs to be a thorough publicity programme run to show that all pregnancy care is free. health visitors should be employed per number of under 5s in any one area - ie a manageable case load of high risk families with good access to interpreters.	Agree	Agree	Agree

b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. ...Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. ...Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. ...Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. ...Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. ...Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. ...Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
249	Agree	Agree	Agree		Agree	Neither agree nor disagree	Strongly Agree
250. Addressing health inequalities in children cannot be achieved when funding is reduced for public health agenda's and specifications do not include school aged children that are open to Universal Services. Reducing the budget and capacity for School Nursing, voluntary sectors and education cannot produce desired results. The Commonwealth Games should aim to maximise benefits for all including the hard to reach populations, plans need to clearly identify how all area's of Birmingham will be impacted.	Disagree	Disagree	Disagree	Too few health visitors and support staff to achieve these priorities. NCMP has evidenced an increase in childhood obesity yet all weight management programmes for children in Birmingham have been discontinued. Mental health in children and young people is declining alongside the services available to support them. Waiting lists are too long, school staff are not mental health trained yet expected to support this complex area of health. Mental health support availability for all children has been removed from school nursing specification and the criteria for Forward Thinking Birmingham interventions are consistently highered.	Disagree	Disagree	Disagree
251	Strongly Agree	Agree	Agree		Strongly Agree	Strongly Agree	Strongly Agree
252	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
253	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
254	Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Strongly Agree
255	Agree	Agree	Agree		Neither agree nor disagree	Agree	Agree
256	Agree	Agree	Agree		Agree	Agree	Agree
257	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
258. It didn't work long term with the Olympic Games in 2012 so why should it work with the less important Commonwealth Games in 20whatever. How may people are interested, seriously, in a city of over a million people?	Neither agree nor disagree	Disagree	Neither agree nor disagree	I think it is up to the parents. If they can't see that their children are too fat it is up to them. I don't think you will get them to change through education. They are not stupid; they don't want to change. Look at how many health professionals themselves are grossly overweight. Who are they to be advising children and their families about overeating? Or are you only going to allow health professionals with a normal BMI advise them? And health professionals frequently smoke, too.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
259	Strongly disagree	Disagree	Strongly disagree		Disagree	Disagree	Strongly disagree
260	Agree	Agree	Agree		Agree	Agree	Agree
261. Explain what benefits might accrue from the Commonwealth Games.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		Neither agree nor disagree	Strongly disagree	Neither agree nor disagree
262. Hosting Games is a gimmick irrelevant Ignorance , obesity ,cheap alcohol and often total apathy, lack of motivation real causes	Agree	Agree	Agree		Agree	Agree	Agree
263	Agree	Strongly Agree	Agree	It's not always obvious who the most vulnerable people are, how do you know who to help	Strongly Agree	Strongly Agree	Strongly Agree
264	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
265	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
266	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
267	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
268. I think there are different themes that should be a priority. But the legacy of the Games should be strongly injected into North Birmingham. Erdington, for example is the largest suburb in the north and we really need an arts/community centre. At the moment, Oikos cafe on the High Street is being used - primarily because of it's size and location - but it's run by an Evangelical Church and isn't inclusive of the LGBT community.	Strongly Agree	Strongly Agree	Strongly Agree		Disagree	Agree	Strongly Agree
269	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
270. Where are the issues relating to health inequalities among Birmingham's Black Minority ethnic Groups?	Disagree	Agree	Disagree	Where are priorities for BME groups - infant mortality and mental health is highest among BME groups.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
271	Agree	Strongly disagree	Agree		Agree	Agree	Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. ...Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. ...Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. ...Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. ...Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. ...Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. ...Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
272	Hosting the Commonwealth games is irrelevant to general health and social care needs. There is already an unhealthy excessive promotion of sport related activities as demonstrated by the Hillsborough catastrophe. Improving sport provision is little value to those who are incapacitated in one way or another. The elderly and infirm need consideration as well as the young and healthy. One way this might be facilitated is maintaining walking accessible health provision outlets in all areas.	Disagree	Disagree	Disagree	Arguably, over population is the most serious problem facing the planet. Implementing a one child only policy would be a more effective means of reducing child vulnerability.	Disagree	Agree	Strongly Agree
273		Strongly Agree	Neither agree nor disagree	Strongly Agree	The infants and children of drug using parents suffer horrendous abuse and this is most often ignored. Instead of focusing on obesity which is important, we need to focus on drug abuse, alcohol abuse of parents/domestic violence child sex exploitation etc . It has to be STOPPED we cannot continue to ignore unsavoury topics. Children of drug user women have horrific lives. They suffer abuse . their lives are hell and social services look the other way or mumble about "lifestyle choices" . Unacceptable. Stop all child abuse now at the hands of drug /alcohol abuse parents and their hangers on. Thee should not be one single child at risk of abuse from their sick drug abusing parents/pimps.	Strongly disagree	Strongly disagree	Strongly disagree
274		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
275		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
276	Targeting interventions at one group means neglecting others and conflicts with fairness. The Commonwealth Games model is of a mass of couch potatoes watching a tiny number of elite athletes compete; it merely confirms the model of sport as being about competition and only for a tiny number of elite athletes and not the general population.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
277		Agree	Neither agree nor disagree	Strongly Agree		Neither agree nor disagree	Neither agree nor disagree	Agree
278	There is a need to focus on the needs of the community and if there is insufficient money in the budget to provide care for children and young people and for the elderly who need help and support then we should not be hosting a very expensive games which may not give the benefits to the community.	Strongly Agree	Strongly Agree	Strongly Agree	I strongly agree however your vision needs to focus on all children taking into consideration the vulnerability and the need to engage the young people not just parents of pre school children.	Strongly Agree	Strongly Agree	Strongly Agree
279	We should not be hosting the commonwealth games. We cannot afford it. How on earth could there be any benefit to the ordinary public who are not involved?	Agree	Agree	Agree		Agree	Agree	Agree
280	The legacy from the Commonwealth Games must be that we have a city that looks completely different that enables activity and connectivity long after the athletes have disappeared. This is about massively enhancing the green and blue space the city has. There must also be investment in protected cycle ways and safer walking to improve active travel substantially How about making all public transport free like Luxembourg has just done	Agree	Strongly Agree	Disagree	Mental and physical health are a consequence of the environment so with a limited pot of money I would put this into a green clean safe city rather than picking up the pieces	Neither agree nor disagree	Strongly Agree	Agree
281	Instead of wasting £millions on commonwealth games sort out the bins, they are a health hazard.	Neither agree nor disagree	Disagree	Neither agree nor disagree	1 in 3 children are starving according to local councillors and mp''s so why the concern about obesity...unless they are lying again.	Neither agree nor disagree	Strongly disagree	Neither agree nor disagree
282		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
283		Strongly Agree	Strongly Agree	Strongly Agree	Need to add tackling child poverty	Strongly Agree	Strongly Agree	Strongly Agree
284		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
285	I think it would be clearer to split out the CWG into two distinct sections - delivery (construction, impact during Games time) and legacy (using the CWG as a lever to deliver better population health in the long-term). I would agree that legacy is an overarching theme whereas delivery is not.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
286		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
287		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Neither agree nor disagree
288		Agree	Strongly Agree	Strongly Agree	Supporting the mental and physical health of our most vulnerable children - About this Idea is better supporting parents and child. Children first observe the parents and later the rest of the world. Sometimes, and even very often, physical and mental health is the fault of the parents and not the development of the child.	Agree	Strongly Agree	Strongly Agree
289		Agree	Agree	Agree		Agree	Agree	Agree
290	move everybody to sutton four oaks	Strongly Agree	Strongly Agree	Strongly Agree		Strongly disagree	Disagree	Strongly Agree
291		Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
292		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
293	Further considerations need to be made around the environmental impact of the Commonwealth games. I would encourage the use of recyclable materials and renewable firmly as part of Birmingham's infrastructure. Consider working with energy and environment parts of the council and other partners to realize this sustainable future.	Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
294		Agree	Agree	Agree		Neither agree nor disagree	Agree	Agree
295		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
296	We all matter but we don't all pay to the system equally unfortunately. Some people bring their families from Asia, old parents with serious health problems that cost millions to NHS and there is only one person working in that family. We are three adults working full time and paying tax and I am on the NHS waiting list for a health check for 2 months now.... This is an inequality I think! Commonwealth games is such a waste of money especially during the uncertainty because of brexit. Let's get serious with social benefits and expenditures in this country.	Strongly Agree	Agree	Strongly Agree		Strongly Agree	Disagree	Strongly Agree
297		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
298		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
299	You seem to not be willing take account of local residents/councillors views when it comes to the Commonwealth Games (e.g . Perry Barr Flyover - have you even used queueing theory to model your proposed changes?)	Strongly Agree	Agree	Strongly Agree		Agree	Neither agree nor disagree	Strongly Agree
300	Birmingham is going to make a huge loss from the games and has a poorly and ill thought out approach to the set up of them. How can you prevent access to public parks - but then spend millions on visiting athletes? What about the citizens?	Neither agree nor disagree	Disagree	Agree	obesity management is simple: eat less	Strongly disagree	Agree	Agree

#	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. ...Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. ...Taking a whole systems approach to childhood obesity	a. ...Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. ...Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. ...Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. ...Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
301		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
302		Strongly Agree	Strongly Agree	Strongly Agree		Disagree	Strongly Agree	Strongly Agree
303		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
304		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
305		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
306		Agree	Agree	Strongly Agree		Neither agree nor disagree	Agree	Agree
307		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
308		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
309		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
310	Whilst the Commonwealth Games might inspire many to be more physically active for a period before, during and after, it's not clear how it will have a longer-term impact or address issues concerning diet and nutrition or economic inequalities which contribute to health.	Disagree	Agree	Agree	Infant mortality is a symptom of other factors, so a focus on those would be more appropriate. It is also disappointing to see that in a city where nearly a quarter of the population was born overseas, there is no reference to the refugee and migrant population where there are significant health inequalities with the wider population.	Disagree	Strongly Agree	Strongly Agree
311		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
312	I don't disagree, but the mechanism for maxmising public health gains from the commonhealth can happen at a city-wide level but more importantly tailored to the needs of the hard to reach communities. The specialist roles within Birmingham Forward Steps, such as the health activities workers and community development workers should definitely be utilised. These roles actively engage with families at a local level.	Strongly Agree	Strongly Agree	Strongly Agree	I think a big determinant of child health is effective parenting. I don't think there is enough in the above to improve this in Birmingham. I think there can be alot more joint working,not just as a strategic level, but also at at operational level in early years provision to make real improvements (all views are my own)	Strongly Agree	Strongly Agree	Strongly Agree
313		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
314		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
315	We will be hosting the Commonwealth Games we need to do a lot the health Service is at breaking point, Homeless people on the streets of Birmingham City Centre, needs tackling I am not asking for a mirical but these are just basic things?????	Agree	Agree	Agree	I don't know how you will tackle this issue put more money in to the sestem to help in communities and sch schools.	Neither agree nor disagree	Strongly Agree	Strongly Agree
316		Agree		Agree		Strongly Agree	Agree	Agree
317	The commonwealth games is a waste of time money and resources. Most of the citizens of Birmingham will not benefit. As the decision has been made and the games are going ahead, the residents who live near thd venues should be consulted. I hope ghat there will be long term bendfits for the citizens of our city but am very doubtful.	Agree	Agree	Strongly Agree	All children should be supported to maintain good physical and mental health and be offered support when they experience problems affecting their life and future.	Strongly Agree	Strongly Agree	Agree
318		Agree	Agree	Agree		Strongly Agree	Agree	Strongly Agree
319		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
320		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
321		Agree	Agree	Agree		Agree	Agree	Strongly Agree
322	I wonder whether hosting the Commonwealth Games will bring the benefits which are anticipated.	Strongly Agree	Strongly Agree	Strongly Agree	I agree, but you will have to change your policy if you are to succeed. The City funds mainstream education at a level just below the London Boroughs, while for Special Education it is in the lowest 20% in the country!	Agree	Agree	Agree
323	However, there are huge inequalities withing sectors. The services provided for different age groups with in the mental health sector is atrocious.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree

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324		Strongly Agree	Agree	Strongly Agree		Agree	Agree	Agree
325		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
326	Commonwealth Games – this section is very general and could do with more specific actions to ensure that the Games are accessible by active travel modes, that new housing supports active lifestyles and that wider participation in physical activity is supported alongside competitive sports. It would benefit from being in the same format (table form) as the other sections in the Green Paper to show consistency in approach.		Agree	Agree	7.2 Childhood Obesity Acknowledge the physical activity benefits of active travel to school - work with the BCC Behaviour Change team to promote travel planning at schools https://www.birmingham.gov.uk/modeshiftstars and the Active Wellbeing Society to promote physical activity including cycle training, at schools https://theaws.co.uk/ 7.3 Supporting the mental and physical health of our most vulnerable children The evidence base for a "Daily School Mile" should build on the existing work of BCC Behaviour Change team to promote active travel at schools https://www.birmingham.gov.uk/modeshiftstars and the Active Wellbeing Society to promote physical activity in deprived areas https://theaws.co.uk/	Agree	Agree	Agree
327		Agree	Strongly Agree	Neither agree nor disagree		Neither agree nor disagree	Agree	Neither agree nor disagree
328		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
329		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
330		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
331		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	
332		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
333		Strongly Agree	Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree

#	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
334								
335	The games will do nothing for ordinary struggling people	Agree	Neither agree nor disagree	Agree		Agree	Neither agree nor disagree	Agree
336	There are risks associated with hosting the commonwealth games in Birmingham, not just the economic and social benefits that preparing for the games will bring, and for the duration of the event.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
337	Birmingham should not be hosting the games in its current state.	Agree	Agree	Strongly Agree		Agree	Agree	Strongly Agree
338		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
339		Strongly Agree	Strongly Agree	Strongly Agree	It would strengthen your work to consider an ecological model for the whole system approach. Link the role of transportation, air quality, obesity the natural environment and mental health.	Strongly Agree	Neither agree nor disagree	Strongly Agree
340		Agree	Strongly Agree	Strongly Agree		Disagree	Agree	Agree
341	These will not address very specific areas of need such as support for those going through a diagnosis and treatment for cancer. Hospitals are only able to do treatments and although they have a wellbeing session that is all it is. These citizens Often need 1:1 support psychological and physical to ensure they stay as well as possible through treatment and come out the other side positively and able to resume a good life - be able to contribute positively to community.	Agree	Agree	Strongly Agree		Neither agree nor disagree	Disagree	Strongly Agree
342	Maximising the public health gains from hosting the Commonwealth Games . What does this laudable sentiment mean for people living in Birmingham in concrete terms.	Strongly Agree	Agree		What specific strategic proposals do you have with partners to tackle the issue of congenital anomalies. Why does this not have greater prominence given the burden on the wider health economy ?	Strongly Agree	Agree	Agree
343	Commonwealth games is a red herring - it is peripheral and irrelevant in the wider picture of health. Resources need to be put into the hospitals and out patients services as waiting times in Birmingham are too high. Focus on the basics - diagnosing and treating health issues rather than trying to crow bar a sporting event into the health agenda.	Strongly Agree	Strongly Agree	Strongly Agree	Take-aways in Birmingham are a big issue - need to work with planning partners to reduce the availability of these options and instead grant permission for healthier food outlets. No good having this as a health objective if the reality doesn't follow through. It is not about getting the fast food places to be healthier, it is about stopping them opening in the first place.	Disagree	Agree	Strongly Agree
344		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
345		Strongly Agree	Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Neither agree nor disagree
346		Strongly Agree	Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
347		Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
348		Strongly Agree	Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Strongly Agree
349		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
350		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Neither agree nor disagree
351	I think the Commonwealth Games will only impact positively on the few rather than the majority of Birmingham citizens	Agree	Strongly Agree	Agree		Neither agree nor disagree	Agree	Agree
352		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
353		Strongly Agree	Agree	Strongly Agree		Agree	Neither agree nor disagree	Agree
354		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
355		Agree	Agree	Agree		Agree	Agree	Agree
356		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
357		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
358		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
359		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
360		Agree	Agree	Agree		Agree	Agree	Strongly Agree
361		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
362		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
363		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
364	It isn't easy to understand what health inequalities are going to be addressed - maybe it should be about reducing the inequality gap	Neither agree nor disagree	Neither agree nor disagree	Strongly disagree	Difficult to define a vulnerable child and nothing in there that covers mental health. What about parents? I suggest: Give every child the best start in life Build resilience to cope with growing up and learning life skills Promote safe communities for living, learning and playing	Agree	Disagree	Disagree
365		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
366		Strongly Agree	Agree	Strongly Agree		Strongly Agree	Agree	Strongly Agree
367		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
368		Strongly Agree	Agree	Agree		Agree	Agree	Strongly Agree
369		Agree	Agree	Agree		Agree	Agree	Agree
370		Agree	Neither agree nor disagree	Agree	Regarding child obesity - why not provide cooking lessons/support to show how it is possible to create nutritious meals quickly and cheaply using fresh vegetables. It doesn't have to be expensive.	Agree	Agree	Agree
371		Agree	Agree	Agree		Agree	Agree	Agree
372	The commonwealth games will be in Birmingham for two weeks. I don no agree that we should be focusing on two weeks but we should be addressing the inequalities issues regardless of the games. There are people within the locality of Perry Barr who are living on the edge. poverty for child is a issues and this has been recognised in the Perry Barr District since 2013. The citizens of Birmingham need the support regardless of the games. We need to protect our green spaces that have an impact on health and well being. Reduce air pollution regardless of the games. When the games end do we end addressing this. On the contrary. Its not around maximising the games but embedding a plan beyond the life of the games.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree

b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
373	Agree	Agree	Agree		Agree	Agree	Agree
374	Neither agree nor disagree	Strongly Agree	Neither agree nor disagree		Strongly Agree	Neither agree nor disagree	Strongly Agree
375 — Agreement that there is an incredible opportunity to host the Commonwealth Games, but there is a small amount of evidence that events have long term legacy impact and improve physical activity levels (the 'Wimbledon' effect). It can be noted that there may be a link to increased social housing, and therefore positive impacts on health outcomes/deprivation. Suggestion that Early Help should be a cross-cutting theme.	Strongly Agree	Agree	Strongly Agree	Infant Mortality: -Requirement to cross reference with the Saving Babies Lives Care Bundle (v2). Smoking is one element of bundle directly correlated to infant mortality. -Requirement to cross reference with Local Maternity System plans. -Clarification required around the provision and capacity in public health to support pregnant women. Question around whether Early Years and attachment should be a priority. Childhood Obesity: -Due to notable commissioning gaps from a Local Authority and CCG perspective in regards to specialist service and dietetic support, question around how a whole system approach can be achieved. -Ensure link with Education and schools. Mental and Physical Health: -Clarification required around definition of a 'vulnerable child'. We should have a focus for caring about the mental and physical health of every child. -More focus on SEND and Looked After Children as a priority. -Ensure there is a link with Forward Thinking Birmingham (FTB), Perinatal Mental Health Pathways and other services (ideally a spectrum of services from self-help, building community capacity to specialist services). -Focus on Early Years. -Clarification required around Public Health's role in supporting the physical and mental health of children and young people. Need to ensure that other elements do not fall into the backdrop. For example, drug and alcohol services and sexual health.	Strongly Agree	Strongly Agree	Strongly Agree
376 — I think the common wealth games are a waste of money .homeness is at its highest children are going without food the government cuts to mental health and NHS because they don't have the money .yet spend billions on these stupid games. Tell that to a single mum who can't afford to feed her child because of this universal credit .	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Strongly Agree
377	Disagree	Agree	Agree	dosent interest me personally im sure its important for a lot of people	Agree	Agree	Agree
378	Agree	Agree	Agree		Strongly Agree	Agree	Strongly Agree
379	Agree	Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
380	We're unclear what the relevance is of having 'themes'. Addressing health inequalities. Yes of course this is important, and is cited as one of your 'values', so why repeated here? (The espoused rationale "because every child, citizen and place matters" is, at best, platitudinous.) Commonwealth Games? As a *theme*? We didn't know what this meant.				See comment under section 8			
381	This is like agreeing motherhood and apple pie. Fine, but much of this is supposed to happen in practice but many are failed.	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
382		Strongly Agree	Strongly Agree	Strongly Agree	The BUMP programme would like it noted that the wording around community hubs potentially implies that the programme will be establishing and funding new hubs. The plan is to use existing venues in a more coordinated way to co-locate services that women, babies and families use most. This needs to be done with all members of the BUMP partnership including public health colleagues BUMP are developing a smartphone app to provide women with information. It would be great to link this to the service directory that is mentioned in the Green paper and we would be very keen to talk to someone regarding how we do this	Strongly Agree	Strongly Agree	Strongly Agree
383	Although the commonwealth presents a particular opportunity and focus for the city, it must be recognised much as already been initiated and developed. Should barriers emerge to, for example, the opportunity to make the commonwealth village relationship with the city a truly progressive, healthy one, it is important that the principle is not lost. Setting this priority requires a very strong narrative on the legacy opportunity for the city, and for sustainability beyond 2022.	Strongly Agree	Strongly Agree	Strongly Agree	Infant Mortality Suggest that to 'what can we influence' is added a particular reference to 'better understanding of genetic risks', recognising the complex role these factors play in congenital complications. Also, in the proposed approach, a more explicit commitment to mixed method analysis – that it is important to hear stories of those affected by late pregnancy and early neonatal loss, as well as undertake what many might see as an entirely numeric data exercise. In terms of interventions, there is opportunity to build on the Badgernet app for pregnant women to support the information and guidance pathway. Childhood obesity Strongly support this re-emerging as a priority for the city. Under 'influence' we would like to see highlighted the importance of environment and structural elements, through planning guidance and progressive reallocation of space to active modes of travel. There is a need to recognise public health's vital role in establishing a different value proposition around how we build the city across multiple areas of council activity. Mental health We would seek greater clarity on the connection between this ambition and the role of formal mental health and wellbeing support, both from health and education within the current proposals. Greater clarity on BCC ambition around how it interfaces with mental health treatment would also be appreciated.	Strongly Agree	Agree	Agree
384		Strongly Agree	Strongly Agree	Strongly Agree		Disagree	Neither agree nor disagree	Agree
385	There is no public health gains from hosting the common wealth games. Just disruption leading up to them and during the games. Afterwards there will be what?	Agree	Neither agree nor disagree	Strongly Agree		Agree	Neither agree nor disagree	Strongly Agree
386		Strongly Agree	Strongly Agree	Strongly Agree	Birmingham has been a leader in the UK to demonstrate best practice on how to increase the take up of Healthy Start vouchers. It is great to see this included in the proposal and we hope more progress is achieved so that no families miss out on this important benefit. Increasing the take up of free school meals is another way to support the mental and physical health of our most vulnerable children, so that everyone who is entitled can benefit from this support. Extending this provision to children in need from families without recourse to public funds would take this further. Coordinating the city's approach to tackling holiday hunger may also help as many families who rely on FSM struggle outside of term time. Providing holiday activities that include a healthy meal and snack, and ensuring this provision meets the needs of those most vulnerable to food poverty, would help achieve this goal. As higher rates of deprivation and childhood obesity often go hand in hand, looking at Healthy Start, free school meals and holiday hunger would likely benefit many children experiencing both.	Agree	Agree	Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
387		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
388		Strongly Agree	Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
389		Agree	Agree	Agree		Agree	Strongly Agree	Strongly Agree
390	Again, the document has chosen to highlight certain characteristics and not others. We know that everyone matters but those that consistently have a more favourable experience are not the one's that are the key focus of a document which seeks to equalise the playing field. The ethnic make up of Shard End is significantly different from the one in Four Oaks, so why would this fact be omitted from the strategy. Race and ethnicity has been consistently omitted from the document and it is a factor which informs the priorities. It is even more important that the most disenfranchised communities have been disregarded and this is the antithesis of what I understand the purpose of public health to be. Please do not take the approach of doing to people, this must adopt a co-productive or people -led approach. The lack of diversity and community reach which exists in the leadership of the council lends itself to group think which poses a risk to engaging or understanding the needs of the communities they serve. It is extremely difficult to understand Birmingham from an external perspective and there needs to be a balance in the decision-making mechanisms of people who have been headhunted for there achievements elsewhere and those who have a deep understanding of the history, dynamics and complexity of Birmingham.	Agree	Agree	Agree	Again, this omits the relevance of race and ethnicity and also does not link in to maternal mortality data which identifies that BME women are more likely to die in childbirth. How does this strategy link to maternal health? How does it link to poverty? This data is an urgent call to action which needs to be explicit in a document of this kind. the level of deprivation in this city is enormous and the inequality gap is widening. This document needs to set out the LA commitment to reversing these trends. In Birmingham, you cannot separate deprivation, poverty, mortality and morbidity from race and ethnicity. They are all inextricably linked.	Disagree	Disagree	Disagree
391		Strongly Agree	Strongly Agree	Strongly Agree	Again I would say mental and physical health of all children	Strongly Agree	Strongly Agree	Strongly Agree
392	the overwhelming priority should be to tackle air pollution. this social determinant of health affects everybody's health, citizens and visitors. but it is invisible. In your text I can't see how you will achieve any public health gains from the games. It is all ambiguous - nothing to measure. Moreover, residents on the corridor leading through Handsworth, Aston Five Ways and then Great Barr, Perry Barr, Kingstanding will all face major disruption, which causes stress, if the proposed road changes go ahead.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	this is part of the work that is undertaken predominantly by the NHS . so it is largely sub contracted by BCC this is in the medical model	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
393	re Maximising Public Health gains from Commonwealth Games - I'm a bit sceptical that the gains will impact those in greatest need. Does evidence from 2012 Olympics and Commonwealth Games in Glasgow show that this has occurred and to what extent? And that it wouldn't have occurred via other more targeted public health work, rather than the knock-on effect on investment in a big sports event. There need to be some specific quantifiable targets	Strongly Agree	Strongly Agree	Strongly Agree	I agree but I still have comments None of this work is in a vacuum and the results of cuts across many services including Children's centres and youth provision have an impact on health issues. In terms of Physical and Mental health, all children living in poverty should has access to free school meals. At the moment, Children under section 17 and also children in asylum seeking families supported by Section 4 support do not qualify for free school meals. Without this basic free schools meals provision for these children they will continue to the susceptible to poor health	Agree	Agree	Strongly Agree
394		Strongly Agree	Strongly Agree	Strongly Agree	I find it disappointing that Early Years providers are mentioned extensively but no mention is made of the School Nurse service which works with Children & Young People 5-19 . I believe this service can impact on healthy lifestyle choices made by the children, families and carers and help found healthy hubs within communities drawing on social capital within that area.	Strongly Agree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
395	Agree with caveats. In response to the first theme, Cancer Research UK are pleased to see health inequalities being explicitly addressed in the Public Health Green Paper. As well as being the greatest cause of preventable illness and avoidable death in England (1), smoking is also one of the biggest drivers of health inequalities (2) and accounts for around half the difference in life expectancy between the least and most deprived in society (3). As such, Birmingham City Council must deliver a comprehensive approach tobacco control plan underpinned by evidence-based tobacco control measures that reduce tobacco consumption and result in long-term savings from the harms of tobacco. As part of this, supporting all smokers to quit and targeting services to those from more deprived groups will help to reduce the unfair health inequalities that exist in Birmingham and across the country. Cancer Research UK recommend Birmingham City Council deliver a comprehensive tobacco control plan, which includes delivering stop smoking services to all smokers, to reduce health inequalities. Cancer Research UK is also pleased to see Birmingham City Council identify the need to maximising the public health gains from hosting the Commonwealth Games. The Commonwealth Games presents a great opportunity for Birmingham City Council to capitalise on new investments made across the city for the Games which can leave a lasting impression on the health and wellbeing of Birmingham's residents. The 2022 Games also provides the city with a tangible target to implement a range of health interventions and important infrastructure for the betterment of Birmingham's people long after the Games closing ceremony. However, the benefits of the Games will only be realised if health and wellbeing is embedded and at the forefront of planning for the event. It is integral that any public health gains are protected and prioritised, and not undermined by partnering with counterproductive and conflicting industries, including tobacco industry affiliates, for the sake of short term financial gain. Cancer Research UK recommend Birmingham City Council embed health and wellbeing at the forefront of planning for the 2022 Commonwealth Games. Reference: (1) Peto R, Lopez AD, Pan H, Boreham J, Thun M (2015). Mortality from smoking in developed countries	Strongly Agree	Strongly Agree	Strongly Agree	Cancer Research UK strongly agree that reducing childhood obesity rates requires a whole systems approach and we support Birmingham City Council's proposed approach in tackling the numerous determinants of obesity in tandem. We also welcome the recognition of inequalities in childhood obesity and the desire to address this. We believe that changing the food environment is key to reducing childhood obesity. One key component of this is reducing children's exposure to marketing for food and drink which are high in fat, salt and sugar (HFSS). Research from CRUK found that teenagers have more than twice the risk of being obese if they could remember seeing a junk food advert every day compared to those who couldn't recall any over a month (1). While we are calling on the UK Government is key to reducing exposure on TV and online, we believe that Councils can also take action at a local level. In addition to the proposals set out, we believe Birmingham City Council should consider the following measures to reduce childhood obesity: 1) Investigate restricting outdoor advertising of HFSS food and drinks in sites which are owned or otherwise controlled by the Council, and on transport infrastructure. London's ban on HFSS advertising on Transport for London sites can provide useful learnings as the Council explores what might be done now and what measures could be implemented if, and when, more powers are devolved. 2) Investigate restricting HFSS brand/product sponsorship of family-friendly events organised by the Council. 3) Investigate restricting HFSS brand/product sponsorship of the Commonwealth Games 2022. We believe that Birmingham City Council should seek to prioritise interventions which restrict or modify the choices available to the consumer – research suggests that those are most effective at changing behaviour (2). This principle is applicable to obesity-related interventions (3, 4). Interventions which rely on voluntary behaviour change seem more likely to increase health inequalities (5). Birmingham City Council should also focus on city-wide interventions to tackle obesity and improve dietary behaviours, as these are likely to have the most positive effect on health inequalities (6). Tailored interventions for specific groups may only lead to behaviour change among more affluent groups, but population-level activity often benefits the most deprived communities where obesity rates are highest. Our research found that more deprived communities are more affected by junk food adverts on TV than people in less deprived communities. It found that people who recall television adverts every day were 40% more likely to be from the most deprived group compared to the least deprived (7). With food advertising in the UK disproportionately featuring unhealthy food items (8), the pervasive harms of adverts place disproportionate pressures among the most deprived in society. We believe that Birmingham City Council should make representation to the UK Government ask it to implement population-level policies to restrict junk food marketing and promotions, including a comprehensive 9pm watershed for HFSS ads on TV and online, and restrictions on HFSS multi-buy price promotions in-store and on all HFSS promotions in store checkouts, entrances and aisle ends. Reference:	Agree	Strongly Agree	Agree
396	Come on guys - look at the London 2012 games evidence clearly did not make the objectives of helping local people but a process social migration of poor people due to increasing cost of living based upon economic ability. in London 2012 it had only small and transient effects on physical activity, mental health and well-being for those living nearby. After the games higher level of depression and isolation as the legacy did not materialise locally. All I can see a shortfall of budgets hosting commonwealth games and Public Health may have to take some of its own budget to subsidise and wrap it around a campaign of active citizens. The improvement in poor health communities remains the same for the past 40 years the stimulus of the games will NOT make the profound impacts as suggested by people with the interest of the games but require Public Health to invest to leave its own legacy of better lives quality living	Strongly Agree	Strongly Agree	Strongly Agree	Again, working collaboration - look at Lottery and other large funded bodies all have a consistent message of improving of children Make it real - there are too many panels, boards and groups -too confusing even with practitioners not understanding the pathways of support create a unified body (a real board, not a meeting of chief executive) to create an action plan with accountability and responsibility to deliver meaningful services. Work with Ofsted; whatever the iteration of DCLG and NHS and make it work We have the strategies just very poor processes Advice: Workforce Development - invest in stronger competent frontline services	Disagree	Disagree	Strongly Agree
397								
398		Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
399		Agree	Neither agree nor disagree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
400		Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
401	I strongly believe that we in Birmingham need to look at reducing the amount of people that are now under the mental health system we can reduce this by looking at providing more drug and alcohol rehabilitation centres the amount of people now in the mental health system with drug and alcohol psychosis is more than ever before then they go onto have long term mental health problems this is putting a strain on the system if we treat these people first with their addiction most of them will not develop long term psychosis and this will reduce the amount of people in the mental health system I do hope that someone will look into this matter because if affects us all and it is a financial burden on the NHS system and we should be looking at ways to reduce this	Neither agree nor disagree	Agree	Agree		Agree	Strongly Agree	Strongly Agree
402		Strongly Agree	Strongly Agree	Strongly Agree		Agree	Strongly Agree	Strongly Agree
403	Community resilience and youth activities have been decimated by BCC and are very protective from ACEs If the legacy is to powerfully reverse these policies then fine- I doubt this will happen and all the money will go on propping up elite athletes rather than our deprived neighbourhoods	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Were focussing on the symptoms rather than the underlying causes- ACEs eg 55% of obese women have been sexually abused	Strongly Agree	Agree	Agree

b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
404 It's not about one event - certain areas will benefit from the commonwealth games - how can this be equitable ? Also it's about sustaining the impact of the commonwealth games - just as with the olympics and affect on London it will be short lived	Agree	Neither agree nor disagree	Strongly Agree		Strongly disagree	Agree	Strongly Agree
405	Strongly Agree	Agree	Strongly Agree		Strongly Agree	Strongly Agree	Agree
406	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
407	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
408	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
409	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
410 See above	Strongly Agree	Strongly Agree	Strongly Agree	Hard to think why you wouldn't have these priorities but they have not been priorities for many years in this city. Mental health in particular has suffered from lack of funding and poor organisation.	Agree	Strongly Agree	Strongly Agree
411	Strongly Agree	Strongly Agree	Neither agree nor disagree	Depends on classification of vulnerability. Our children are denied playtime pre school day because of insurance/risk assessment nonsense. We have short play because we over load assessment led learning. We over manage childhood so much so that we teach emotional literacy rather than facilitating natural peer to peer exploration of happy sad angry etc. Why?	Agree	Agree	Agree
412	Agree	Strongly Agree	Agree		Agree	Agree	Agree
413	Strongly Agree	Strongly Agree	Strongly Agree		Agree	Agree	Agree
414	Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
415	Agree	Strongly Agree	Agree		Agree	Agree	Agree

#	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
416		Strongly Agree	Strongly Agree	Strongly Agree	We commend the focus placed on early intervention and prevention throughout the whole of the Green Paper. We would like to take the opportunity to highlight the importance of evidence-based parenting programmes being included as an integral part of a robust public health approach to improve child health. We are aware that Birmingham already delivers Triple P in a targeted way through the Birmingham Children's Trust, as part of its 'Think Family Offer'. Building on this successful targeted delivery model, we are advocating for the expansion of the parenting offer as part of a wider public health approach that seeks to lever the power of prevention and earlier intervention to shift prevalence rates throughout the region as demonstrated in other areas and internationally.

Triple P is the only multi-level system of parenting support designed to be implemented as a public health approach across a population. The Triple P system of interventions can be configured to combine prevention, early intervention and targeted provision in the same programme offering a proportionate universalism approach that can be implemented at scale quickly in any community. It is the only parenting support system that can be implemented in the same way as public health initiatives such as anti-smoking, healthy eating and immunisation programmes – which are designed to target entire populations for maximum effect.

Recognising the role of parenting and the home environment in contributing to the reduction of public health concerns is integral for an operational public health approach for improving children and young people's health and wellbeing. Conduct problems in children are regarded as the most reliable early indicator of adult mental health problems. In the UK, around 510,000 children have clinically elevated levels of behaviour problems. Children with conduct disorders are twice as likely to grow up to become smokers and 8.7 times more likely to be nicotine dependent by age 35. In addition, they are four times as likely to become dependent on drugs. They are also more likely to have serious physical health problems in adulthood and die earlier. Health and social costs associated with children with conduct disorder are also likely to cost the public purse ten times more by the age of 28 than those without conduct disorder.

Evidence-based parenting programmes such as Triple P are the only recommended treatment for conduct disorder in children aged three to 11 years under NICE guidance, and have demonstrated application throughout local authorities in England.

Implemented effectively, parenting programmes can join up diverse partners in a cross-agency approach to improve child health. Triple P UK already works with local authorities across the UK to deliver better outcomes for families. A notable example is the Opportunity Area of Hastings, where Triple P UK's work with the local authority Early Help team, Public Health, and Clinical Commissioning Group (CCG) has been so successful that the DfE | Strongly Agree | Strongly Agree | Strongly Agree |
417		Agree	Agree	Agree		Agree	Agree	Agree
418		Strongly Agree	Strongly Agree	Agree		Agree	Agree	Agree
419		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
420		Strongly Agree	Strongly Agree	Agree		Agree	Strongly Agree	Agree
421		Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
422		Neither agree nor disagree	Strongly Agree	Agree		Agree	Strongly Agree	Agree
423	I do think the commonwealth Games should have a strong legacy. But I am concerned looking at other cities and other such events that the legacy doesnt seem to be delivered to the degree people think it should.	Agree	Agree	Strongly Agree	Just want to add that for there to be a proper, sustainable change in childrens mental health a whole school approach must be taken. There is no point having the occasional session on mental resilience or a mentor for a handful of pupils. We must look at the evidence and insist that a whole school approach is taken across all schools (easier said than done i know but the risk of not doing it is unaffordable and unimaginable)	Strongly Agree	Strongly Agree	Strongly Agree
424		Strongly Agree	Strongly Agree	Strongly Agree		Strongly Agree	Strongly Agree	Strongly Agree
425	Maximising PH gains from the Commonwealth Games should also include mitigation of unintended consequences - particularly those that could widen inequalities.	Strongly Agree	Strongly Agree	Neither agree nor disagree	#3 - While I agree that focusing on the most vulnerable children is important, incorporating universal health and wellbeing promotion at this early stage of the life course will have longer term gains.	Strongly Agree	Agree	Strongly Agree
426	What are the proposed public health gains from the games ? Are the resources there to deliver anything above and beyond what is currently proposed or available	Strongly Agree	Strongly Agree	Strongly Agree		Disagree	Agree	Strongly Agree
427		Strongly Agree	Strongly Agree	Strongly Agree		Neither agree nor disagree	Strongly Agree	Strongly Agree

	b. If you disagree, please explain why and let us know how you think these could be improved. - Overarching Themes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Reducing infant mortality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Taking a whole systems approach to childhood obesity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Children and Young People's Health and Wellbeing - Supporting the mental and physical health of our most vulnerable children	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Children	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting workplaces to improve their employee wellbeing offer	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Working age adults priorities - Supporting the mental and physical health of our most vulnerable adults
428	Again, whilst we agree with the stated overarching themes, we also agree that there should be others. The stark and deeply entrenched inequalities which exist in the city should not be underestimated of overshadowed or neglected because of the hosting of the games. Every citizen does matter, but if we are talking inequalities those citizens that are held in poverty, struggling for food, clothes and shelter, caught up in the major rise in mental ill health and dying decades before they should because of those inequalities need more targeted resources than those who are thriving and prospering. This is not explicit in the overarching themes and because this is not just about the commonwealth games but about the citizens of Birmingham, we need to ensure that those who are most likely to have a less favorable experience receive a demonstrable return in health dividends from the significant investment in the Commonwealth Games. The Commonwealth is a partnership of nations, many of whom are reflected in the cities diverse communities. We would miss an opportunity to build social capital and cohesion between the very segregated communities in the city, if we omit race and ethnicity from this very important document. This should feature as an overarching theme.	Agree	Agree	Disagree	We should be supporting the mental and physical health of all our children, particularly when the incidence of mental ill health appears to be increasing, particularly amongst our young people, from all parts of society. A heavy emphasis on prevention and more transparent accountability for delivering tangible improvements in outcomes in the area of mental health needs to appear in the document. Maternal health and morbidity amongst some communities are a fundamental challenges and linked to child mortality. This needs to be incorporated explicitly in a public health green paper and a commitment made to address this important area.	Disagree	Agree	Agree
429		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		Agree	Strongly Agree	Strongly Agree
430		Agree	Agree	Agree		Agree	Strongly Agree	Strongly Agree
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	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
1	Drugs and Alcohol Testing for the Unemployed and working.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	More facilities needed in local area, not a bus ride away.
2		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
3		Strongly Agree	Agree	Neither agree nor disagree	Agree	
4	needs to be wider then just work place, not everyone works needs to faith institutions and work places should be not just the big employer's, but small high street stores, local community shops.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	a lot of work needs to be done around community assets the council is not connected with its community assets.
5	again, I query the definition and usefulness of the phrase "most vulnerable" Also, with relation to my comments about the Commonwealth Games earlier, support of grassroots organisations involved in fitness and well-being across the city should be linked to support for employers, so that the facilities and volunteers can be used and developed outside the workplace too; to bring them more into people's day to day lives, even if they change employer. At present some of the most vulnerable adults are moved to/left in areas of the city with the least grass-roots clubs/organisations to provide support and where they have little chance to engage with these groups which may become important on a life-long basis.	Strongly Agree	Strongly Agree	Strongly Agree	Neither agree nor disagree	finally a mention of community assets! Why not in the other sections? No point in just supporting them for this segment of the population! The information and advice is vital, but the current infra-structure of health and social services simply does not provide this. Giving out leaflets is simply not enough. It may take active mentoring and support too. And so many of the people who need this are not known to provider agencies. Again, query the definition and usefulness of the term "most vulnerable" Not a static population, and improvements for all might mean improvements for those at most disadvantage too.
6		Neither agree nor disagree	Agree	Neither agree nor disagree	Agree	
7		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
8		Strongly Agree	Neither agree nor disagree	Neither agree nor disagree	Agree	
9		Strongly Agree	Strongly Agree	Agree	Strongly Agree	
10	The absence of reference to alcohol explicitly is a mistake	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
11		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
12		Agree	Agree	Agree	Strongly Agree	
13		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
14						
15	Substance misuse must include alcohol.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
16	Public Health should be Public we should not be marginalising areas of society because they appear to be of a different social standing. support should be for all and best practice shared regardless of where in the city people live and work. Highlighting the most vulnerable in society adds feeling of less worth - standardise the support and concentrate additional support where needed as the programe evolves. but do not remove the initial support from the more affluent areas they need the support to.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
17	Lets be honest; companies dont care and never will, you must force any of those policies by law or you'll get absolutely nowhere and just waste more public funds. As for substance abuse, you not even gonna reference alcohol really? I walk 200m to my work and every day I do I see at least one drunk and quite often more than one being violent. Alcohol is tearing our society apart more than any other substance. That's also not an opinion it's a fact. It is the largest contributor to crime, one of the largest to early death, commonly causes permanent irreversible psychosis at a rate unbeaten even by class A substance abuse. Alcohol abuse needs to become a priority as it has gone way too far and you as a governing body need to address it.	Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	Criticisms not disagreements. To stress again the public are nowhere near educated enough for self management particularly the elderly. Honestly feel I have to say don't be stupid there. Secondly, community assets like all those sold off or never completed due to backhanders? I'd rather have a private company receive a contract to provide than trust you. And I dont trust private companies either but over you guys its an easy choice. Newey Park as a reference, your surveyors didn't do the job you paid them, theres arsenic in the land which they should have found. You then developed a playground children cant use for over a million pounds which I bet anything anyone could have bought and installed it all for less than £5K, you just helped friends and paid so many assessors etc that nothing meaningful got done and what was done is not safe. Best example why I refuse to trust council developments.
18	I think staff should be able to feedback/appraise their work life including the level of support that they receive from their manager. Feedback should be a two way process.	Strongly Agree	Agree	Strongly Agree	Strongly Agree	I think self-management in some cases can lead to isolation as people are recommended a service and when they sign up they are left to get on with it.
19	The cumulative impact of unhealthy behaviour is well known and is known by those taking part in it. There is usually and underlying problem that leads to these issues and concentrating on the underlying problem will solve this issue. I think you need to concentrate on EVERY working age persons mental health not just the vulnerable. Tackling mental health issues will go a long way to solving the other 2 priorities listed here.	Strongly Agree	Disagree	Strongly Agree	Strongly Agree	Again you need to support the mental health of ALL older people not just the most vulnerable. Social isolation is a mental health issue and can sometimes be a symptom of bigger issues. Creating a green space and telling people where to go isn't enough. Most people who can self manage already do. When going to somewhere for help and just getting a list of things you have already tried and not offering any other help is not a supportive service.
20	The council and the NHS should practice what they preach. From looking at NHS staff some of them could do with loosing a few pounds. Public sector staff, especially those at the top who have a high profile should be seen to be adopting a healthy lifestyle.	Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	
21			Strongly Agree	Strongly Agree	Strongly Agree	
22		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
23		Strongly Agree	Strongly Agree	Agree	Strongly Agree	
24		Agree	Agree	Agree	Agree	
25		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think this could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
26		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
27		Agree	Agree	Agree	Agree	This is a shared responsibility - not solely that of BCC
28		Strongly Agree	Agree	Agree	Strongly Agree	
29	You should be ensuring that no adult becomes vulnerable	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	no one would disagree but I am unsure how you are going to recognise and use "community assets" are you proposing volunteers? or is this social prescribing?
30		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
31	Without reducing poverty, the impact of efforts to reduce unhealthier behaviours will be blunted. Many people have been left by benefit cuts unable to afford to meet their basic needs let alone a healthy lifestyle. Focusing on poverty reduction schemes such as benefit take up schemes could help to address this	Strongly Agree	Agree	Strongly Agree	Strongly Agree	Community resources such as day centres are really important to the wellbeing of older people
32		Strongly Agree	Strongly Agree	Agree	Strongly Agree	
33	Most Vulnerable Adults Should explicitly include those with no recourse to public funds, including single adults without dependent children who are not the responsibility of the NRPF team	Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	
34		Agree	Agree	Agree	Agree	
35		Neither agree nor disagree	Agree	Neither agree nor disagree	Agree	
36	Surprisingly I agree but there is one area missing tackling the loneliness of people of pensioners	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
37		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
38		Disagree	Disagree	Disagree	Strongly Agree	Reducing social isolation: your points are far too woolly! i have seen much you could do but do not. More practical solutions are needed. you Need to consult with the elderly who are now able to tell you what is needed NOW! Providing information systems: you have only said what you need and want to do -all very laudable but HOW are you going to do it? Do you consult elderly groups? No mention that I can see re consulting with Age UK for example. Local libraries are excellent places to provide information - are you going to reopen those closed. Local shops can be good hubs to provide information to the elderly and other sectors of the population. Community Assert: no mention of keeping open all the Community Halls you are closing.
39		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
40	I'm not a fan of the nanny state - if adults want a drink and a smoke let them get on with it. (Although of course I don't want to have to pay for the consequences :))	Strongly Agree	Agree	Agree	Agree	
41		Agree	Agree	Agree	Agree	
42		Agree	Strongly Agree	Neither agree nor disagree	Strongly Agree	
43		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
44	Point 2 should include diet and point three should be for all adults. Also given that point three is exactly the same in each section I suggest this is not really understood in terms of what this means for and the different needs of children, adults and the aging.	Strongly Agree	Disagree	Neither agree nor disagree	Strongly Agree	What does developing community assets really mean?
45	employers already have this responsibility Develop skills and competencies to commission and deliver behavioural change interventions and programmes underpinned by behavioural and social science theory and evidence. Employers are / should be responsible	Strongly Agree	Agree		Strongly Agree	
46		Agree	Strongly Agree	Strongly Agree	Strongly Agree	
47		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
48		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
49		Agree	Neither agree nor disagree	Agree	Agree	
50		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
51		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
52		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
53		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree	Not sure if reducing social isolation is a public health priority or a social services priority. Providing system wide information is important for more than just Public Health - and is more about what the Council/NHS should be doing I run a charity which is focused on reducing social isolation and we work with Adult Social Care, the NHS Trusts, complementary charities Don't understand what developing community assets in this context means. If asset was a day centre with good kitchen facilities the question isn't, is it a good idea but, who is going to do it and put in resource (people/money) to achieve this. PH doesn't own those assets
54	Its our adults who have no workplace who are in the most need???	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
55		Strongly Agree	Agree	Strongly Agree	Strongly Agree	Developing community assets is a great idea. But dose'nt it fly in the face of the current rush to close libraries, swimming pools, playgrounds ect?
56		Neither agree nor disagree	Disagree	Strongly Agree	Strongly Agree	'Reducing social isolation' is too narrow, the prevention workstream has four indicators, it would be helpful if these were all covered here. 'Providing system wide information, advice and support to enable self-management' alludes to a unitary service model, this may work for information and advice, but 'support' to enable self management should be facilitated (not provided) at a community level. This is how it's being undertaken in practice, but isn't conveyed in the wording of the priority.
57		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
58		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
59	As broad objectives you cannot argue with these but it looks like 'same old' to me. Peoples behaviours are merely a coping behaviour for a s...t environment.If you don't change the environment for many nothing will change	Strongly Agree	Neither agree nor disagree	Strongly Agree	Neither agree nor disagree	Same answer.Improve the environment to make it easier for elderly to move around both within and outwith their communities.This is a lot to do with transport cost and perception of danger. Lets create a beautiful city!
60	I think "supporting mental health and wellbeing", of patients is becoming a bit of a cliche and umbrella term for, 'looking like we are helping peoples health without actually doing much'. Poor mental health is often a symptom of other health issues going on, it is not a disease. The NHS just needs to invest in better systems to deal with the demand not more mental health leaflets.	Agree	Neither agree nor disagree	Disagree	Neither agree nor disagree	'Providing system wide information, advice and support to enable self-management' Many older people are unable to self-manage their health. Years ago anyone 80+ used to be visited by their doctor at home, which I believe helps a great deal with their health. I agree that we should be encouraged to visit elderly relatives and check on them, but at the same time, proper healthcare should be given to ensure they are cared for properly. Due to lack of funding the elderly get treated terribly in both hospitals and care homes.
61		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
62	Whilst not disagreeing, it has been shocking to see the growth in numbers of adults living on the streets. Here is a particularly vulnerable group where more work is needed. Where adults have no workplace (e.g. unemployed, sick, self-employed mobile), opportunities to engage, motivate, upskill and help into work need to be taken, in partnership with other organisations, including employers, employers' representative organisations, schools, colleges and HEIs, faith groups, voluntary, not-for-profit and social enterprises.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Whilst not disagreeing, the priorities around reducing isolation, providing information and developing community assets are not explicit about interaction with other people - contact, care, physical activity, appreciation of culture, sport etc. Wider workforce can contribute, as can sport and leisure venues, faith groups, voluntary, not-for-profit and social enterprises.
63						
64	already inappropriate behaviour has given advantage to the food industry who do not believe in give up their misgiving	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Food industry who is out there to lure away consumer with their in appropriate unhealthy foods is bigger issue their financial support does very little once you are trapped in their fold
65	Again, I question the definition of vulnerable. Adults can be suffering in many ways that aren't necessarily defined by poverty, unemployment. Domestic abuse occurs everywhere for example.	Strongly Agree	Agree	Agree	Neither agree nor disagree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
66		Agree	Agree	Agree	Strongly Agree	
67		Agree	Strongly Agree	Strongly Agree	Strongly Agree	Most of the most socially isolated are not known to Adult Social Care esp those recently widowed. I would prefer there is work done to reach them to prevent mental and physical health deterioration
68		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
69		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
70	I think this needs to be amended to say all adults,a s it's often not the most obviously 'vulnerable' who develop mental health problems	Strongly Agree	Strongly Agree	Strongly Agree	Strongly disagree	Should be amended to say all older people, as it's not the most most obviously vulnerable who develop mental health issues, so might be missed if only targeting those who appear vulnerable
71		Agree	Agree	Agree	Agree	
72		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree		
73		Strongly Agree	Agree	Strongly Agree	Agree	
74		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
75		Strongly Agree	Agree	Strongly Agree	Agree	
76	workplace wellbeing - i dont disagree with the priority area but query how you will ensure quality and measure the cumulative impact of effectiveness?\n\ntobacco control - this in itself is not an unhealthy behaviour, you may want to reconsider the terminology used here\n\nthere is a real opportunity to influence other parts of the system to effect greatest change in the city but this doesnt come across in the commitments or in what you would like acheive. it is unlikely there will be sufficient resource available (via commision or direct delivery) the level / volume of intervention required to make the level of change rquired otherwise					
77		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
78		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
79		Agree	Agree	Agree	Agree	
80		Agree	Agree	Strongly Agree	Strongly Agree	
81		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
82		Agree	Agree	Agree	Agree	
83	Again, question badly put. It seems as if you are trying to get people to just tick and not comments by closing down this box to 'If you disagree '. BCC does not have any power to support or influences workspaces outside of their own control, so that aim seems strange. Certainly they could massively improve their own care of staff - better pay, better conditions. Most council staff are overstretched, stressed, work in unhealthy buildings - no 'wellbeing' programmes in the world will make these staff feel better.\n\nThere are chronic problems in adult health services. I have had some experiences of adult mental health via a family member and they are under-resourced, there is a lack of joined up thinking and communication between different services, and people with the power never seem to be the people who care.	Agree	Neither agree nor disagree	Agree	Agree	Ditto above. 'Enable self-management' always feels like a cop-out for 'provide support'. Of course good support should facilitate people making their own choices the evidence of support has to be there first. Otherwise, it's just individualisation and blame again.
84	Supporting workplaces is a great idea but even within BCC there are so many ways more could be done	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
85		Strongly Agree	Agree	Agree	Strongly Agree	
86		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
87	I believe that creative arts activity could really help adults wellbeing. According to the All-Party Parliamentary Group on Arts and Wellbeing Report 2017, "At least one third of GP appointments are, in part, due to isolation. Through social prescribing and community resilience programmes, creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities" (Dr Jane Povey GP)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
88	Again access to services for vulnerable adults need to be considered	Agree	Agree	Agree	Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
89	It should be all adults not just the most vulnerable but they should be a priority. Lack of support networks due to funding cuts so reduction in free day care etc	Agree	Disagree	Strongly Agree	Disagree	Providing system wide information says digital means which is no good for a significant number of older adults as they are not computer literate or have access/broadband. Ring and Ride is in Administration so even more social isolation unless a rescue plan is enacted to save this lifeline. Stop closing community facilities such as Fairway Day Centre etc as just need to use the ones you've got instead of developing more. All older adults need support
90		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
91		Neither agree nor disagree	Agree	Neither agree nor disagree	Agree	
92		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
93		Agree	Neither agree nor disagree	Neither agree nor disagree	Agree	
94	These workplace schemes, as my own, are a complete con and just make money for the companies providing the phonelines/yoga classes/pamphlet printing that employees do not want or care to take advantage of. Uptake is extremely low, and public health manpower/budget ought to be spend elsewhere. Your stats are wrong if you think these schemes aid 'inequality.'	Strongly Agree	Agree	Agree	Strongly Agree	Any consideration as to monitoring of care providers for the vulnerable elderly to prevent abuse? The care providers often have a monopoly within Birmingham and deliver very little care/pound. It is far too easy to become a carer for the vulnerable, and public health ought to cooperate with Social Services to monitor and prevent dishonest thieves and abusers from having such easy access to our elderly.
95		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
96		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
97		Strongly Agree	Strongly Agree	Strongly Agree	Agree	
98		Neither agree nor disagree	Agree	Agree	Agree	
99		Agree	Agree	Agree	Agree	
100	More and more people of working age are working from home or in cafes and other public spaces with laptops and mobile phones. This is likely to increase . How will this be addressed in policy ?	Neither agree nor disagree	Disagree	Agree	Agree	It's worth noting that some social isolation is a positive choice, also it can be the result of prior unacceptable behaviours, relationship breakdown ,alcoholism , mental health issues etc. This makes the job of carers and community alternatives demanding and skilled- and people working in these areas are volunteers and/or mostly unqualified, very poorly paid and trained. I don't think this is a number one priority .There is already a great deal of information 'out there' on self-management and general health for older people and their families . Older people also have life experience to draw on. Access to online platforms for older people could be maximised e.g.maintenance and development of support from public libraries
101		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
102		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
103	as per previous comments remove what appears to be ranking of the 3 priorities	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
104		Strongly Agree	Strongly Agree	Agree	Agree	
105		Agree	Agree	Agree	Strongly Agree	
106		Strongly Agree	Agree	Agree	Strongly Agree	
107		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
108		Agree	Neither agree nor disagree	Agree	Agree	
109		Strongly Agree	Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think this could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
110		Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	
111		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
112		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
113		Agree	Agree	Agree	Agree	
114	I can't see the Green Paper anywhere. What is this at the side of the screen about cookies? I know nothing about cookies.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Of course I agree. Doesn't everyone? No details are given. And is this costed?
115		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
116		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I agree this is becoming one of our biggest issues how we deal with our aging population - but where is the funding coming from? If we stopped people using our system who shouldn't maybe we could be more self funding.
117	Most of these issues are self-limiting.	Agree	Agree	Agree	Agree	
118		Agree	Agree	Agree	Agree	
119	Smoking is the same as obesity, it is a life style, if people wish to smoke that is their choice not yours.	Agree	Agree	Agree	Agree	
120		Agree	Agree	Agree	Agree	
121		Strongly Agree	Agree	Agree	Agree	The older generation have not grown up with the digits era and will need a mixture of online and offline approaches to influence behaviour changes and to support them so that they do not feel scared or threatened.
122		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
123	supporting workplaces how? ideal territory for fraud	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	
124		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
125		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
126	Strongly Agree	Strongly Agree	Agree	Strongly Agree	
127 Resources are not infinite funds should be used to protect the most venerable. Better education regarding these issues is required at younger age to change outcomes for the next generations and alter current behaviours/trends which are becoming increasingly prevalent. Some unhealthy behaviours constitute offences and should be dealt with according.	Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	The elderly generation are less likely to seek assistance ALL agencies should be collating information to identify and support the elderly who are increasing being isolated in their own homes. This age group are often reluctant to seek assistance many are house bound and have mobility issues, they often have will little interaction with other people on any regular basis. The current cut backs have resulted in home care visits lasting 15 mins which it pitiful are provides no meaningful social contact for the elderly clients.
128	Neither agree nor disagree	Strongly Agree	Agree	Strongly Agree	
129	Strongly Agree	Neither agree nor disagree	Agree	Strongly Agree	
130	Strongly Agree	Neither agree nor disagree	Agree	Agree	
131	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
132	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
133 All adults need the opportunity to have support for their physical and mental health, not just those who are vulnerable. Very often the reason professionals such as Drs , nurses, teachers and cares become mentally unwell is because the support for THEM is unavailable because they are not considered vulnerable. The education for looking after yourself and your environment (personal space, home, town) should start earlier. School pupils need to learn budgets and housing rather than some of the more complex subjects. Those who struggle with english and should get the opportunity to learn differently. Hopefully preventing some of the future problems.	Agree	Agree	Strongly Agree	Agree	The actual % is missing in "social isolation" so the statement doesn't make sense. Much as i understand prescribing their own ideals for reducing isolation the community as a whole needs to feel safer. (In Greece elderly people are given free breakfasts in cafe so they get out and chat with others whilst eating decent food.) Equality, all older adults need to able to find out how to make the most of their health.
134	Strongly Agree	Agree	Agree	Strongly Agree	
135	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
136	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
137 physical inactivity should be seperate and the BIGGEST priority of all, improves all areas of health.	Agree	Agree	Agree	Agree	dementia should be singled out to promote targetted approach.
138 It is not clear exactly how workplaces will be supported and how realistic this is.	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
139	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
140 All great aspirations I may have missed it but some more emphasis on family health and the GP health and Wellbeing agenda. If you look at the Cuba model there are some interesting lessons to be adapted into the Birmingham context. If we can find better ways to educate families then we can get multiple health benefits	Agree	Agree	Agree	Agree	Agree to all but also what about cultivating positive attitudes to older people. After all it is the children that often abandon their parents in older age creating the isolation
141 Still missing the potential benefits of ACE/trauma recovery and building resilience in the first place!	Agree	Strongly Agree	Strongly Agree	Strongly Agree	This MUST also include raising awareness of ACEs/trauma so the signs can be spotted early and then signposting to appropriate interventions - via frontline practitioners AND the community
142	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

#	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
143		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
144		Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	
145		Strongly Agree	Neither agree nor disagree	Neither agree nor disagree	Agree	
146		Agree	Neither agree nor disagree	Neither agree nor disagree	Agree	
147	Again I think this should be an holistic approach rather than targeting those you classify as most vulnerable.	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Again take an holistic approach not targeting a sub group defined as most vulnerable
148		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
149		Agree	Neither agree nor disagree	Agree	Agree	
150		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
151		Agree	Agree	Agree	Agree	
152		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
153	For the last, teh same applies as with previous item.	Strongly Agree	Agree	Agree	Neither agree nor disagree	For the last, as before.
154		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
155	See previous comment on hard targets - unless of course they appear later in the document.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	See previous comments. Lots of the 'What do we want to achieve' measures are aspirational process measures not measurable targets.
156		Agree	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree	
157		Agree	Strongly Agree	Strongly Agree	Strongly Agree	
158		Agree	Agree	Agree	Agree	
159		Agree	Agree	Strongly Agree	Strongly Agree	
160	The mental and physical health of employees needs to be put in the context of the working environment. Employers have a role to play. Rather than just building resilience of workers actions of bullying employers need looking at too	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
161		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
162	These are all important but they appear quite vague ` - workplaces - employee wellbeing should be promoted across the board - this seems to just focus on NHS - lifestyles - the achievement listed is just to have some behaviour change skills or interventions - surely we want to see improved healthy behaviour? - Supporting the mental and physical health of our most vulnerable adults - we should support ALL adults. It is not clear what vulnerable adults are. Perhaps this should be reducing inequality in health and wellbeing for working age adults particularly those with multiple and complex needs.	Strongly Agree	Strongly Agree	Strongly Agree	Disagree	Supporting the mental and physical health of our most vulnerable older people - this is unclear what it means - wouldn't think be covered by the overarching reducing health inequalities theme
163	Mental and Physical health being targeted at "most vulnerable" will in itself likely introduce further inequity. I'm unsure as to the cumulative impact of unhealthy behaviours, such cross-system working has been tried before and failed.	Strongly Agree	Agree	Strongly Agree	Neither agree nor disagree	Mental and Physical health being targeted at "most vulnerable" will in itself likely introduce further inequity. Community asset development is currently my preferred Public Health intervention space as environment crafting is the real key to lasting behavior change.
164		Agree	Agree	Agree	Agree	
165		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
166		Agree	Agree	Agree	Agree	
167		Strongly Agree	Strongly Agree	Strongly disagree	Strongly Agree	Walsall Road Allotments are an important community asset so why is Birmingham City Council thinking of closing them down?

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
168		Strongly Agree	Agree	Strongly Agree	Agree	
169		Agree	Agree	Agree	Agree	
170		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	
171		Agree	Agree	Neither agree nor disagree	Strongly Agree	
172		Strongly Agree	Agree	Agree	Agree	
173		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
174		Strongly Agree	Agree	Agree	Strongly Agree	
175	Whilst I neither agree or disagree with addressing the impact of unhealthy behavior I am conscious that this is based around personal choice and in many instances it would take drastic measures to change people behavior particularly when many are addictive as well. Not sure you would have the money to do this properly but recognize even a small change makes a difference	Agree	Neither agree nor disagree	Agree	Strongly Agree	
176		Agree	Agree	Agree	Agree	
177		Agree	Agree	Agree	Agree	
178		Strongly Agree	Strongly Agree	Agree	Agree	
179		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
180	I agree with what you're doing but would add the following comments: In the workplace, a Stonewall report Peak Performance found that in workplaces where LGBTs do not feel comfortable to be out, about a third of potential productivity is lost just 'minding their backs'. Diversity and equality programmes within organisations that support individuals and train employees at all level in understanding and acceptance of ALL diversity is an important part of any health and wellbeing initiative. In terms of changing risk behaviours in the general population and at risk indivduals information is not enough there also need to be programmes that help develop skills including assertiveness training, confidence building, decision making and developing an internal locus of control.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I do agree but would stress that in terms of community assets, you are relying on unfunded volunteer run groups in many cases to provide this support and they themselves need support and a bit of funding to continue to do so. Just providing information about what activities are available locally is not enough for isolated older people they also need good reliable transport to get them there. Ring and Ride is a very poor service, badly managed and often making errors, leaving people stranded, confused and upset. Need to work in partnership with them to ensure there is a better service. Not all community assets are geographical, for communities of interest, the assets may not be picked up by local registers such as the exercise done recently for social services, where voluntary groups don't have the time or energy to complete ten separate registrations, eg for all the LGBT support groups in the city which are vital in combatting social isolation of older LGBTs who are less likely to have children and grandchildren to support them.
181	By letting Walsall Road Allotments be redeveloped you are removing a health pursuit and source of fresh home grown foods for over 100 people who have plots. This does not cost the employer as the plots are paid for by the plot holder so it has work place benefit (fit and healthy employees) with no cost	Agree	Agree	Strongly disagree	Strongly disagree	With the possible removal of Walsall Road Allotments for the redevelopment of Alexander stadium you are depriving an established group of elderly plot holders of access to a healthy activity that reduces mental health, physical health and socialising problems there has not been a suitable proposal by the planners of a facility that would replace the allotments and provide these benefits
182		Strongly Agree	Agree	Agree	Strongly Agree	
183	vulnerable adults is such a wide group - can this be further defined?	Neither agree nor disagree	Strongly disagree	Strongly disagree	Disagree	vulnerable older adults is such a wide group - can this be further defined? System wide information isn't interesting Community assets is wider than older people social isolation important for more than older people
184		Agree	Strongly Agree	Agree	Agree	
185	Allotments such as Walsall Road promote physical and mental health. Walsall Rd allotments should be protected.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Allotments such as Walsall Rd are an ideal way of reducing social isolation of older people.
186		Agree	Agree	Agree	Agree	
187		Agree	Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
188		Agree	Agree		Agree	
189		Agree	Agree	Agree	Agree	
190		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	stopping the health / social care divide would help. This should be all one rather than split to stop the patient suffering whilst it is argued about regarding who pays etc. The two are interwoven and should never have been pulled apart.
191		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
192		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
193		Agree	Agree	Agree	Agree	
194						
195		Agree	Agree	Agree	Agree	
196						
197		Agree	Agree	Agree	Agree	
198		Neither agree nor disagree	Agree	Neither agree nor disagree	Neither agree nor disagree	There is already lots on offer if older people look around. They should be more alert to help themselves.
199		Agree	Agree	Strongly Agree	Strongly Agree	
200		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
201		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Make sure that this (and other areas) are system-wide approaches. This means not commissioning for Public Health in isolation of other organisations, such as NHS and social care. Look at pooled budgets and combined strategies wherever possible, particularly around things like community assets, advice and support and interventions for the most vulnerable.
202		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
203	Improving workplace wellbeing is really important - I hope you'll be doing something for BCC workforce. Lifestyle and behaviour problems are best addressed with a whole system approach. Vulnerable adults or adults with multiple complex needs?	Strongly Agree	Disagree	Strongly Agree	Strongly disagree	This is the population with the greatest health and wellbeing needs, there doesn't seem to be much attention for this age group.
204		Strongly Agree	Strongly Agree	Strongly Agree	Agree	
205		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
206	Again early intervention not mentioned. Not at all confident that the proposal will be sufficient in doing this particularly with mental health	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
207		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
208		Strongly Agree	Neither agree nor disagree	Strongly Agree	Agree	
209		Agree	Agree	Agree	Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
210		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Can you link with Churches, Mosques etc. Many of these already do the work that you are proposing
211		Strongly Agree	Disagree	Agree	Strongly Agree	You give them information themselves , but health professionals and couple of professionals should get involved and assess every person. But we can't decide for them. We just give them advice and support.
212		Agree	Agree	Agree	Agree	
213		Strongly Agree		Strongly Agree	Strongly Agree	
214	I have strongly agreed with everything but as a retired practice nurse and health visitor i know that my practicing what I preach is not many peoples priority.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I live in an affullent area with like minded people. If I lived on a run down housing estate with a much more varied population where people spoke a variety of different languages then things might be different.
215		Neither agree nor disagree	Agree	Agree	Strongly Agree	
216	Quality council run services are always more inclusive than private business.	Strongly Agree	Disagree	Strongly Agree	Strongly Agree	
217		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
218		Strongly Agree	Agree	Agree	Agree	
219	These are all very important and about time they were addressed	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
220		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
221		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
222		Strongly Agree	Strongly Agree	Neither agree nor disagree	Strongly Agree	
223						Whilst I agree that you have correctly identified areas in need of change, what you intend to do about them is pitiful. 1. COMMUNITY CENTRES are a priority to end social isolation, and not just any centre's but accessible ones. i.e. I have Highly severe Irlen Syndrome, this means that anywhere that use's flourescent lighting or lighting that only uses the blue part of the light spectrum causes me pain and mental confusion and is therefore not accessible. With nowhere accessible I am isolated to my home, which only has full spectrum lighting, making any other services irrelevant.
224		Agree	Agree	Agree	Agree	
225	I would include poor diets and alcohol consumption in the second priority.	Strongly Agree	Strongly Agree	Agree	Agree	What do you mean here by 'community assets'? Are you referring to older people themselves as assets i.e. volunteering in their communities, or are you talking about infrastructure? Physical health should explicitly include eye health. Deteriorating sights in older age (1 in 5 over 70 year olds, and 1 in 2 over 90 years olds have a visual impairment) can lead to isolation, increased falls or fear of falling, reduced mobility, reduced confidence and poor mental health/ depression. Again, I would question why only the most vulnerable older people are being targeted here. Prevention activities should happen at a whole population level. System-wide information, advice and support should accommodate the needs of people with visual impairments who often can't access information easily. Dementia could perhaps deserve it's own priority, with a focus on developing dementia friendly communities.
226		Agree	Agree	Strongly Agree	Strongly Agree	
227		Strongly Agree	Strongly Agree	Agree	Strongly Agree	
228		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
229		Agree	Agree	Agree	Agree	
230		Agree	Agree	Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
231		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
232	Again the term 'vulnerable' is miss-leading! Negative stereotypes and mis-judgements around the term "vulnerable" cause ailienation to those who do not appear to be vulnerable (e.g. due to external factors such as: having an education).	Strongly Agree	Agree	Disagree	Strongly Agree	The unfortunate funding cuts to community assests have led to a the health and wellbeing decline of ALL (not just older adults). Yes, the community assests should be re-instated, as this empowered individuals to "self-manage" mental and physical conditions - but with cuts and the removal of these facilities has led to the situation we now face!
233		Agree	Agree	Agree	Agree	
234		Strongly Agree		Strongly Agree	Strongly Agree	
235	Not enough on changing the status quo for the long term unemployed communities - how to get role models in these communities to show the young adults that there is another way.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
236		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
237		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
238		Strongly Agree	Strongly Agree	Strongly Agree		
239		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
240	Everyone needs supporting.	Agree	Strongly Agree	Disagree	Agree	'Community assets' need explanation, how is 'community' identified and what is an'asset'?
241		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
242	Workplace health programmes are a sticking plaster solution. Better to put more effort into making sure employees know their rights as workers, are paid at least a living wage and that employers know their health and safety obligations and allow workers flexibility for caring responsibilities. That would relieve a lot of stress.	Strongly Agree	Agree	Strongly Agree	Strongly Agree	On providing information, this needs to be across many platforms and should include printed materials and helplines. The people who have the most problems often find it hardest to get information online.
243		Agree	Agree	Agree	Agree	
244		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
245						
246		Strongly Agree	Strongly disagree	Agree	Agree	Self managing social isolation is an oxymoron.
247		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
248	many of the resturants/ take away shops/ pizza shops / 24/7 open small supermarkets employ people for well below the minimum wage. Restaurants that reflect a national flavour use those who only speak that language and are unaware of their employment rights. This leads to long hours& very poor health. Employment well being starts with employment rights & also until the ban is lifted on the asylum seeker's right to work they will continue to be exploited - often for years at a time & health targets will never be met.	Strongly Agree	Neither agree nor disagree	Neither agree nor disagree	Agree	There is no mention of carer support. Where carers are family members there is very little support on a long term basis [as opposed to short term eg hospice care] care agencies do not have the finances or the training to deliver a service that is suitable to support the elderly [or older disabled people] living in the community. improving the status and pay of carers and the role of the district nursing teams better outcomes will be acheived.

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249		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
250	I agree with the priorities and aims yet with budget cuts and lack of services, the support is not available to achieve these.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Families are expected to care for relatives, often meaning they have to give up employment, with very little or no financial support. Older people are expected to pay for their own care if they own their own homes or have savings, care should be equitable and equal for all area's of the population.
251		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
252		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
253		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
254		Agree	Strongly Agree	Agree	Strongly Agree	
255		Agree	Agree	Agree	Agree	
256	I don't disagree with the priorities but would be keen to know what 'support' means. e.g. what specifically will you do to support employers and what resource do you have to carry out whatever actions you have decided upon? And what if employers don't implement whatever it is you have in mind?	Agree	Agree	Agree	Agree	Again, all good ideas but no substance about what you will do, when and how. And who knows what a community asset is?
257		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
258	See my answer to previous question. You need to get your own house in order before you start trying to address the workplace of others. The rubbish sold in hospitals as food beggars belief. The food in hospitals (I was last in for 5 weeks in 2015) was not at all well balanced. Nurses and others often stand outside the hospitals smoking. Most of them arrive to work in a car. I don't think you will be able to change other people's work places. Bosses are too resistant.	Neither agree nor disagree	Agree	Neither agree nor disagree	Agree	I don't see how you can achieve this. Things like "developing a tool" and "make sure mechanisms are in place" are gobbledygook. They are not SMART. Specific, Measurable and the other three I can't remember (achievable? realistic? timely?)
259		Strongly Agree	Agree	Agree	Agree	
260		Agree	Agree	Agree	Agree	
261	This is self-correcting: abuse substances and increase your risk of dying. Consider withdrawing health support from those who do not actively avoid these behaviours.	Neither agree nor disagree	Strongly disagree	Strongly disagree	Neither agree nor disagree	These are simply 'buzz phrases' without real content.
262		Agree	Agree	Neither agree nor disagree	Neither agree nor disagree	Not able to say "developing community assets" means what? ? Suggest sort out bus service by getting buses to time . Keep parks, comm halls , libraries open....but most important of all is reduce crime .
263	As a disabled adult with mental health issues, my main concern is my rent. You currently give me £50 a week to pay for the rent, why so low? I am concerned daily about being made homeless because I'm behind with my rent. On applying for dha, you tell me that I have to reduce my outgoing expenses, so am not entitled to help. I constantly think about this. How can you help me as a vulnerable adult?	Agree	Disagree	Agree	Strongly Agree	Self management translates to 'get on with it yourself'
264		Strongly Agree	Strongly Agree		Strongly Agree	
265		Strongly Agree	Strongly Agree	Strongly Agree	Disagree	The mental and physical health of vulnerable people have been neglected and continues to be by all governments
266		Strongly Agree	Agree	Agree	Strongly Agree	
267		Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	Do not rely on tech as there are still many adults either chose not to or are unable to use tech.
268		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Remember, many older and more vulnerable people aren't IT literate, so please make information available in all formats!
269		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
270	Again where are health issues relating to BME groups.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Again where are the issues relating to BME groups.
271		Strongly disagree	Agree	Agree	Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
272	The gig economy actively undermines the intentions outlined above. All employers should be compelled to offer health insurance, holiday entitlement and workplace pension rights underwritten by the wider state.	Neither agree nor disagree	Disagree	Agree	Strongly Agree	Enabling self-management is another pious platitude. Qualified, responsible and outside regulated care needs to be available where needed without compromising an individual's sense of self-worth. Private care facilities demand the establishment of an effect regulation process.
273	The City needs to wake up and understand that destruction of every tiny green space, greenfield site in order to build high density housing to keep the planners happy , is a sociological and public health disaster. There is no need to consult experts to understand that all people(and animals) need open green spaces for leisure activity and mental well being. We all need trees parks and space where is possible to be quiet and to de stress. Children need to have green spaces- real grass, not synthetic rubbish, to kick a ball about , develop social skills through team games and physical activity. STOP building on green spaces. Stop building on playing fields. It is NONSENSE to bully employers to try to cope with the effects of employees living in sardine tin conditions without sight of a single tree or blade of grass. WE ALL NEED quiet natural spaces to relax and recharge our batteries. We need BIG CITY common sense and less greed by out of control planners. Start by planting trees in every residential street and educate minorities that every tree is an oxygen machine which improves brain power and well being with clean , pollution filtered air. People need to be educated before they learn to appreciate that it is our lack of nature: trees, grass and open space which is killing us. STOP FELLING TREES is the message to Birmingham City Council	Agree	Neither agree nor disagree	Neither agree nor disagree	Agree	All good words but what will happen. Printing more leaflets to tell people they should not be isolated? More leaflets to tell people not to smoke or eat chips? We need SAFE green spaces. Parks which are well tended with PARK keepers around so that vulnerable or aged persons will not feel they will trip over knives.drug dealers or become the next victim of a mugging. Parks which have benches for peopleto sit on and talk to each other, admiring the peace and tranquillity of trees and flowers, instead of listening to chainsaws, watching heart-breaking destruction of our NATURAL assets, the destruction of habitat for city birds and animals. SIMPLE IS BEST. SAFE parks: safe places to meet in natural conditions. Lets us have park keeprs: police who actually get off their backsides and do some work in keeping the community safe and arresting drug dealers in plain sight: let us plant and look after trees and our natural heritage so that everyone young and old can appreciate and thrive in our GREEN SPACES; sit and talk to each other instead of talking to their facebooks and social media. Ban social media in schools and improve mental health of all young people.
274		Strongly Agree	Strongly Agree	Strongly Agree		
275		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
276		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	
277		Strongly Agree	Agree	Agree	Strongly Agree	
278		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
279		Agree	Agree	Agree	Agree	
280		Strongly Agree	Disagree	Agree	Neither agree nor disagree	Just signposting as per number 2 doesn't have a great record of success
281	Why support smackheads when children are starving....if they really are.	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Heard it all before...the way vulnerable old people are treated by Birmingham City Council is a disgrace. Why all the fuss now....I mean if it's not drivers council are fleecing it's the dead.
282		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
283	Need to add tackling economic exclusion	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
284		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
285		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Surprised to see no mention of new technologies/assistive technologies in this strand, especially when it comes to self management and reducing social isolation. Think that this is missing a trick especially when there is potential to work alongside ASCH commissioning who are developing a technology strategy.
286		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
287	How do the council aim to provide help to vulnerable and homeless? A lot of the homeless in city centre are refusing homes because they make a lot of money begging on streets? Everywhere you go in town there are beggars, there are beggers pretending to be homeless by major junctions and roundabouts. Why are they not being stopped? Can we not name and shame them? They will not leave the streets if members of the public are not educated and keep giving these people money?	Strongly Agree	Agree		Strongly Agree	
288	In Birmingham must be more available psychologists, psychotherapists, educators and last volunteers. People who has problems or their family must have first contact with specialist who can better help than volunteers or another doctors who can't see of the problem.	Strongly Agree	Agree	Strongly Agree	Agree	This idea is ok but in England is one a problem. People who need helps get information where they can find helps but this doesn't work. Next procedure is contact with person or organization and this is finish. This must by more rebuilding. I have a lot of experience how it works in Birmingham.
289		Agree	Agree	Agree	Agree	
290	workplace well being is the duty of employers and there is a danger of only the big employers accessing services. The focus should be on the responsibility of the individual for their unhealthy behaviours and good behaviour should be rewarded... the huge danger of the reward for bad behaviour is huge resources being directed towards them.	Neither agree nor disagree	Disagree	Neither agree nor disagree	Strongly Agree	providing system sounds very inefficient as if the costly system is provided but not accessed then why should we pay o support this.
291		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
292		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
293	I would add that people are not merely psychological beings but spiritual one's too. Religious belief may have a bigger role to play in helping these people. I have seen as much in the lives of others and my own the influence religious belief (i.e. Christianity) can change someone's inward orientation and thus their behaviour too.		Disagree	Strongly Agree	Neither agree nor disagree	I think information is not enough. I have seen enough to know that older people may not be able to negotiate well an information-rich environment (I could be wrong!). I think developing community assets, local links within local structures is the way. I'm a fan of ABCD (asset-based community development). People who are unable can only really be helped by another person. This will also improve mental health as they won't be isolated but in true community with others. Give it a thought... perhaps these changes are too optimistic!
294		Agree	Neither agree nor disagree	Agree	Agree	
295		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
296	Smoking etc. Is a habit one should be responsible for.	Agree	Disagree	Agree	Strongly Agree	Information about health and wellbeing awareness should be more embedded in school education.
297		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
298		Neither agree nor disagree	Strongly Agree	Disagree	Strongly Agree	Community assets not a priority but support in own home more of a priority.
299		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
300	It is not employers responsibility Substance misuse is strongly related to crime - at all stages of the path. You need to invest more in crime prevention as well	Strongly Agree	Agree	Agree	Agree	

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301		Agree	Agree	Agree	Agree	
302	Employers should fund their own inicatives and not rely on public funds	Strongly Agree	Agree	Strongly Agree	Strongly Agree	
303		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
304		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
305		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
306		Neither agree nor disagree	Agree	Agree	Neither agree nor disagree	
307		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
308		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
309		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
310	It is also disappointing to see that in a city where nearly a quarter of the population was born overseas, there is no reference to the refugee and migrant populations where there are significant health inequalities which act as barriers to accessing and sustaining employment - both physical and mental health. In terms of wellbeing at work, this dances around one of the key issues driving poor wellbeing at work which is the rise of purposeless, insecure jobs which provide less job satisfaction - this is termed as the rise of "bullshit" jobs. I'm not sure how improving a wellbeing offer for staff gets to this fundamental - if work isn't rewarding or meaningful there's only marginal gains to be made.	Disagree	Neither agree nor disagree	Neither agree nor disagree	Agree	Social isolation is the incorrect measure and priority and the focus should be on loneliness. Social isolation can be a choice and creates crisis situations, however loneliness is more of a concern to wellbeing and long-term health. There is a good body of evidence which outlines the key differences and importance of differentiating between the two. The other priorities are confusing, as I'm not sure if they are meant to complement and re-enforce the priorities for Adult Social Care, or they duplicate them. As there are already strategies and investment in place or pending, I'm not sure what Public Health will add. It may be a better approach to specifically reference that Public Health will support and work with Adult Social Care to enhance and complement its work concerning Ageing Well. I find it equally confusing that as the commissioner for Neighbourhood Network Schemes there has been little contact and engagement concerning community assets, loneliness and social isolation. As a result I'm not sure what the intentions are concerning these priorities and PH's role in the future.
311		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
312	All these have a major impact on child health!	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
313		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
314		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
315	Not for getting the disabled people most can not work I have ask for help to get Active program still wating for the last five years for someone to contact me I can not see this improving.	Disagree	Strongly Agree	Strongly Agree	Strongly Agree	Again I can not see anything happening a gain the Government have let the elderly down time and time again!!!!!
316		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
317	The mental and physical health and wellbeing of all adults, including the most vulnerable should be supported.	Strongly Agree	Agree	Agree	Agree	Prevention is important so support should be available to those who could become vulnerable
318		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
319		Strongly Agree	Agree	Agree	Strongly Agree	
320		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
321		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
322		Agree	Agree	Agree	Agree	
323		Strongly Agree	Agree	Strongly Agree	Strongly Agree	

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324		Agree	Agree	Agree	Agree	
325		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
326	8.1 Supporting workplaces to improve their employee wellbeing offer Acknowledge the contribution of the planning process in ensuring that such workplaces are in sustainable locations with access to a range of facilities and services to ensure better quality of life for Birmingham's citizens. Acknowledge the wellbeing and health benefits of active travel to work - work with the BCC Behaviour Change team to promote travel planning. https://www.birmingham.gov.uk/info/20013/roads_travel_and_parking/1020/business_travel_network and the business breathes work: https://businessbreathes.co.uk/ 8.2 Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity •Brief advice on physical activity in clinical care (via Acute Trusts and Clinical Commissioning Groups) – this needs to link with WMCA work on social prescribing •Increase active travel; develop active travel plans - work with the BCC Behaviour Change team to promote travel planning. https://www.birmingham.gov.uk/info/20013/roads_travel_and_parking/1020/business_travel_network	Agree	Agree	Agree	Agree	9.1 Reducing Social Isolation Needs more information on how to 'Utilise social assets including green space'. Potential partnerships with Active Parks https://theaws.co.uk/ , Birmingham Open Spaces Forum http://bosf.org.uk/ and community cycling clubs https://www.birmingham.gov.uk/directory/42/community_cycle_clubs/category/824 Needs to emphasise the importance of working with the planning service to create and protect green spaces and infrastructure in accordance with Policies TP7 and TP9 of the Birmingham Development Plan. 9.3 Developing Community Assets and 9.4 Supporting the mental and physical health of our most valuable adults. I think it is important to include the need to mention the need to adapt and plan for the provision of housing for the elderly and those with special needs. In both these tables to meet the needs of an ageing population.
327		Agree	Neither agree nor disagree	Strongly Agree	Agree	
328		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
329		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
330		Neither agree nor disagree	Neither agree nor disagree	Agree	Strongly Agree	
331		Agree	Strongly Agree	Agree	Strongly Agree	
332		Strongly Agree		Strongly Agree	Strongly Agree	
333		Strongly Agree	Strongly Agree	Neither agree nor disagree	Strongly Agree	Need to be careful reliance shifts to community based assets as they can only do so much.

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334						
335		Agree	Agree	Agree	Agree	
336		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
337		Agree	Agree	Strongly Agree	Strongly Agree	
338		Agree	Strongly Agree	Strongly Agree	Strongly Agree	
339	Should also work with trade unions in the city through their partnership agreements.	Strongly Agree	Strongly Agree	Agree	Strongly Agree	
340	Workplaces already have a strong incentive to keep their workforce healthy - profit.	Strongly Agree	Neither agree nor disagree	Strongly Agree	Agree	
341	These are issues brought on by the individual behaviour. It is the behaviour which needs to be addressed. What about conditions which the individual has no control over getting. Where is their support?	Agree	Strongly Agree	Agree	Agree	
342		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
343	Workplace health is important but I am not convinced that the measures outlined will have a meaningful impact and whether NHS / City Council should be trying to influence this. Similarly with the impact of unhealthy behaviours - some of the health campaigns mentioned have been far from successful (e.g. Change 4 Life) - need a more nuanced approach to a very complex issue.	Agree	Strongly Agree	Strongly Agree	Strongly Agree	The key thing is INVESTMENT into community assets - the third sector is not able to absorb health patients or social care citizens, particularly where they have more complicated needs. Finances need to be made available else these will buckle.
344		Strongly Agree	Neither agree nor disagree	Agree	Strongly Agree	
345	bcvs/big lottery have pulled funding for a service that worked with multple complex need sdespite it's success - why are you now claiming it is aprioririty once funding has been cut?	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	
346		Strongly Agree	Agree	Agree	Strongly Agree	
347	I also believe that consideration of the impact of loneliness and social isolation has on adults. Although an individual may have what is perceived as a social circle this individual may feel alone and isolated from a group. Both loneliness and social isolation can have detrimental affects to a persons physical and mental health. Joined up approach to all adults services, signposting and working collaboratively to support an individual, rather than fear of a person no longer attending a programme as this should be seen as progression, meeting new people, trying new activities	Strongly Agree	Strongly Agree	Disagree	Agree	Community assets are already available but unfortunately there is a lack of collaborative working across the city, reducing the likelihood of a person accessing community assets. Having one portal to designate individuals to a programme, there are currently a number of access portals promoting a number of projects that are outdated or focused on one area of approach

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
348		Strongly Agree	Agree	Strongly Agree	Agree	
349		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
350	the aim of improving exercise is a key and important aim but what new strategies can be employed	Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	
351		Strongly Agree	Agree	Strongly Agree	Agree	
352		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
353		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
354		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
355		Agree	Agree	Agree	Agree	
356		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
357		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
358		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
359		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
360		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
361		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
362		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
363		Strongly Agree	Agree	Agree	Strongly Agree	
364	Why aren't you supporting the mental and physical health of all adults? My suggestions are: Access to fair employment to enable healthy standard of living Promotion of health and wellbeing of employees Prevention programmes for unhealthy lifestyle behaviours Promotion of good physical and mental health	Disagree	Disagree	Strongly Agree	Disagree	Who are the most vulnerable older people? Why aren't you signed up for the Age Friendly cities? No wonder the older people who can move away from Birmingham. Needs to include care planning for later life, and end of life.
365		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
366		Agree	Agree	Strongly Agree	Strongly Agree	
367		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
368		Strongly Agree	Strongly Agree	Agree	Agree	
369		Agree	Agree	Agree	Agree	
370	Workplace - works for bigger companies but impractical or hard to implement for SMEs. Unhealthy behaviours - for physical inactivity don't charge for car parking at parks. We should be encouraging not penalising.	Strongly Agree	Strongly Agree	Agree	Agree	
371		Agree	Neither agree nor disagree	Agree	Agree	there are major issues with accessing adult social care services in a timely way , older vulnerable people are being left due to 'capacity' need to monitor the real life implementation of the care act and the impact of this not happening - thresholds for care and support appear to be rising to meet the issues of human resource capacity - this needs to be addressed as urgent
372		Agree	Agree	Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
373		Agree	Agree	Agree	Agree	
374		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
375	Employee Wellbeing Offer: -Focus around building connection and community within the workplace, awareness of physical, mental and emotional health, and therefore early recognition of where support is required (self and early help). Tobacco control, substance misuse and physical inactivity: -Clarification and consideration around whether these noted unhealthy behaviors will also be addressed for Children and Young People. Mental and Physical Health: -This is required to be a whole system approach and not only an offer to the most vulnerable (definition of 'vulnerable' is required). -A note that targeted intervention can sometimes lead to stigma and non-parity for individuals.					Not included disagree/agree as not within sphere of expertise. Social isolation/supporting mental and physical health: -Ensure that this addressed for the whole population and not just 'most vulnerable' or only adult social care service users and adult carers. Providing system wide information, advice and support to enable self-management: -Clarification around definition of self-management. Wording is felt to be a little sensitive as not included for other age groups. Further detail is required around the expectations for self-management. Suggestion to perhaps amend this to self-empowerment.
376		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
377		Agree	Strongly Agree	Agree	Strongly Agree	
378		Agree	Agree	Agree	Agree	
379		Agree	Agree	Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think this could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
380	See comment under section 8					See comment under section 8
381	Agreed, but who pays? Employers have a responsibility. Multinational organisations and other powerful groups contribute to health and environmental damage. This is systemic and we have to pay for the damage.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	I don't agree with outsourcing and trying to make a virtue out of necessity is dangerous. It is government's responsibility, both national and local, to ensure well being. Natioanl government controls resources and payment to local goverment, left with piecemeal strategies like cutting carbon emissions in the City Centre. Most of us don't live there.
382		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
383	Workplace wellbeing: Previous review of mental health first aid suggests may not be the most sustainably cost effective means to deliver wider awareness, so would suggest a wider commitment to explore the correct route that is truly embeddable within the range of organisations. The NHS CQUIN has already given a useful model for considering promoting healthy choices in food at work. There is a strong link on supporting physical activity to ease of commuting by non private vehicle around the city which can be made within the priorities (see below)

Unhealthy behaviours: This also includes public health opportunities to influence the wider council to ensure developments and services create the right opportunity conditions to enable people to enact healthy behaviours, across everything from advertising to planning.

Support mental/physical health of vulnerable adults: No comments | Agree | Agree | Strongly Agree | Strongly Agree | No major comments. Would highlight need for IAG approach to bridge the gap across different local authority areas if it is to be easily portable to complex provider geographies - similar to the MECClink approach in the north of England. |
| 384 | Support individuals wellbeing at work- good proposal on how to improve wellbeing at work however in practice this may not be achievable and needs to be looked at from big picture thinking. Given that some employers are still not signed up to living wage not to mention that inflation had risen by 3% and yet the living wage does not reflect this as part of true cost living thus leaving some workers very vulnerable and in work poverty (I.e. not entitled to childcare vouchers if income threshold is low, working part time on wage which is is static, work demand pressure (I.e
 expecting more for less), etc). Moreover organisation culture can have a detrimental impact to individuals wellbeing so this needs to be sensitively addressed and standards / charter put in place as good practice to protect employees welfare & wellbeing rights but also safeguard businesses when some individuals may abuse the system and get away with it. | Disagree | Neither agree nor disagree | Agree | Neither agree nor disagree | Community assets require investments. With more and more grass root organisations disbanding this is having a knock on effect on older people who prefer a place of familiarity and trust and short term projects / groups aren't sustainable and older people lose faith in trusting anyone again. They need support and guidance with confidence if they are to run new groups which can be resource intense. Older people with co-morbidities require longer time to work with and and prefer human interaction as their preferred method of communication to yield quality outcomes . However this can also be time consuming and create reliance or co-dependencies and need to get the balance right especially if older person has mental health issue for over many years and small positive changes will take time to materialise and integrated approach required from all involved in his/ her care to be effective therefore commissioning outcomes may not be realistic with timescales. |
| 385 | | Strongly Agree | Agree | Strongly Agree | Strongly Agree | |
| 386 | The food environment, whether takeaway, retail, restaurants, work canteens or otherwise, can significantly affect health behaviours by influencing how people eat, when, where and with who. Improving the health of food offered in the workplace is a good step in this direction and could be complimented by also looking at the food retail environment to promote a wider range of healthy foods available. One example could be working with convenience stores in areas with high deprivation or limited access to larger supermarkets in order to improve the breadth of affordable healthy food available to local people. This could go hand-in-hand with promotion of Healthy Start vouchers, in order to incentivise new customers and store staff with selling and buying more fruit and veg. The upcoming digitisation of the Healthy Start scheme (expected launch spring 2020) is a prime opportunity to further promote the scheme, increase uptake and engage new retailers into signing up. | Strongly Agree | Agree | Strongly Agree | Strongly Agree | Nationally more than 1.3 million people over the age of 65 are malnourished. Malnutrition makes people more susceptible to physical and mental ill-health, extends hospital stays and makes re-admission more likely; indeed malnutrition accounts for nearly £20bn of health and social care spending in England (BAPEN, 2015). Yet the average cost of a 2-course Meals on Wheels lunch is £3.60 (APSE/NACC, 2018).

There is no one solution to reducing malnutrition or social isolation among older people. Importantly, a Meals on Wheels service can be about more than just the meal itself. The drivers and other staff can provide regular social contact, and make sure the most isolated and vulnerable people receive safety and wellbeing checks and are getting support from other services. There is potential for councils and their partners to use Meals on Wheels as a way to help people retain their health and independence and there are working examples of services doing this. Other valuable activities to tackling malnutrition and social isolation together include lunch clubs or other forms of shared meals. |

	b. If you disagree, please explain why and let us know how you think this could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
387		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
388		Agree	Disagree	Neither agree nor disagree	Strongly Agree	I don't think the public sector has managed to pull 'system wide information' off. I think that we need to wait for the next generation of IT specialists and Millennials to get to middle age before a sufficient cohort of people will be able to manage their health in this way. Investing in the support of the most vulnerable people makes more sense as Birmingham appears to be a 'tale of two cities'. The haves and the have nots and the gap is widening.
389		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
390	There are sufficient policies coming from central government which will influence in the area of workplace health. Some of them place responsibility on LA and others on NHS and so this area is about influence not what you are actually going to do. There is a huge issue of unemployment which again impacts disproportionately on BME communities. What is being done to increase the levels of employment in the city, which in itself may impact positively on health. A public health strategy should not have at its heart a goal of reducing staff absenteeism and that is evidence that public health has morphed into a corporate function. Public Health should be concerned with the health and wellbeing aspect, organisations are concerned with staff absenteeism and even the wording is a misnomer. It is loaded with assumptions that are negative about people who fall ill, when we should be engaging with compassion. Public Health needs trust in order to work and the way this document is written does not engender trust.	Disagree	Disagree	Agree	Agree	The Council is too distant from those most affected by inequalities and social isolation and this lends itself to another misinformed attempt at social engineering. Carers support is non existent and governance, quality and reach can be affected when things are commissioned out to cash short charities.
391	Again I do not understand most vulnerable. The prevention bit is about stopping becoming vulnerable as well as being vulnerable	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Again this emphasises those in trouble rather than prevention. I am sad that I was not asked for a view as 1 Hon President of the IAH West Midlands and lead governor for BCHC. In social isolation is accessing shopping entertainment etc especially as social prescribing has been launched
392	what about the people who are not in work. Or are working on zero hours, or flexi jobs with no security. second objective is behaviour change again third objective - how are you going to do that when the current provision is inadequate	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	hard to see where the baseline is and what you can measure
393	There is an additional issue relating to those who are not employed and the provision of services for them. None of this work is in a vacuum and the results of cuts across many services have an impact on health issues. Allowing asylum seekers permission to work whilst waiting for an asylum decision would have a positive impact on their mental health	Strongly Agree	Agree	Strongly Agree	Strongly Agree	None of this work is in a vacuum and the results of cuts across many services including day centres have an impact on public health There is a need for this group to interact not only with those in the same circumstances but to have intergenerational interaction. It has been shown that children visiting older people can have a positive impact. There also needs to be opportunities for older people people to share their skills, experience and stories with younger generations giving them value and self-worth as well as combating isolation
394		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
395	Agree to "Supporting workplaces to improve their employee wellbeing offer" with caveats. Cancer Research UK agree that Birmingham City Council should prioritise "supporting workplaces to improve their employee wellbeing offer". However, we want to see Birmingham City Council explicitly target smoking cessation in their support offer, and support workplaces to be smokefree. Smoking remains England's single greatest cause of preventable illness and avoidable death (1), causing a huge number of health complications and at least 15 different types of cancer. The significant impact smoking has on individual and population health also has a direct impact on productivity. In fact, smoking is estimated to cost the English economy £12.6 billion per year; £8.4 billion of which is a result of lost workforce productivity resulting from premature death, sick days and smoking breaks (2). In Birmingham, the total cost of smoking is estimated to be cost £222 million per year, with a staggering £156.6 million estimated to be as a result of lost productivity in the workplace (2). A person's decision to quit smoking and the ability to stay smokefree is influenced by their social network and the environment in which they live and work; as such, colleagues and workplaces play a significant role in helping people to quit smoking. In fact, a person's chances of quitting smoking goes up 34% when a co-worker quits (3). Reducing the number of people who smoke in the workplace also reduces the number of other employees exposed to second-hand smoke, which will in turn reduce morbidity and mortality caused by smoking among the working population. Smoking cessation interventions in the workplace will therefore reduce staff absenteeism from both sick leave and smoking breaks. To protect and promote the health and wellbeing of the working population in Birmingham, it is integral that Birmingham City Council incorporate smoking cessation as part of the work to support workplaces to improve their employee wellbeing offer, and support quit friendly staff policies to promote smoking cessation. This might include allowing staff to take time off to attend smoking cessation support, and ensuring a reasoned and evidence-based policy on e-cigarettes is implemented across workplaces. To this point, current research shows that e-cigarettes are far less harmful than smoking tobacco, and there is growing evidence that e-cigarettes are helping people to quit. Quitting with an e-cigarette alone is around 60% more effective than quitting unaided, but recent research suggests that these success rates are even higher when combined with behavioural support from stop smoking services. As such, local authorities should be supportive of e-cigarette use as a quitting tool to reach and support as many smokers as possible. This should include providing information and advice, as well as behavioural support. Guidance is available to assist businesses in creating a policy around e-cigarettes in public places and workplaces (4). Through the Health Act 2006, smoking has been prohibited by law in virtually all enclosed and substantially enclosed work and public places throughout the United Kingdom since July 2007. As such, Birmingham City Council must support workplaces to enforce Smokefree Legislation and foster a smokefree environment to protect all workers. This is distinct from the use of e-cigarettes in workplaces, and should not be confused. Despite significant declines in smoking prevalence in Great Britain across all socioeconomic groups, the social gradient in smoking remains (5). In fact, smoking prevalence among routine and manual occupations was over twice as high as that among managerial and professional occupations (26% vs 10%) (5). Moreover, quit rates among routine and manual workers are among the lowest of all occupational groups (6), which exacerbates health inequalities associated with smoking. It is therefore integral that Birmingham City Council proactively target and tailor stop smoking services and any workplace support to lower socioeconomic smokers, with a focus on routine and manual	Agree	Agree	Agree	Agree	Agree to "Supporting the mental and physical health of our most vulnerable older people" with caveats. Similar to what was outlined above, Cancer Research UK agree that Birmingham City Council should prioritise "supporting the mental and physical health of our most vulnerable older adults". However, we want to see Birmingham City Council explicitly target smoking cessation in their support offer to vulnerable older adults, and more particularly people living with mental illness, to improve mortality rates among people living with a mental illness. Smoking prevalence amongst people living with mental illness is substantially higher than the general population. Despite declines in smoking across England, where prevalence in the general population is now 14.9% (1), smoking rates haven't declined for those living with mental illness and continue to be around 40% (and have been for the past 20 years) (2). People living with mental illness should be afforded the same physical health as those without a mental illness. However, smoking continues to be the greatest cause of preventable illness and avoidable death in England (3), and also one of the biggest drivers of health inequalities (4). Therefore, people living with a mental illness must be supported to quit smoking as a priority; this will, in turn, deliver improvements in premature mortality rates for the residents of Birmingham City Council living with mental illness. To reduce the gap in smoking rates between people living with a mental illness and the general population, and reduce health inequalities associated with smoking, Birmingham City Council should incorporate and prioritise smoking cessation as part of the commitment to support the mental and physical health of Birmingham's most vulnerable older adults. Cancer Research UK recommend Birmingham City Council incorporate and prioritise smoking cessation as part of the commitment to support the mental and physical health of its most vulnerable older people. Reference: (1) Office of National Statistics. Adult smoking habits in the UK: 2017 (2018). https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2017 (2) Primary care guidance on smoking and mental disorders. Primary Care Mental Health Forum, 2014. (3) Peto R, Lopez AD, Pan H, Boreham J, Thun M (2015). Mortality from smoking in developed countries (1950-2020). Oxford. (4) PHE (2018). Public Health Outcomes Framework (using ONS mortality data and the DCLG IMD 2010 data – indicator 0.2i).
396	The methodology of Public Health since 2012 has not worked look at the evidence for Birmingham mostly negative correlations. It is about changing behaviours and attitude and requires a unique form of intervention - EDUCATION To improve health and wellbeing requires an individual to completely change their behaviour i.e. providing tier 3 service for a drug user addresses the issues at that time but after completion of service user still have a higher probability of entering relapse. What is needed is identifying all social and economic barriers and delegate intervention to reduce those challenges by education empowering the individual to understand their circumstances and the knowledge that if they continue would lead to life limiting conditions. Prevention, detection and determination at an early stage is key; utilise existing space, assets, place to make that change happen	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	You have two year to make this work the opportunity is there Worked with NNS and utilise Better Care Fund effectively BCC Three conversation model is useless without local connectivity Ageing Better has about two years - Really good evidence base Forward Carers - Strong position and understanding with clear evidence CCG developing strong narratives in commissioning intentions Third sector providers Public Health and build a strong infrastructure - connecting the pieces ad building a wicked service for all vulnerable adults in Birmingham
397						
398		Agree	Strongly Agree	Agree	Agree	
399		Agree	Agree	Agree	Agree	
400		Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	having been involved very recently with the care of two people living alone with dementia I think social workers have an unrealistic and in some cases obsessive wish to keep people at home which even with the maximum level of council provided carers plus private care and extensive family support fails. Some one with advanced dementia who in one case needed help with remembering to eat food in front of them, (this care was regarded as non essential and was paid for privately) is not in a fit mental state to make decisions about where they should live, let alone organise the maintenance of their house. The Council should be spending the limited resources on Extra care type sheltered housing not keeping people in large 3 bedroomed properties when there is a national housing shortage.
401		Agree	Agree	Agree	Agree	
402		Strongly Agree	Agree	Strongly Agree	Strongly Agree	I think more culturally specific services should be introduced in order to tackle the stigma of elderly care in BAME communities.
403		Strongly Agree	Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
404	As someone who has returned to work after 15 months due to a brain tumour - employers (mine is large and statutory) just pay lip service to well being and supporting employees	Strongly Agree	Agree	Agree	Strongly Agree	
405	The language used in this section is very public health, the how to is too broad and difficult to actually demonstrate what you intend to commission or deliver against for instance a gap analysis in the provision of physical activities,local authority gyms, parks, legacy common wealth games. Making these programmes available and accessible to harder to reach communities.	Disagree	Strongly disagree	Agree	Agree	You said develop a directory of services -you have been trying to do this for years, what impact has it had? There are 16000 plus people over 65yrs living alone in Birmingham I can't see how you will support all, you are designing in inequalities to access of support. Least to most deprived not accounted for, what health conditions are priority for locality and for ageing cohort, what about ageing well and reducing frailty. This one needs more work!!
406		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
407		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
408		Agree	Agree	Agree	Agree	
409		Agree	Agree	Agree	Agree	
410	Hard to disagree. With workplace strategies have you taken into account the changing patterns of work and employment? These approaches tend to assume stable workforces and responsible companies with proper HR, occupational health and a long term interest in sustaining their workforce. So many of the working poor will be in the gig economy, on low pay, zero hours contracts etc. Even once secure jobs like in academia are now part of the precariat. Short term contracts making it difficult to fund housing or plan and raise a family. Have you considered the health impacts of these changing patterns and what proportion of the workforce are affected negatively? Barbara Kingsolver's novel the Unsheltered captures it well.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	No all good
411		Strongly Agree	Neither agree nor disagree	Strongly Agree	Strongly Agree	
412		Strongly Agree	Agree	Agree	Agree	
413		Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Agree	
414		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
415		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
416	The use of parenting programmes can, as well as improving child outcomes, also improve mental health and health outcomes for parents, and we would urge you to consider the use of parenting programmes as a vital part of improving the health of working age adults in Birmingham. Triple P has been shown to improve emotional regulation in parents as well as children, leading to resilience and improved emotional wellbeing, in addition to a reduction in parental conflict and strengthened relationships among parents. The Department of Work and Pensions' Reducing Parental Conflict programme has highlighted two interventions from the Triple P system that are effective in helping parents improve relationship and reduce conflict, both for intact and separated parents. The EIF has also highlighted the size of the issue, where "around 11% of all children in the UK have parents who are in a distressed relationship". Triple P offers substantial population-level benefits, including the reduced emergence of mental health problems in parents. A 2014 meta-analysis found that amongst 16,000 families, Triple P showed significant positive short- and long-term effects for parental adjustment and relationships. The large-scale 'Every Family' population trial reported a 26% reduction in parental depression and stress in the communities partaking in Triple P, whilst several further trials have also found less parental distress and marital conflict, and significant lasting improvements for parental depression, anxiety and distress. A 2016 study of Triple P Online with a highly vulnerable population reported significantly decreased parental stress, with the improvement still showing at the six-month follow-up. with improvement still showing at the six-month follow-up. The highly vulnerable population included 155 disadvantaged, high-risk parents (e.g., 76% had a family annual income of less than $15,000; 41% had been incarcerated; 38% were in drug/alcohol treatment; and 24% had a child removed due to maltreatment). Triple P also works to support parents to encourage the development of self-regulation in their children and help parents at vital transitions in their children's lives, such as starting pre-school, primary and secondary school. Parents learn how to create engaging learning environments at home and how they can support their children to make a positive start to preschool and school, therefore reducing stress and conflict within the home environment and having a positive impact on the whole family.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
417		Strongly Agree	Agree	Strongly Agree	Strongly Agree	
418		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
419		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
420		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
421		Strongly Agree	Strongly Agree	Strongly Agree	Agree	
422		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
423	To provide extra detail. We support the work around workplace well-being initiatives - but it is a crowded market and business arent clear what will work the best. I know there are tool kits - some "endorsed" by PH but businesses still struggle. We also need to make sure it is proper improvement rather than tick boxes and a way of blaming individuals In relation to the most vulnerable - it is disturbing that we still dont have basic physical health checks being carried out on people with mental health issues living in care homes or other high support services. Despite clear guidance and despite everyone agreeing it should happen it doesnt. People with mental health issues are dying around 20years before their time. This is scandalous and it brings shame to the whole BSOL health system. In relation to the most vulnerable we have seen cuts and more cuts to services. we only have 25% of the funding we did when Supporting People first started. Whilst the stop to cuts proposed 2 years ago were welcome mental health had already been lost a significantly higher amount of funding than any other current client group. We also have higher threshold and eligibility criteria and are told (in SP contracts and within Recovery Hub contracts) that people must move through in 18 months. Many of the people supported through these services are the most vulnerable and with the greatest will in the world most will not be able to get into employment and not need any support within this timeframe. The JSNA has talked about appropriate accommodation being a KPI. However these figures are meaningless as we know that the CPNs that were asked to complete the documents all had a different view of what this meant. These figures are not a good indicator - both the base line and any updates are misleading.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Overall very good priorities. In terms of what works though we need to be careful to make sure interventions are not just limited to clinical interventions. Many fantastic services delivered by Charities/not for profit can not afford to have them formally evaluated and therefore prove that they are making a real difference in peoples lives. We limit very positive and impactful service delivery if we get too caught up in evidence based provision. We do agree that services need to make positive and sustained improvements in peoples lives and be value for money but changes in mental health are very difficult to prove to the degree NHS wants.
424		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
425		Strongly Agree	Strongly Agree	Strongly Agree	Agree	
426	The previous question referred to system change. The workplace wellbeing agenda is a red herring - if public sector agencies can't agree to coordinate their own system to enable better health then how feasible is it for workplaces to facilitate this change.	Agree	Disagree	Strongly Agree	Strongly Agree	System change doesn't change equate to enable people to help themselves. If resource can be allocated to alleviate wider pressures eg nutrition, debt
427	Regarding businesses, if support means advocating and advising, I stongly agree, but I would not agree with financially supporting businesses to look after their employees welfare. It is their duty to do so, especially as all too often work pressures contribute to mental health issues. The only exception I would make are for small cash-strapped family businesses.	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	

	b. If you disagree, please explain why and let us know how you think these could be improved. - Improving Adult Health	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Reducing social isolation	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Providing system wide information, advice and support to enable self-management	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Developing community assets	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Improving Adult Health and Wellbeing - Supporting the mental and physical health of our most vulnerable older people	b. If you disagree, please explain why and let us know how you think these could be improved. - Q b. If you disagree, please explain why and let us know how you think these could be improved.
428	Workplaces have an obligation to support the health of their employees and whilst PHE can obviously support this with information, evidence etc, it is not clear that 'reducing staff absenteeism' should be a public health outcome. Improving the health and well being of staff sounds more in keeping with the public health approach and it is important for public health not to morph into an employers objective but to align itself to the health outcome. The outcome for 8.2 again appears to be unclear about the health gain that is required. It would be useful to understand whether an equality and human rights analysis has been carried out on this document as it does not appear to highlight the areas where we know there is an unwarranted and inequitable over representation in disease prevalence and it is not clear how the paper intends to ensure that the approach it adopts is equitable. If it is not mentioned in the document it will not be responded to with the seriousness it deserves and the Equality Act 2010 requires that public sector organisations demonstrate 'due regard' in its decision making. It would have been useful to see how due regard was given to the development of the Public Health Green Paper.	Agree	Agree	Agree	Agree	It would have been useful to see more commitment to reduce mortality rates for mental health throughout the document and particularly amongst children, young people, middle aged men and occupational groups which we know are at higher risk of suicide, even when they do not come into contact with mental health services.
429		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	
430		Agree	Agree	Agree	Strongly Agree	
Late Hardc opy 1						

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
1	Agree		Agree		More local facilities, example my blood test, I can wait for my local surgery next app is 5 Weeks time or get 2 buses to the hospital, B44 Needs more investment.	ANON-U54M-58CV-H
2	Strongly Agree	Strongly Agree	Strongly Agree		Help for children with austim and special needs make it easier to get support for them	ANON-U54M-58CQ-C
3	Agree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58C3-E
4	Strongly Agree	Neither agree nor disagree	Agree	in Birmingham some households 5 people 5 cars, places like alum rock no where to even park cars outside the house, need to educate people in communities	need to go back to old fashioned health promotion, need to be visible in communities, council staff should be supporting community and voluntary organisations to deliver key health messages. need to work in mosques to educate those that don't go anywhere else and only place is religious place. need to hold health events in communities	ANON-U54M-58CF-1
5	Strongly Agree	Strongly Agree	Strongly Agree		A lot of this is good, but one of the main determinants in this locality is the provision and long-term support of groups outside the statutory services who can offer the sort of life-long support that this requires. So much has been withdrawn/is now dependent on constant grant applications to ensure survival, which may favour the flavour of the day rather than sustainability and long-term planning. The other determinant is simply fear. Many people are now too frightened by crime and traffic to take their children even the short walk to school or to the park. Or they find themselves placed in housing that is surrounded by hostel accommodation and offers neither them nor their children the chance to make friends with neighbours and build local support. The state of much let property is also highly detrimental to health. I guess overall I am disappointed with some narrowness of thinking in this consultation.	ANON-U54M-58CA-V
6	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58CR-D
7	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58CX-K
8	Agree	Agree	Strongly Agree	Can you please address the issue of car engines left running while parents wait at school pick up time.	Account is not made of the pollution from diesel trains, also moving traffic away from the city centre will make it worse for areas near the middle ring road as traffic jams are then more likely to occur.	ANON-U54M-58C4-F
9	Agree	Agree	Agree	Don't forget TB	TB in Birmingham and housing major issues in Birmingham	ANON-U54M-58CG-2
10	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58C1-C
11	Strongly Agree	Neither agree nor disagree	Agree			ANON-U54M-58CC-X
12	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58CJ-5
13	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58C8-K
14	Strongly Agree	Strongly Agree	Strongly Agree		Funding should be allocated for segregated cycle lanes to promote improved fitness and air quality. Currently the amount of funding allocated towards this is pitifully small and results in improvements to small sections of the city. Covered and secure cycle parking should be required at every doctors surgery and hospital. Cycling provision around QE hospital should be massively improved as currently cycling to the hospital is very difficult. This appears not to be a priority and yet is very important.	ANON-U54M-58CY-M
15	Strongly Agree	Strongly Agree	Strongly Agree	Should also include protecting and enhancing green and blue spaces for the benefit of our health and wellbeing, and the environment.	Against each priority and action there should be a metric (where possible) and timescale. I am surprised that there is no mention of the Clean Air Zone and the opportunities that this presents for public health. There must be greater focus on the causes of air pollution and not just travel - also energy, waste etc. There must be more focus on the protection and enhancement of green and blue spaces for the benefit of our health, wellbeing and environment.	ANON-U54M-58C5-G
16	Agree	Strongly Agree	Strongly Agree			ANON-U54M-58C6-H
17	Strongly Agree	Strongly Agree	Strongly Agree	If you took this seriously youd already have taken basic steps. Wheres the plant life in city centres? Carbon filters? Solar panels? Rooftop and hanging gardens? It's the only chance you have to avoid that giant EU fine but you still haven't acted and I doubt you ever will. The rest of the developed world shames us with their progress vs ours but the worst thing is your lack of drive and vision is going to cost all of us dearly. And that's just the financial aspect.	Honestly BCC aren't gonna implement even 10% of this stuff and watch what they do will be what everyone tells them not to. I'm so ashamed of our local government nothing but self servers who dont even know their own city. I mean the wanting self management alone, go outside for an hour and tell me how many people youd honestly trust to manage anything yet alone their health? Our people are not educated anywher near enough!	ANON-U54M-58CM-8
18	Strongly Agree	Strongly Agree	Strongly Agree	Please can something be done to support the rail commuters waiting on the platforms of new street station. The air quality there is really poor.		ANON-U54M-58CD-Y
19	Strongly Agree	Strongly Agree	Strongly Agree	There are several examples of language used in the document that could be considered 'buzz words' and not plain English. Also several of the goals you are trying to reach are interdependent and you have not given clear enough connection between the goals or highlighted their reliance. I do not see anything ground breaking or new in these proposals so why have they not been implemented properly in the past.	There are several examples of language used in the document that could be considered 'buzz words' and not plain English. Also several of the goals you are trying to reach are interdependent and you have not given clear enough connection between the goals or highlighted their reliance. I do not see anything ground breaking or new in these proposals so why have they not been implemented properly in the past.	ANON-U54M-58C9-M
20	Strongly Agree	Agree	Strongly Agree		The way you have worded the questions, by asking for comments if disagreeing, may have put people of putting in general comments. How will you know your priorities are shared by those in a position to actually make a difference?	ANON-U54M-58CZ-N
21	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58CT-F
22	Strongly Agree	Strongly Agree	Strongly Agree		We have new wards that have been created following the boundary changes. How are you going to make sure that these fledgling communities engage with this process and are able to develop locally lead interventions where they are able.	ANON-U54M-58C2-D
23	Strongly Agree	Neither agree nor disagree	Strongly Agree		Many areas of focus are similar to that of Birmingham Health Partners - would be wise to engage with them https://www.birminghamhealthpartners.co.uk/our-research/	ANON-U54M-58CS-E
24	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58YB-K
25	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58YQ-2

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
26	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58YF-Q
27	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58Y4-5
28	Strongly Agree	Strongly Agree	Strongly Agree		Cannot see how the Commonwealth Games can be advantageous for the public health of the Birmingham population at large. I need more information to understand how this can be one of two key priorities amongst all other possible options.	ANON-U54M-58YG-R
29	Strongly Agree	Strongly Agree	Strongly Agree	You are proposing to remove Walsall rd allotments for the games. You must understand how important they are to well being and good health https://www.nsalg.org.uk/allotment-info/benefits-of-allotment-gardening/	https://www.nsalg.org.uk/allotment-info/benefits-of-allotment-gardening/ You talk about realising the health benefits of the CWG- so why are you proposing to remove the allotments? which are not only enjoyed by residents and visitors but provide an ideal green space for the games. You can utilise all the benefits for games visitors and still have a lasting legacy of the games. https://www.nsalg.org.uk/allotment-info/benefits-of-allotment-gardening/	ANON-U54M-58YC-M
30	Neither agree nor disagree	Agree	Agree	I am not convinced that air quality is a critical factor in health compared to meaningful employment, education or mental health. Whilst it is important I would question whether its inclusion is more to do with current national debate rather than empirical comparative evidence of where spending can positively impact on public health.	This is a strong piece of work and worth supporting.	ANON-U54M-58Y1-2
31	Strongly Agree	Strongly Agree	Strongly Agree	Congestion and air pollution needs to be reduced through radical measures. Public transport especially buses needs to be improved so people switch to using public transport not their cars		ANON-U54M-58YJ-U
32	Agree	Strongly Agree	Strongly Agree			ANON-U54M-58YY-A
33	Strongly Agree	Strongly Agree	Strongly Agree		Environment section should include promotion of walking / cycling including better infrastructure	ANON-U54M-58YZ-B
34	Agree	Agree	Agree			ANON-U54M-58YE-P
35	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58Y5-6
36	Strongly Agree	Strongly Agree	Strongly Agree		Document poorly written- seems to dismiss the needs of pensioners until you get to the last section	ANON-U54M-58Y6-7
37	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58Y9-A
38	Disagree	Strongly Agree	Strongly Agree	Improving air quality: you have not mentioned the most important thing in improving air quality which is providing much improved usable public transport in the city especially in areas where there is social and financial inequality where public transport is much inferior.	In four years time will you please evaluate the success of these plans and make them accessible to all. In the city we have some excellent plans to improve aspects but nothing seems to happen! Its very important to engage with and tap into the expertise of the local community. For example visiting local communities ie via Neighbourhood Forums and other associations requires advance planning and thought.	ANON-U54M-58Y7-8
39	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58YT-5
40	Neither agree nor disagree	Neither agree nor disagree	Agree			ANON-U54M-58YU-6
41	Strongly disagree	Strongly disagree	Strongly disagree	Rats from rotting food in bins	Get our bins emptied.and bin the not needed games plan.you can't afford it.	ANON-U54M-58Y2-3
42	Agree	Strongly Agree	Agree			ANON-U54M-58YH-S
43	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-586B-G
44	Strongly Agree	Strongly Agree	Strongly Agree		I think vulnerable people are very important but these proposals should be aimed at everyone otherwise those that aren't currently vulnerable become so. I also think there should be more support and education on healthy diet and eating the right foods in the right quantities.	ANON-U54M-58YS-4
45	Strongly Agree	Disagree	Neither agree nor disagree	Health gains are unclear / poorly documented	No indication of how success will be measured	ANON-U54M-586K-S
46	Strongly Agree	Agree	Agree		Not enough focus given to mental health and wellbeing.	ANON-U54M-586A-F
47	Agree	Agree	Agree			ANON-U54M-586F-M
48	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-586W-5
49	Strongly Agree	Strongly Agree	Strongly Agree		Please do not prevent people being able to seek a second opinion re health care from GP and allow access to hospital specialists under NHS. GPs knowledge has its limits and they only have 10 mins per appointment and will not look at much beyond a single issue.	ANON-U54M-586R-Z
50	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-586X-6

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
51	Strongly Agree	Strongly Agree	Strongly Agree	Efficient and accessible public transport is critical to addressing air quality in the City. The cost and management of existing services primarily serves the interests of the travel companies rather than our communities and especially impacts the deprived. The City must flex its muscles in this regard and while I understand we have limited statutory powers we should be much more overt in highlighting the current dysfunctional mess which is the consequence of previous and current Conservative Governments. One especially egregious example of this mess was the lunacy of there being no public transport option for the 43,000 people attending Villa Park on Boxing Day couple of years ago despite, I understand, representations from the Club to the transport companies. If these entities wish to ply their trade in our City then they must recognise their social, moral and environmental obligations	This is a great start and I understand that the Green Paper cannot address everything. This City has a proud Public Health history and has been a world leader but, in typically Brummie fashion, we don't shout about it e.g. the triumph of Elan Valley in the 19th Century, the creation of 'municipal socialism' which turned inefficient and incompetent private utility companies into profitable public assets which transformed the health and well being of our citizens. Perhaps we should be shouting about this especially when the eyes of the world are on us during the Commonwealth games	ANON-U54M-5864-2
52	Neither agree nor disagree	Neither agree nor disagree	Agree			ANON-U54M-586P-X
53	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5861-Y
54	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-586J-R
55	Strongly Agree	Strongly Agree	Strongly Agree		If we as a community are to achieve these very ambitious aims the BCC will need a dedicted, hard working, commited management, that are accountable, and not the pathetic incompetent bunch of senior managers we have now. Isn't it time thatCouncillors ran the council, and not some elite bunch of comfortable civil servants?	ANON-U54M-586Y-7
56	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-586Z-8
57	Strongly Agree	Strongly Agree	Strongly Agree		Public Health Impacts should be included as part of any new development and more work is needed to ensure public health and planning are better coordinated. Right now high streets are riddled with vape shops and fast food.

Public health should also do more to influence our streets and reduce pavement parking - which is a big barrier to anyone walking anywhere. Families with young children and prams can't get by parked cars. | ANON-U54M-5866-4 |
| 58 | Strongly Agree | Neither agree nor disagree | Agree | | | ANON-U54M-586T-2 |
| 59 | Strongly Agree | Strongly Agree | Neither agree nor disagree | Ditto
As models think no further than https://www.880cities.org
This works for all ages | Other than to say we need to have climate change as an over riding priority
12 years to reduce carbon emissions by 45%
What is good for us - a plant based diet and creating a city where we can ditch the car is also remarkably good for the planet! | ANON-U54M-5867-5 |
| 60 | Strongly Agree | Strongly Agree | Strongly Agree | | - I think we need to invest money in new systems/technology to help the NHS, this in turn will actually save money and help deal with demand.

- There need to be more incentives put in place to encourage people to use electric cars, public transport and car sharing. Buses especially in Birmingham are very expensive for a service that is rarely on time or quick, so this hardly encourages people to take the bus to work rather than their car.

- If we want to improve to mental and physical wellbeing of children then we need to offer more services to them for free. There are hardly any youth clubs anymore, or sports clubs for free in many areas. This needs to be encouraged.

- I really think we need to focus on giving more funding to GPs in poorer areas, as GPs in poor areas that are overburdened have resorted to only offering telephone appointments and over prescribing anti depressants as this gets money/funding for their GP for each anti depressant the prescribe, which is extremely risky and leading to 'postcode lottery' healthcare. | ANON-U54M-588K-U |
61	Strongly Agree	Strongly Agree	Strongly Agree		i hope resources allow the green paper to become a reality.	ANON-U54M-5883-3
62	Strongly Agree	Strongly Agree	Strongly Agree	Whilst not disagreeing, please equally value the natural environment alongside the built environment and recognise the value of protecting and nurturing these natural assets of communities. Recognise too the health impacts of climate change and be sure to join the movement to save the planet from climate change attributable to human activity. Presumably, the reference to "new developments and transport schemes" refers to projects to improve existing assets as well as projects to create new assets. Hopefully, every opportunity will be taken to make walking, cycling and use of public transport everyone's default options.	Happy to be involved further.	ANON-U54M-588A-H
63						ANON-U54M-588W-7
64	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	this can only incentives greed for the environmental solution providers	We need to prepare next generation to be healthy and consume less to maintain our sanity	ANON-U54M-588F-P
65	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5888-8

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66	Agree	Agree	Strongly Agree			ANON-U54M-588Z-A
67	Strongly Agree	Strongly Agree	Strongly Agree		Bring back seasonal campaigns such as sun protection. Add campaigns to educate people on maintaining and improving bone health Reduce the growing abortion rate	ANON-U54M-588E-N
68	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5885-5
69	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5886-6
70	Strongly Agree	Strongly Agree	Strongly Agree		All of these proposals are fantastic and long overdue, as I believe strong public health initiatives from government/local government have been sadly lacking in England and in this city. However this will require long term sustained financial support, and I am extremely sceptical about the reality of this taking place, as public health budgets have been dramatically cut in recent years by both central government, and again by the PH commissioners within this council: for example, - Smoking Cessation Service cut - Children's Weight Management Programme cut - School Health Advisory Service - budget reduced by half	ANON-U54M-588M-W
71	Disagree	Disagree	Agree	Plans for improving air quality and health gains of new transport are not radical enough. Public health needs to engage more with young people, support initiatives such as divest from fossil fuels, and work with colleagues in planning to support building more cycling infrastructure, incentivising cycling > driving. We don't need ongoing monitoring to continuously tell us of a problem that we know exists, we need to do something about it.	https://www.un.org/sustainabledevelopment/sustainable-development-goals/ - link into this. Please make sure that you consult with young people on this paper. It is ok - but essentially looks like a regurgitation of the activities and the language that public health have been using for the last 10 years. It really needs to be more forward-thinking and innovative, we have a great opportunity to do something different, and new, and really help the public - seize it!	ANON-U54M-588D-M
72	Agree	Agree	Agree		Priorities need to be placed on improving health and wellbeing of young people, addressing their emotional health needs to allow them to reach their full potential. Without addressing the needs of the young and preventing ill health, especially mental health, then we will always be reacting to the health needs of adults and suffering the financial burden of that approach.	ANON-U54M-588H-R
73	Strongly Agree	Agree	Strongly Agree		All Sounds good some of the top level domains are too obscure it needs to be more practical in terms of what the strategy is doing otherwise it turns the reader off.	ANON-U54M-588S-3
74	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58VB-G
75	Agree	Agree	Strongly Agree			ANON-U54M-58VQ-Y
76	Neither agree nor disagree	Disagree	Neither agree nor disagree	transport priority area - suggest this needs to recognise/ link much more closely with the childhood obesity health protection - where does sexual health get recognised?		ANON-U54M-58V3-1
77	Agree	Neither agree nor disagree	Agree			ANON-U54M-58VF-M
78	Strongly Agree	Strongly Agree	Strongly Agree	I think increasing walking, cycling and use of public transport should be a top priority as part of creating a healthy environment. Increasing these transport modes will deliver multiple gains in terms of air quality, physical activity, and mental health. Currently, Birmingham is far too skewed towards the private car which is exacerbating air quality issues and is socially unjust as those without a car are significantly disadvantaged in terms of access to amenities across the city, which creates mental health issues in itself. For example, when I want to travel from Moseley to Selly Oak (a 3.5 mile journey) it takes 15 minutes by private car but 45 minutes by bus. These times should be the other way around if the city is to tackle air quality issues.	I agree with the Green Paper and think the Council should be bold in championing public health for all in Birmingham. Good health should be available for everyone and Birmingham should make this a core part of its identity.	ANON-U54M-58VW-5
79	Agree	Agree	Agree			ANON-U54M-58VX-6
80	Agree	Agree	Strongly Agree			ANON-U54M-58V4-2
81	Strongly Agree	Strongly Agree	Strongly Agree	Great ideas! Let's make Brum green. Increase the aim for cycling journeys in the city to 10%		ANON-U54M-58VG-N
82	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58V8-6
83	Strongly Agree	Agree	Agree	Greater research into possible links between the poor environment and child mortality and ill health should be undertaken.		ANON-U54M-58VY-7
84	Agree	Agree	Strongly Agree			ANON-U54M-58VM-U
85	Agree	Strongly Agree	Strongly Agree			ANON-U54M-58V9-7
86	Strongly Agree	Strongly Agree	Strongly Agree		All planned improvements sound great, but how do you plan make them a reality? with all the cuts? especially the older adults, who has been tossed aside and passed on to private sector. Staff working for BCC is seriously undervalued and very often treated unfairly, with a serious lack of consistency. It shouldn't be only about saying the right thing but to actually do the right thing.	ANON-U54M-58VT-2
87	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58V2-Z
88	Agree	Agree	Agree			ANON-U54M-58VH-P

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
89	Agree	Neither agree nor disagree	Neither agree nor disagree		Improvements in public health cannot be delivered effectively against the backdrop of reduced funding from government as communities are crumbling and crime rates are soaring. Birmingham City Council also need to take responsibility for the debacle that was pay equality as us citizens are still paying the compensation for this so many years on. Flawed legal advice and procrastination about the refuse collectors led to this in the early 2000s. Your privacy notice on the next page is also incorrect as the current legislation is the Data Protection Act 2018 not 1998	ANON-U54M-58VD-J
90	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58UQ-X
91	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58UV-3
92	Agree	Strongly Agree	Strongly Agree		Section seven talks about clean air which will have good effects to peoples health however what we need to do it make sure its affordable to everyone including those on low income. If people are going to be getting the bus. its important that improvements are made such as more policing ASB , cleaner buses and affordable travel. we in Birmingham have a large number of people who are in poverty so it's important that we take that into consideration.	ANON-U54M-58VS-1
93	Strongly Agree	Strongly Agree	Strongly Agree		I consider air pollution an important consideration particularly as I live fairly near Kings Heath High Street. A vastly improved education system would help people to help themselves, whereas only the council can control traffic.	ANON-U54M-58UK-R
94	Strongly Agree	Neither agree nor disagree	Strongly Agree		The Plain English Campaign need to take a look at your infographic (page 1) and change the wording so that the wider population can make sense of the key points without having to read the entire document.	ANON-U54M-58UB-F
95	Strongly Agree	Strongly Agree	Strongly Agree		Need shorter waiting times for a gp appointment. 5/8 days is far too long when I'll or in pain.	ANON-U54M-58UF-K
96	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58UX-5
97	Strongly Agree	Strongly Agree	Strongly Agree		DO WHAT YOU SAY YOU'LL DO, IN THE SIMPLEST AND MOST EFFECTIVE WAY, GET THE RESULTS. OFFLOAD INEFFECTUAL COUNCIL EMPLOYEES AND LOOK TO MAKING COST CUTS IN THAT MANNER. USE THE HIGH COST COUNCIL TAX HIKE TO BEST EFFECT, TO GET HONEST GOOD RESULTS AND SHOW THAT BIRMINGHAM CITY COUNCIL CAN DO THE 'BEST' JOB. AND NO MORE BIN STRIKES, EVER! I PAY MY COUNCIL TAX EVERY MONTH, I WANT AND YOU OWE ALL OF US WHO PAY, THE BEST FOR OUR HARD EARNED MONEY.	ANON-U54M-58UR-Y
98	Disagree	Agree	Agree	I don't like "improving air quality" because I believe you mean that stupid "clean air" plan which is really annoying (I don't drive so it's not that reason)	No I don't know enough about it to give an educated response. My gut feeling is that we shouldn't be bothered about the sports/games things - the whole thing is a waste of money in my opinion. People who do sports, do sports. People who don't do sports are bored rigid by it.	ANON-U54M-58UW-4
99	Agree	Agree	Agree		I think all the intentions set our here are really good. Birmingham as a whole needs more support. All current welfare reforms disproportionally affect young people of which we as Birmingham have a large amount. Also making sure Brummies have opportunities to get into skilled jobs that Bham has to offer through private sector and making sure we collectively aren't punished for not having a high earning potential. We need more infer structure youth clubs, social spaces for all ages to attend more shared spaces for all.	ANON-U54M-58U3-Z
100	Agree	Neither agree nor disagree	Agree	Increase free Park & Ride Schemes . I think there should be a push on increasing fees for commercial and commuter traffic in the cities and inner suburbs, to include street parking. I'm not aware of any environmental health gains from current policies and plans !		ANON-U54M-58UA-E
101	Strongly Agree	Strongly Agree	Strongly Agree		Investment in upstream provision such as Sure Start, Guns and Gangs multi agency, SEN support.	ANON-U54M-58UG-M
102	Strongly Agree	Strongly Agree	Strongly Agree		N/A	ANON-U54M-58UP-W
103	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58U1-X
104	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58UN-U
105	Strongly Agree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58U8-5
106	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58UY-6
107	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58UE-J
108	Agree	Strongly Agree	Agree			ANON-U54M-58UM-T
109	Agree	Agree	Strongly Agree			ANON-U54M-58UD-H

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110	Strongly Agree	Strongly Agree	Strongly Agree		Priority 4: Healthy Environment - Section 10.1 Air Quality. The objective (achieve) and actions (do about it) are vague and poorly funded. Don't you want to 'reduce the exposure to poor air quality'? (maybe pedantic, but better.) It's a priority because of ultra-fine particles, but there are no measures on particles. The only measures are to install some NO2 diffusion tubes, which are cheaper than recognised automatic methods, and can be relied upon only to produce an annual average result (one figure) after 12 months work. The funding allocated to this (in the Birmingham Clean Air Zone bid) is insufficient for anything other than mere lip-service. Given the cost (to the taxpayer) of the Birmingham Clean Air Zone implementation, why is this not mentioned? Priority 4: Developments and Transport Schemes We have the opportunity to create.....safe, QUIET and accessible and.... There is an increasing evidence base of the effects of noise and health. Not only mental health, but also CHD (heart disease) and raised blood pressure in exposed populations. Birmingham City Council has been a leader in the development of noise mapping technology, and this (whilst needing updating) is still valid for current development control considerations. Many locations, and especially inner city ones, have high levels of traffic noise exposure. The phrase 'estate regeneration' has overtones of 1980s 'Urban Renewal'. Do we assume that this incentive only concerns massive developments such as those listed (i.e. Langley and Peddimore) and not the many tower block apartments springing up everywhere? What happened to Masterplanning and local development areas? Figures 1 and 2 'Rainbows' Both of the figures refer to 'Housing' as material concerns, yet there appears to be no mention of the provision of Decent Housing to our Citizens. Why is housing absent?	ANON-U54M-58U9-6
111	Agree	Strongly Agree	Strongly Agree	I do have concerns regarding the introduction of the clean air zone in the city centre. This will just push vehicles to the edge of the zone, increasing pollution in more densely populated areas and reducing travel in to the city centre shopping area - an already flagging business community.		ANON-U54M-58UU-2
112	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58UT-1
113	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58U2-Y
114	Agree	Agree	Agree	This is all very tedious. Do you just want a global mandate? Is Public Health money ring-fenced? If not, what about competing priorities? And within your priorities as given in this document, you give no idea of how available resources will be distributed.	I haven't seen the Green Paper!	ANON-U54M-583B-D
115	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-583V-1
116	Agree	Agree	Agree		The NHS is so stressed unless you make real changes to stop how it works at the moment I cannot see how the new vision will become reality.....or once again it will be abused by those who should not be able to use our free services. I understand our recovery rate for NHS charges for those who should not receive free care is at an all time low.....this can't continue	ANON-U54M-583K-P
117	Agree	Neither agree nor disagree	Agree			ANON-U54M-5833-X
118	Agree	Agree	Agree			ANON-U54M-583F-H
119	Agree	Neither agree nor disagree	Agree			ANON-U54M-583W-2
120	Agree	Agree	Agree			ANON-U54M-583G-J
121	Agree	Agree	Agree			ANON-U54M-583X-3
122	Strongly Agree	Strongly Agree	Strongly Agree		A major campaign needs to be undertaken to actually promote 'Public Health' to dismiss myths and promote why its important .. This consultation document is increadibly informative and those completing it will have a greater understanding BUT the information needs to be shared with the non engaging population. Improving health and reducing inequalities is 'everyones' responsibility - employers, schools, colleges, third sector and so on .. if they are not aware and motivated they can not engage. PH needs a figure head .. a local Olympian, actor, musician - someone that is well respected and well known - they can spearhead the main promotion and bring in other celebrities on each of the prorities - it also needs a 'catch phrase' .. Investing in promotion will start conversatons, sow seeds and get the population motivated and taking ownership .	ANON-U54M-583Q-V
123	Neither agree nor disagree	Disagree	Strongly Agree	We will never be separated from our cars unless the public transport system is comprehensive(24hr x365), widespread and extremely cheap to use which would involve large amounts of public subsidy- taxpayers of Birmingham. The focus should be on working the car industry to improve outcomes, preferred vehicle status for Birmingham roads? Nudge the population into buying the right sort of vehicle to improve the environment and making sure the traffic flows freely in the city.	Poverty needs to be addressed to improve all outcomes in the city. No child should be without food or good housing. Struggling working parents should be supported to enable them to achieve success for their families. Birmingham needs to refocus its efforts at primary school level and turn the primary schools into an oasis of help and care in the community for all parents and children. Attacking the root cause of the just about managing and relieving the stress is a must. Birmingham should focus on no child going hungry, safe and warm housing for them and having access the right clothing and shoes	ANON-U54M-5834-Y
124	Strongly Agree	Strongly Agree	Strongly Agree	Again, whilst I do agree with the proposed priorities where are the plans for accessible and safe green spaces? Birmingham makes a big deal out of having 571 parks but, for a lot of people, green space isn't accessible or safe enough to use - how do you plan on tackling this? Accessible public transport is also being neglected, a lot of the city isn't well connected and if you want to introduce a CAZ there is a lot of work to be done around making public transport safer, cleaner, and more affordable.	Accessible mental health support is missing entirely for both adults and children in your priorities, as the Faculty of Public Health points out: "Mental health is vital to public health; mental wellbeing is profoundly important to quality of life and the capacity to cope with life's ups and downs" and, yet, you've ignored it completely - please can you explain why? You're canvassing the public for their opinions on the Public Health priorities but no-one has made any effort to explain to residents or professionals what Public Health is exactly and what your team does! Why hasn't your DPH told us about the team and your purpose/ roles? Surely it would have been better to go out to consultation after you've given people an overview of what you do - if it's not bins and rats, what exactly is it?	ANON-U54M-5831-V
125	Neither agree nor disagree	Agree	Strongly Agree		You seem to have most things covered but we must make sure that the right people are the ones we put in place and have some flexibility in when and what we prioritise . Different things have to be approached in different ways, and maybe sometimes we must be prepared to be ready to admit when we get it wrong and need a fresh approach. Birmingham is a, GREAT CITY, with a fantastic history(that is sometimes forgotten), that has suffered very heavenly from the change in the countries ways of working. We have been overtaken somewhat in importance by Cities like Manchester and Liverpool, but there regeneration was mainly down to, The Manchester Commonwealth Games, both before and after. So we have to make the most of the opportunity we have been given and make sure, THAT THE POEPLE ARE BEHIND IT, there support is vital if we are to make the most of things both leading up to and after The Games. The City and the People of Birmingham need this so lets make sure we make the most of it. We all know how great Birmingham is, SO LET'S REMIND EVERYBODY ESLE .	ANON-U54M-583N-S

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126	Agree	Agree	Strongly Agree			ANON-U54M-5835-Z
127	Agree	Agree	Strongly Agree	There must be an adequate lead in period before the introduction of any charging system to enable individuals and business to make necessary changes and this will be a significant financial burden for a large number of individuals and businesses. Any proposal should not adversely impact on businesses or result in businesses leaving and relocating to other City's. The City needs to ensure jobs are protected and the prosperity of the City continues. More thought must be put into alternative routes to move traffic away from and around the City Centre. Main arterial routes such as the A38 carries directly through the City Centre and traffic flow is hindered by increasing numbers vehicles using the roads, traffic lights, accidents which can bring the city centre. These roads are no longer adequate to carry the volumes of traffic efficiently. Encourage the Government to implement another vehicle scrapage scheme to encourage vehicle proprietors to buy newer more eco vehicles.	The ideas in the Green paper need to be adequately resourced and funded and on-going results must be carefully monitored and measured to evidence continuing social improvements for all groups. Given the continuing financial situation I have concerns that the required financial and resources and commitment to achieve the goals may not be available.	ANON-U54M-583Y-4
128	Strongly Agree	Strongly Agree	Neither agree nor disagree		More health promotion on well-being around natural products and reduce the pharmaceutical drugs on the market, that's killing us.	ANON-U54M-5836-1
129	Agree	Agree	Neither agree nor disagree			ANON-U54M-5839-4
130	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-583M-R
131	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-583U-Z
132	Agree	Agree	Strongly Agree			ANON-U54M-583T-Y
133	Agree	Agree	Strongly Agree	It must be easy to see where the areas of reduced uptake for vaccinations are and therefore where the highest levels of childhood mortality. Does it relate to the same populations who are constantly moving home and lost by the system, to the lack of information available in the languages of those who don't speak English? Whilst understanding it need to happen some of this is funding related to the NHS. So many of the health and social welfare needs of the city could be improved by increased funding for schools, support for teachers, nurses, community workers. The city is reducing funds for parks yet saying the spaces are essential. Try telling my local park keeper he is an essential part of Birmingham green spaces, when the city won't even mend the gutters and drain pipes on his hut!!	Increased funding of public service leads to increases in welfare of the community. Try not to separate the community into those who are vulnerable and in need and those who aren't. By doing this a divide is automatically created. This divide impacts due to the space in the middle. Empower and encourage those who can to assist and support EVERYONE who needs it.	ANON-U54M-5832-W
134	Agree	Agree	Agree			ANON-U54M-583S-X
135	Agree	Agree	Agree		If we are trying improve health why are we at risk of closing leisure centres	ANON-U54M-58FK-9
136	Strongly Agree	Strongly Agree	Disagree	If we got/get the basics right to ensure a fit & healthy population, i.e. reduce air polution, reduce obesity, encourage healthy diets, increase excercise (make the city more pedestrian/cycle friendly), encourage a reduction in smoking and alcohol consumption, facilitate positive mental health etc, there wouldn't be large scale need for health protection such as immunisation.		ANON-U54M-58FQ-F
137	Agree	Agree	Agree	promote Cycling specifically.		ANON-U54M-58F3-H
138	Agree	Agree	Agree			ANON-U54M-58FF-4
139	Strongly Agree	Neither agree nor disagree	Strongly Agree	I THINK YOU NEED TO GO FURTHER IN INCREASING HEALTH GAINS OF NEW DEVELOPMENTS AND TRANSPORT SCHEMES. THE URBAN ENVIRONMENT IN BIRMINGHAM HAS BEEN DESIGNED FOR DECADES FOR THE PRIVATE CARS, MOSTLY SINGLE OCCUPANCY. IT SHOULD BE MORE EFFICIENT TO MOVE PEOPLE WITH THE REALLOCATION OF ROAD SPACE FOR PUBLIC TRANSPORT AND MORE SEGREGATED CYCLE FACILITIES. THE CYCLE INFRASTRUCUTRE IN THE CITY CENTRE IS VERY POOR AROUND NEW STREET STATION AND ALL THE ONE WAYS SHOULD HAVE CONTRAFLOW CYCLE LANES	The key to creating a city for fit and active people is to remove the barriers to get around on foot or by bicycle. Birmingham is an obesogenic environment with many barriers to active travel, where infrastructure has been put in its of very poor quality. You currently have a live Bus Priority Measure Consultation with many proposals including shared spaces with Cyclists, buses and taxis THEY DO NOT MIX. You also propose to have shared pedestrian and cycle routes THEY DO NOT MIX. If you are serious about delivering an environment where people can actively travel then you need to reallocate road space and that means readdressing the balance. The car has dominated the city for far too long and delivering a more balanced and healthy transport system requires a balanced share of road space.	ANON-U54M-58FW-N
140	Strongly Agree	Strongly Agree	Strongly Agree	Please say something explicitly about Council planning and fast food . Yes it is a tricky one but at least make it a clear aspiration before the obesity time bomb blows up!	There needs to be more community GP dialogue at a grass roots level not to blame or complain but to develop a shared spirit of co-operation as neither party can find solutions alone.	ANON-U54M-58FX-P
141	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	Being trauma focussed would provide far better opportunities for positive outcomes	Continue working with partners on the ACE/trauma agenda if you want real outcomes and a genuine public health approach	ANON-U54M-58FP-E
142	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58FN-C

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143	Strongly Agree	Strongly Agree	Strongly Agree		I think the priorities set out are the right ones. As a parent and resident of Birmingham myself, I see all aspects of the aesthetic environment within our Birmingham communities as necessary to join up and interlink where and when possible. The type of environment I would like now and in the future for my family and neighborhood are clean streets, safe streets, good regular and reliable clean and safe public transport that easily connects all parts of our city, clean and safe parks and leisure facilities, green spaces where possible, ample leisure and recreation facilities, good range of decent shops and restaurants, excellent schooling and free youth facilities, shorter commuting time to and from work, available police, good GP's, dentists, accessible health clinics and hospitals and good information online. Within our own neighbourhoods and communities too, we all need to take some personal responsibility to combat crime and anti-social behaviors that we come across. If we see litter and fly-tipping there should be a clear way of reporting that or helping to remove it, if we see graffiti there needs to be a quick way of getting it removed for instance. I think, personally speaking, that we all live our lives so quickly and focus on just "us" and our immediate families, and are always so "busy" we do not act and think as a community as much as we should. In my view this can only lead to poor public health.	ANON-U54M-58F8-P
144	Strongly Agree	Neither agree nor disagree	Agree			ANON-U54M-58FY-Q
145	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58FE-3
146	Strongly Agree	Agree	Strongly Agree	However, cutting funding for specialist services for HIV & TB as has been the case contradicts the point on communicable diseases. If you screen more and diagnose more but then have no specific welfare services to manage this (like Swanswell) then you create a larger problem.	Cutting funding to health and social care currently is at loggerheads with proposals to improve health and wellbeing.	ANON-U54M-58FM-B
147	Strongly Agree	Strongly Agree	Strongly Agree		Areas of my city have become ghettos. The city prides itself on being multi cultural but the problems of segregation are continuing to grow. Better social integration is essential	ANON-U54M-58FU-K
148	Agree	Strongly Agree	Agree			ANON-U54M-58F2-G
149	Agree	Agree	Strongly Agree		A lot of the proposed "What can we influence " and "What do we want to do about it " are weak and woolly. Firstly the document does not baseline the current Council provision on public health. Secondly it doesn't indicate the current resources/financial expenditure. Thirdly it doesn't indicate the future expenditure/possible cuts to resources. The sections indicated above get weaker as the document progresses e.g. 8.1 is this talking about Council employees or working with WMCA on a wider "Thrive At Work" project for companies in the Birmingham area? It's just not clear. Section 8.2 lists a series of initiatives which are offered but doesn't say if they are Council initiatives or other organisations initiatives. If so, it's not clear what's going to happen next. Column headed "What we want to achieve " is so weak and woolly as to be meaningless. Section 9.1 advocates the co-production model which is now seriously being critiqued across the City. There's no quantification of numbers and what resource would be needed to tackle social isolation. Ditto Section 9.2 9.3 sounds like some sort of audit of community assets might take place but it is so vague and inconclusive. 9.4 is the weakest vaguest section of the lot with no quantification at all. Section 10 talks about working with partners but doesnt identity the partners in most cases. In Section 10.3 the Council doesn't identify where it has a role or influence. If there is an unstated reference to health visitors then there is general agreement across Birmingham that these services are being cut to the bone at present.	ANON-U54M-58XK-U
150	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58XQ-1
151	Agree	Agree	Agree		I would like it recognised that individuals bear a large responsibility for their own health / lifestyles, and should not rely on the state to do it for them. They need to be educated into taking up that responsibility.	ANON-U54M-58X3-3
152	Strongly Agree	Strongly Agree	Strongly Agree		Delighted to see oral health mentioned in the section on vulnerable children. There are marked inequalities in oral health across the city and we must work together to address these. At the other end of the age spectrum, the oral health of vulnerable adults also needs to be considered. As reflected in section 1.15 of the NHS long term plan, care home residents are a vulnerable group of the population who should be supported to maintain their oral health.	ANON-U54M-58XA-H
153	Strongly Agree	Strongly Agree	Agree		I am hugely impressed and wish you every success in getting the proposals through and fully supported.	ANON-U54M-58XW-7
154	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58XR-2
155	Strongly Agree	Strongly Agree	Strongly Agree	See previous comments	See previous comments regarding the need for measurable targets. Also, all of the proposed activities are fine but are they affordable given the state of the Council's budget and the recent qualifications of the management of the budget.	ANON-U54M-58XG-Q
156	Strongly Agree	Agree	Agree			ANON-U54M-58XP-Z
157	Strongly Agree	Strongly Agree	Strongly Agree		Vehicle pollution and its adverse effects on health have been known about for many years. Indeed the University of zBirmingham did a very conclusive study on this. So this should certainly be given priority in the second city with its no doubt increasing volume of traffic!	ANON-U54M-58X1-1
158	Agree	Agree	Agree			ANON-U54M-58XN-X
159	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58XJ-T
160	Strongly Agree	Strongly Agree	Strongly Agree		It would be wonderful to achieve this but we are increasing moving towards decreased regulation and lower public expenditure. You are likely to face opposition from the motor lobby, the food industry and underfunding so I don't think it will work we will continue with long and health lives for the rich and not for the poor	ANON-U54M-58X8-8
161	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58X5-5
162	Agree	Agree	Neither agree nor disagree		Public health should consider the use of framing techniques to effectively get their message across. Prevalence and epidemiology don't translate well without getting the context right first.	ANON-U54M-58X6-6
163	Strongly Agree	Strongly Agree	Agree			ANON-U54M-58XE-N
164	Agree	Agree	Agree		All sections. We, state and citizens, should care for children and create a healthy environment. Having created a healthy environment, adults have the prime responsibility for their own health.	ANON-U54M-58XM-W
165	Disagree	Neither agree nor disagree	Strongly Agree	It is the elderly, people with disabilities and people on low incomes that always lose out. With the crackpot schemes that are decided. For example the CAZ. how could this be improved. Well planes give out the same tonnage of pollutants as a car for the same distance travelled.		ANON-U54M-58XT-4
166	Agree	Agree	Agree			ANON-U54M-58XH-R
167	Strongly disagree	Strongly Agree	Strongly Agree	Many trees are growing on Walsall Road Allotments. If you destroy the allotments you will also destroy the trees. How does that help to improve air quality?	The priority should be to protect already-existing green spaces, such as Walsall Road Allotments.	ANON-U54M-58RB-C

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
168	Strongly Agree	Strongly Agree	Agree			ANON-U54M-58R3-W
169	Agree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58RA-B
170	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58RW-1
171	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58RF-G
172	Agree	Neither agree nor disagree	Agree			ANON-U54M-58RR-V
173	Agree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58RX-2
174	Agree	Neither agree nor disagree	Agree			ANON-U54M-58R4-X
175	Neither agree nor disagree	Agree	Strongly Agree		Your priorities are admirable and in truth what I suppose Public Health really stands for but there are several areas where I feel your budget does not enable to do or achieve what you would really want. Equally, I am not sure the population at times are prepared for the information or assistance you can offer to improve their help and enable them to have a happy, healthy retirement; free from ill health and too many visit to health services such as GP practices, A & E and as an inpatient	ANON-U54M-58RG-H
176	Agree	Agree	Agree			ANON-U54M-58R1-U
177	Agree	Agree	Agree			ANON-U54M-58RN-R
178	Strongly Agree	Strongly Agree	Agree		Poverty and homelessness not addressed in a way that will have impact.	ANON-U54M-58RC-D
179	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58RJ-M
180	Agree	Agree	Agree	I don't disagree.
Focussing on the pockets where uptake of immunisation is under 50% should be a priority in order to work towards herd immunity perhaps working with individual schools as those are where MMR transmission is likely to take place for children.
With transport, great to have new cycle lanes but many such as the Bristol Road development are not protected from the vehicle emissions and this alone might reduce the number of people using them rather than trying to find green routes through parks.
If you want people to use open spaces more then work with the Parks Dept to try to reduce the barriers such as lack of toilets and refreshment facilities and the roll out of park car parking charges which will deter some people. In relation to this or any community asset developments, please make the Council's complex bureaucracy that moves slower than snail's place easier for community organisations to work with. I speak with experience of projects that are taking years that should have been sorted in a matter of months. It's abusing community members time and goodwill and people are getting exhausted by it. ie the Council's own procedures are negatively impacting on community asset mental health.	I have already made multiple comments in the various sections. You should have mentioned this was the way to do it at the start!!	ANON-U54M-58XD-M
181	Disagree	Strongly disagree	Agree	The development of transport proposals along the Walsall Road and the removal of the A34 Perry Barr flyover will cause more congestion in the area these causing air quality to deteriorate, this would be compounded if Walsall Road Allotments were redeveloped as there are many trees on the site than improve air quality (removing CO2 and other toxins)	On the whole I agree with most aspects to the green paper but I am of the opinion that Birmingham City Council appears to know what is better for an area than the residents do. I also feel that they are only playing lip service to the green paper and there actions are against the proposals in the paper i.e. closing neighbourhood facilities (community centres, libraries reduced times etc) and putting existing healthy activities under threat (e.g. Walsall Road Allotments)	ANON-U54M-58R8-2
182	Agree	Neither agree nor disagree	Agree			ANON-U54M-58RQ-U
183	Agree	Disagree	Agree			ANON-U54M-58RY-3
184	Agree	Agree	Agree		unrealistic and un achievable	ANON-U54M-58R5-Y
185	Strongly Agree	Strongly disagree	Strongly Agree	Walsall Road allotments should be protected as an open, green space. Public transport should be promoted for the commonwealth games. There should be no question of turning them into a car park.
I feel that the commonwealth games will have limited long term impact on the health of Birmingham citizens. Walsall Riad allotments contributes significantly to the health of allotment holders.	I am not personally involved in Walsall Road allotments but I think that the plan to Tarmac over them to create a carpark is shameful.
I request that you abandon this idea immediately.
In my opinion, hosting the Commonwealth Games is a vanity project by a local authority that should be focussing improving on the core services it offers to residents.
The games should most certainly not be a reason for destroying valued community resources.	ANON-U54M-58R9-3
186	Agree	Neither agree nor disagree	Agree			ANON-U54M-58RD-E
187	Strongly Agree	Strongly Agree	Agree	Be a leader across the UK - can we find a way of ensuring we have forward thinking standards for healthy living? e.g. Better space requirements for new builds / renovations. Designing in the possibility of adding solar (i.e. have connections ready so that major refurb not needed for future owners to add in). etc etc	This is for 4 years. If we are going to commit to all of the above, we have to commit fully. I'd almost rather reduce the number of commitments if that meant a higher chance of success for those we aim for.	ANON-U54M-58RU-Y

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188	Strongly disagree	Neither agree nor disagree	Agree	You may reduce the pollution within the air zone, but when citizens who majority of them live outside the zone travel to their own areas or residence they will still breath in the fumes from the pollutants. The CAZ will also impact businesses within the city centre and also impoverish those who cannot afford the battery powered vehicles. Furthermore to produce battery powered vehicles you are still causing pollution.		ANON-U54M-58R2-V
189	Agree	Agree	Agree			ANON-U54M-58RH-J
190	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58AK-4
191	Agree	Neither agree nor disagree	Strongly Agree	Need to ensure that the anti vax movement does not get a foothold in birmingham	Make the city centre a cigerette free zone	ANON-U54M-58AQ-A
192	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58A3-C
193	Agree	Agree	Agree		Be more specific regarding the implementation; what actions will be taken, and what could possible outcomes of those be.	ANON-U54M-58AA-T
194					I think that the entire document could be improved by making the points of action more specific. At the moment I see a lot of 'want to'	ANON-U54M-58AF-Y
195	Agree	Agree	Agree			ANON-U54M-58AW-G
196					In order for these priorities and values to be accomplished, I think there should be a more clearer view on HOW it is going to be accomplished. Instead of saying 'we are going to raise awareness' there should be a clear goal and the ways it is going to be achieved.	ANON-U54M-58AR-B
197	Strongly Agree	Strongly Agree	Strongly Agree		Please make how you will reach each aim.	ANON-U54M-58AX-H
198	Strongly Agree	Agree	Agree		The most important health related aspect is to encourage people to be more responsible for their health through better life management which they can only do with a fair amount of money and will.- an impossible achievement? Introducing 5g will not improve health and may damage it and the environment!	ANON-U54M-58AC-V
199	Strongly Agree	Agree	Agree			ANON-U54M-58AN-7
200	Strongly Agree	Strongly Agree	Strongly Agree		All good moves our City forward and in my opinion puts us ahead of other Councils if we can put into practice.	ANON-U54M-58AJ-3
201	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58A8-H
202	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58A6-F
203	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	They are quite vague.	To have an impact on the health and wellbeing of the citizens of Birmingham the public health priorities should be bold and easy to understand so that they can be translated into local policies and strategies e.g. In Birmingham we want to make health everybody's business. We will do this by: Making health key part of any decision Building a different relationship with citizens and communities - building self-reliance and independence Making the most of the assets in the local community Influencing commissioning and community investment	ANON-U54M-58AD-W
204	Agree	Strongly Agree	Agree			ANON-U54M-58A7-G
205	Strongly Agree	Strongly Agree	Agree			ANON-U54M-58AU-E
206	Strongly Agree	Strongly Agree	Strongly Agree		Workplaces should have an independent grading system to grade how healthy and supportive they are as workplaces. There's a lot of insecure work and zero hours contracts in Birmingham - which many young people are employed under. I'm concerned that disabled people and people managing mental health conditions will be dismissed from the workplace or mistreated as this is cheaper for the employer to do than implement good, safe and secure work conditions. There is no accountability and the proposal is too vague.	ANON-U54M-58A2-B
207	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-585K-R
208	Agree	Strongly Agree	Agree	Air quality needs to be improved in the areas where people liv. The congestion charge is a start but only goes part of the way to achieving better air quality in the city. Places where there is high density population often living in poverty with additional morbidities and a large proportion of children will not benefit from the tram extension or congestion charge. Areas such as Sparkhill and Sparkbrook along Stratford Road, Aston around Aston Expressway and the A34 and Small Heath and Yardley along Coventry Road will still be affected by pollution - what is going to be done about the main arterial routes which affect so many of the city's most vulnerable people?		ANON-U54M-585A-E
209	Agree	Agree	Agree			ANON-U54M-585R-Y

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210	Strongly Agree	Strongly Agree	Strongly Agree		You need to look at expanding the role of the school nurse. Be aware of what is happening in local communities in regard to support for the elderly and link in with that	ANON-U54M-585X-5
211	Strongly Agree	Strongly Agree	Strongly Agree		I read the green paper. It's not very clear and you didn't include all genders . You didn't put bisexual people you didn't show them equality and diversity for them. Lots of people have learning difficultys the form should use different colours. Sometimes the questions are too lengthy and I hope you will cover all areas including teenagers. You should consider three areas- -Education instead of hiring more professionals you should hire volunteers feom the community . You should include places of worships. They should provide information. Send one professional and give them free knowledge.	ANON-U54M-585P-W
212	Agree	Agree	Agree		A typical top down approach that won't work. Just like all the other Papers of whatever colour. You can't impose solutions from above, you grow them from the bottom. I get exasperated at the well intentioned nonsense I see from good, earnest, well intentioned senior officers and Councillors. Here in Frankley we recognise these issues and are looking for solutions. We will fail again and again but then we move forward and fail again until we succeed. BCC can't do that, too remote, too big. You don't need a solution, you need scores, hundreds, as many as it takes. A week ago I attended a seminar title Creative Bureaucracy in the centre of Birmingham. Only one BCC officer and no City Cllrs attended! Have a chat with Professor Diane Kemp of Birmingham City University.	ANON-U54M-5851-X
213	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-585N-U
214	Strongly Agree	Strongly Agree	Strongly Agree	I would hope by improving public transport and reducing the number of vehicles on the rd peoples health would improve.		ANON-U54M-5858-5
215	Neither agree nor disagree	Agree	Strongly Agree		Help be a leader by working with people who are different alternative might want to bits of there body off and bring in regulations for those people whooffer such services we do not want another Brendon McCarthy our community has gone underground now because of the 40 month sentence do public health England want to Help us or not	ANON-U54M-5855-2
216	Strongly Agree	Strongly Agree	Neither agree nor disagree		Fresh food is expensive. Public transport should be better quality and free. Cycle routes and trams should be on all arterial roads and cars come last on the priority list.	ANON-U54M-5856-3
217	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-585D-H
218	Neither agree nor disagree	Neither agree nor disagree	Agree		Enable citizens to engage using carrot method not stick. Understand people don't want to be labelled.	ANON-U54M-5857-4
219	Strongly Agree	Strongly Agree	Strongly Agree		More should be done to engage with communities that feel isolated and forgotten as the inequalities is evident. Should do more to educate and encourage on matters of health and wellbeing	ANON-U54M-585U-2
220	Agree	Agree	Strongly Agree			ANON-U54M-5852-Y
221	Agree	Strongly Agree	Agree			ANON-U54M-585S-Z
222	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58KB-5
223	Strongly Agree	Strongly Agree	Strongly Agree		I see absolutely no mention of neurodiversity. Statistics show that only around 16% of Autistic adults are in full time employment and other divergent groups are not much better. Accessible work places are part of the problem. Whilst employers are allowed to use whatever lighting they want irrelevant of the harm it causes other humans they are going to avoid employing divergents, due to fearing they may have to change their lighting. Well the lighting should be changed to accommodate divergents anyway, and if all employers had to use accessible lighting then divergents may not need any reasonable adjustments and employers may be more willing to employ them.	ANON-U54M-58KV-S
224	Agree	Agree	Agree			ANON-U54M-58KK-E
225	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58KA-4
226	Agree	Agree	Strongly Agree		Please see my separate e-mail to Justin Varney but herewith some views: 1. In order to promote Public Health in all its aspects, you require a consistent enforcement policy via the use of existing legislation. Public Health, historically, is based upon 'statutory nuisance' which is currently defined in the Environmental Protection Act 1990 - the principle of this act is that the polluter pays. Child health and poverty are markedly determined by the immediate environment, i.e. the child's home. As far as I see from Birmingham's PRS Enforcement Guidance, there is currently no mention of the EPA 1990 for private rented housing, which means that certain groups would be unprotected from health related defects or for owner-occupied housing which suffers from HHSRS hazards. 2. For public information and education (Environment) certain councils (e.g. Bromsgrove) already provide signage re the EPA 1990, regarding dog fouling and rubbish accumulations, both of which are prejudicial to health, by warning the public re penalties for non-compliance. Birmingham, mostly, does not do so - how do you expect to educate the public in high risk areas? 3. You actually need a malnutrition as opposed to an obesity strategy, in certain areas: the objective evidence is based upon food bank usage which can be correlated by postcode etc. With respect, where is the equivalent level of evidence on alleged obesity? 4. BCC operates different regulatory policies for different departments, some of which use the 1998 Enforcement Concordat whereas others (allegedly) don't. In addition, how do you propose to achieve an effective public health policy when different departments, as at present, refuse to communicate with, or deal with each other ?	ANON-U54M-58KF-9
227	Agree	Agree	Strongly Agree		As a pharmacist,I feel supporting services that support healthier lifestyles and reducing use of harmful substances are crucial	ANON-U54M-58KW-T
228	Strongly Agree	Strongly Agree	Strongly Agree		Race and social class are important determinants of health outcomes. The thrust of the Green Paper appears to be race, culture and class blind. The evidence based work should also focus on the race and social class that impact on health outcomes.	ANON-U54M-58KX-U
229	Agree	Agree	Agree	Though the particular issue of heath gains in new developments Is not being upheld in my ward Stirchley.		ANON-U54M-58KP-K
230	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58KC-6

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231	Strongly Agree	Strongly Agree	Neither agree nor disagree			ANON-U54M-58KN-H
232	Strongly Agree	Strongly Agree	Neither agree nor disagree		Please be aware and make allowances for the fact that "adults of working age" can fall into both Priority 2 and Priority 3 catergory. Just because an adult is of working age - does not mean that a magic wand can be waved and they are immediately able to undertake employment. I feel that this Green Paper needs desperately to engage with health organisations and charities to better understand how these priorities can apply/engage with maginalised individuals (e.g. people with long-term/ongoing health conditions) to better 'understand' what is actually needed to improve peoples lives. Recommended charities: Autism West Midlands, Headway, Meningitis Now and Momentum Midlands to name a few...	ANON-U54M-58K8-U
233	Neither agree nor disagree	Agree	Agree			ANON-U54M-58KE-8
234	Agree	Agree	Agree	The open spaces, playground facilities and general appearance of public spaces as a whole in Birmingham are extremely poor. This needs to be a priority. If parks look attractive, people use them and look after them more. At the moment, my local park, Summerfield Park, is full of litter and the playground facilities are tired and in disrepair. Improving this will undoubtedly improve health.	I'm sure you're aware of this but a much more joined-up approach is needed, which will also save money in tight times. All the priorities are interlinked- a multi-agency approach is needed and it's needed fast.	ANON-U54M-58K6-S
235	Agree	Agree	Agree	What about 5G?		ANON-U54M-58KM-G
236	Neither agree nor disagree	Agree	Strongly Agree			ANON-U54M-58K7-T
237	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58KU-R
238	Strongly Agree	Strongly Agree	Strongly Agree		none	ANON-U54M-58K2-N
239	Strongly Agree	Strongly Agree	Strongly Agree		none	ANON-U54M-58KT-Q
240	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58KS-P
241	Strongly Agree	Strongly Agree	Strongly Agree		In terms of both children and adults it must be noted that the life expectancy of citizens with a learning disability remains considerably less than that of the general population. Many dying from preventable health conditions. Within the public health priorities emphasis should be placed on ensuring these citizens enjoy the same life expectancy and public health outcomes as the wider population. Including access to health screening and immunisation programmes.	ANON-U54M-58DB-X
242	Agree	Strongly Agree	Agree	See comments above about the public environment. Encourage healthy and sustainable materials throughout the planning system		ANON-U54M-58DK-7
243	Agree	Agree	Agree		We really do need to say more about the important catalyst that the commonwealth games can play. Most of the document is motherhood and apple pie and so it is difficult to disagree with its aims. The detail is going to be the important part and how you actually achieve this. Physical health and mental health have to be integrally linked - you wont get people more active when they are depressed and physical activity is a great treatment for depression. Mental health of some groups are going to have a bigger impact on other people than other groups - eg parents and their impact upon the next generation. Need to prioritise maternal mental health specifically and consider the input of Health Visiting - this has been reduced over recent years and wont be compensated for by the BUMP project. Also some groups are just riskier and have been shamefully neglected - people with autism and the LGBTQ community to name just two.	ANON-U54M-58D3-F
244	Strongly Agree	Agree	Strongly Agree	Concentrating on existing developments should be a priority, we have some excellent open spaces that are in need of attention in order to encourage all ages out of their homes.	I heard about this project through a chance Residents Meeting, I believe that this type of project should be better published in order to reach a wider range of audience. I chair a Residents Group and concerned that local residents are not aware of this project.	ANON-U54M-58DF-2
245					Please find below comments from the Health and Social Care Overview and Scrutiny Committee:- In discussion, and in response to Members' questions, the following were among the main points raised: •The selected priority themes on the 'plan on a page' were supported; except that in Priority 4 – Healthy Environment – there is a lot of emphasis around the physical environment. However, the social and economic environment is also an equally predominant determinant of how healthy residents' life chances are. A comprehensive public health approach towards reducing health inequalities in Birmingham needs to address those social and economic dimensions of the environment as well as the physical environment. •Public health issues are not restricted to those who have the toughest living environment. It is an issue for everybody. Everybody can benefit from public health improvements. Public health inequalities should be addressed using the approach of proportionate universalism or a Marmot City type of approach where public health is a matter for everyone. •Disappointed that there is only one mention of domestic abuse throughout the priorities and think it could be woven in to a lot of the other priorities. •Public health is an issue for every Directorate in the City. It is not just an issue for the public health specialists. Every Directorate and services that sit within those directorates should work to benefit public health in the City and that extends beyond to partners, businesses, police, fire etc. In response to the consultation, members would like to see all Directorates adopting a public health approach to their work, and not have a Public Health Strategy limited to the public health specialists. •Priorities will vary across the localities within the City and maybe should consider a public health strand within the Ward Plans i.e. a local public health priority element within Ward Plans as well as there being an overarching City-wide approach. •It was suggested that, over a period of time, the scope of public engagement needs to be widened beyond the mechanisms of the current green paper consultation, to get more members of the public involved long term in helping to shape better public health City-wide and in the localities.	ANON-U54M-58DR-E
246	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree	As someone who has never driven a car or motorised vehicle and never used air travel and has reached the age of sixty, my advice is to rid the City of cars and airports. If you really want to improve air quality the take it seriously. If the advent of the digital society is supposed to change the way we interact and work, why are there more cars on the road than ever before? Where are they going? What are they doing? I have worked from home for ten years and haven't travelled to a meeting in over five years because telecoms and technology mean that I don't have to pollute the planet to do business.	Not a comment, but a question: How confident are you that you can deliver on this strategy without a network of third sector organisations working collaboratively, and integrated across the city?	ANON-U54M-58DX-M
247	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58D1-D
248	Agree	Neither agree nor disagree	Agree	The emphasis needs to be with the hard to reach communities and the greatest benefits are with improved screening and vaccination rates in these communities. these programmes need more health visiting staff 'on the ground' than aspirations!	my emphasis has been with the migrant population. as this is not spread evenly in Birmingham but focussed in the poorer housing areas more trained and experienced staff are needed. since NHS charging has been introduced it has increased the NHS bill with late presentation and created confusion and misunderstanding amongst migrants. i would ask that Birmingham be bold and stand against health charging as it is a very small part of the NHS budget.	ANON-U54M-58DN-A

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
249	Agree	Agree	Neither agree nor disagree			ANON-U54M-58DJ-6
250	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58D8-M
251	Agree	Agree	Agree			ANON-U54M-58DY-N
252	Strongly Agree	Strongly Agree	Strongly Agree		It occurs to me that our city only does the minimum to satisfy the rules of recycling,as the second city we should be leading the way by exploring more ways to encourage the public to recycle	ANON-U54M-58DE-1
253	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58DM-9
254	Strongly Agree	Neither agree nor disagree	Agree			ANON-U54M-58DU-H
255	Agree	Agree	Agree		Make going green affordable to the most polluting people, homes, cars to give an incentive to modify behaviors	ANON-U54M-58D9-N
256	Agree	Agree	Agree	same.. no detail on what/when and how	The priorities are clear and difficult to disagree with, so you should get lots of people agreeing. If that is your objectives, job done. If you actually want to improve health outcomes you don't say how this will be done, when, and what resources you have to deal with these very big issues which need private business buy in etc.	ANON-U54M-58D6-J
257	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58DH-4
258	Neither agree nor disagree	Agree	Agree		Good luck! :-)	ANON-U54M-58DD-Z
259	Agree	Agree	Strongly Agree		Infant mortality in Birmingham has been high since the 60s. Astonishing.	ANON-U54M-58DS-F
260	Agree	Agree	Agree	Should also address anti-social problems such as fly-tipping with more punitive actions.		ANON-U54M-58BV-G
261	Agree	Agree	Strongly Agree			ANON-U54M-58BK-5
262	Neither agree nor disagree	Strongly Agree	Agree	Air quality depends on getting traffic to move quicker not stuck at lights so fine tune these. Overpopulation. Better street planning. Inside schools air quality matters-pupils don't linger at the gates,often these gases etc will disperse in a breeze anyway. Stop parents driving up to schools !		ANON-U54M-58D2-E
263	Strongly Agree	Strongly Agree	Strongly Agree		Use some of the money taken up with the various schemes, expensive graphic designs, push cards and lunches to provide people with proper rents allowances	ANON-U54M-58BQ-B
264	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58B3-D
265	Strongly disagree	Strongly Agree	Strongly Agree	There should be stricter measures to reduce dumping by individuals	Clean air is not enough Also a cleaner environment for all would improve the quality of life and mental health for all	ANON-U54M-58BF-Z
266	Agree	Agree	Strongly Agree			ANON-U54M-58B4-E
267	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58BX-J
268	Strongly Agree	Strongly Agree	Strongly Agree		Please keep the children's centres open and transform libraries into proper community resources! Invest again in youth clubs and day resources for Older/Disabled people.	ANON-U54M-58BW-H
269	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58BC-W
270	Agree	Agree	Agree		There is no reference to how this strategy will help support Birmingham' Black Minority Ethnic Health - Birmingham is one of the most multicultural cities in the country - how ironic....	ANON-U54M-58BN-8
271	Agree	Agree	Agree			ANON-U54M-58B8-J

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272	Strongly Agree	Disagree	Agree	Tech solutions too frequently fail to deliver the anticipated benefits. In practice a cherry picking practice seems to operate and promised benefits fail to materialise. Effective regulation seems sadly lacking.		ANON-U54M-58BP-A
273	Strongly Agree	Strongly Agree	Strongly Agree	All these are good BUT. There is a huge lack of understanding in what can be done to improve air quality: i) stop all taxis and parents in school run vehicles idling their engines: on pain of vehicle confiscation !!! That would work. 2) Plant trees and hedges around all schools, medical centres etc so that youngsters are screened from pollution and particulates pumped from traffic. TREES filter particulates. Trees absorb greenhouse gases we produces and Trees give off OXYGEN as their waste product. 3) Get rid of all road humps which slow traffic and build up pollution. 4) Penalise parents for school runs: youngsters should walk or take (safe) buses(as we grumpy ones used to). Get all dirty white vans PUMPING thick black smoke immediately off the road.- with major fines. 5) STOP felling TREES to provide "green cycle paths". Planners' stupidity is awesome. 6) make spitting on the ground/pavements/buses etc an offence ; with major spot fines: this will stop spread of communicable disease. 7) preach the washing of hands with soap and water at all times: coming home from outside: after toileting: before eating; before food preparation: after shaking hands with strangers:in other words HYGIENE HYGIENE HYGIENE. should also apply to all healthcare workers in any setting going from patient to patient: wash hands each and every time. 8) STOP NURSES traveling to and from hospitals etc in their uniforms which are then used to spread infection to vulnerable patients on wards. all nursing/hospital uniforms should be left in the workplace except when being laundered. All hospital doctors physicians etc should wear white coats etc for reasons of hygiene and not to cross infect patients using their everyday clothing for work and home etc. 9) Limit hospital visiting hours/numbers of visitors and ban hospital visitors from using patient/ward toileting facilities. 10) flowers and plants on hospital wards improve patients' mental health and do not spread infection. Unhygienic practise of health workers eg doctors and nurses and ancillary workers as well as visitors, is a major issue and should be addressed as above.	Overarching sentiment for good public health. To improve our environment, we do not need expensive remedies but we do need to stop , think and get back to basics. We need to understand that we all need natural open spaces/green spaces and as many trees as we can possibly plant in all residential and all high traffic volume areas, in order to provided clean air with plenty of oxygen and filtering out pollution and particulates. we need open green places for our mental health and sanity: somewhere to go to exercise(not just sweaty smelly gym) or just to have some quiet calm space. We need our youngsters to understand, experience and respect green spaces and to understand and treasure all plant and animal life. when we have compassion for the natural world we will all benefit and learn to have compassion for each other. Compassion and help for each other will sustain our mental heath more than any sedatives tranquillisers or anti-depressants.	ANON-U54M-58BR-C
274	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58BY-K
275	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58BZ-M
276	Strongly Agree	Strongly Agree	Strongly Agree		Exhorting people to walk and cycle more needs to be accompanied by an improvement in conditions for walking and cycling. Efforts to improve air quality by reducing transport and industrial sources will be negated by the increasing use of domestic wood burning and "smokeless" fuel stoves unless installation and use of these is restricted.	ANON-U54M-58B6-G
277	Neither agree nor disagree	Neither agree nor disagree	Agree			ANON-U54M-58B9-K
278	Strongly Agree	Agree	Strongly Agree		Young people can be influenced by the messages they receive during childhood. This needs to be considered when looking at the wider determinants of health and the future generations.	ANON-U54M-58BD-X
279	Agree	Neither agree nor disagree	Agree	Concentrate on improving the transport we have. No one feels safe on buses and trains are unreliable		ANON-U54M-58BU-F
280	Strongly Agree	Strongly Agree	Neither agree nor disagree	You need RULES for planning and transport that cant be avoided by developers You also need to have CLIMATE CHANGE as the driver for this. Good houses are also climate change compliant Stop building roads as without fewer cars we are screwed	Only to say that our city must change fundamentally and quickly or our citizens health and that of our planet are unsustainable	ANON-U54M-58B2-C
281	Strongly disagree	Neither agree nor disagree	Neither agree nor disagree	Council just using environment as a way to hit people in the pocket. If they were really bothered recycling would not have dropped from 32% to 24%.	Just another box ticking exercise from the arrogant we know best council.	ANON-U54M-58BS-D
282	Strongly Agree	Strongly Agree	Strongly Agree		There are a lot of children and adults alike who are being failed by the system. The times matters have not been followed up and someone somewhere is let down by the system - it happens a lot - sometimes through miscommunication or ignorance The point i am making is sometimes not everything is black and white so my earnest desire is that no one is failed or let down by incompetence or professionals who don't follow up concerns on any individuals. Schools and hospitals and mental institutions should be getting a lot of support and funding as they are struggling in every sector due to lack of resources and staffing.	ANON-U54M-589B-K
283	Strongly Agree	Strongly Agree	Strongly Agree		Poverty and economic exclusion needs explicit emphasis for all age groups	ANON-U54M-589K-V
284	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-589Q-2

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285	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5893-4
286	Strongly Agree	Agree	Agree			ANON-U54M-589F-Q
287	Disagree	Neither agree nor disagree	Strongly Agree	Congestion charges will kill the high street and will ruin business owners. Shops will close. Public transport should improve and become more reliable before you start to charge people for driving in certain areas. Parking near high streets should be free.		ANON-U54M-589R-3
288	Strongly Agree	Agree	Strongly Agree		Your conception is very good. If you make this good. This program can by work. 1 You must have appropriate peoples who will prepare this program. 2 You must have more people who will see problems and will ready can help. 3 People with your program must know: How find problem or person who need help. This person must be completely not racist. This person or organization must be really ready to help. 4 Your slogans can not be empty for people.	ANON-U54M-589G-R
289	Agree	Agree	Agree			ANON-U54M-589C-M
290	Strongly Agree	Disagree	Strongly Agree	what are the health benefits of new transport schemes, what are these transport schemes which are healthier? The demise of local high street to increase social isolation- how to support profitable businesses in high st. Internet shopping - how are you going to address the increase in van deliveries?	National policies override local ones	ANON-U54M-589X-9
291	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5898-9
292	Strongly Agree	Strongly Agree	Strongly Agree		As regards section four, child health in my job as a school catering manager I would like to propose a few things. Where the provision of school meals is of a good standard in Primary schools that the Head teacher should have the confidence to insist all KS 1 children take up Universal Infant Free School meals. The roll out of UIFSM to KS 2 children. To rigorously implement the school food standards right across the school day including providing healthy breakfasts and healthy after school food provision. the standards are not just for lunch time. Increase walking busses and cycling busses to school. This not only encourages activity in children (and adults who run them) it's good for the environment and has an effect on attendance increasing it in many cases. This also helps children whose parents/ carers struggle to get them to school on time. Every new tree that the council plants should be a fruit tree creating 'living streets'. Every place where children and families visit sign up to a "smart choice served here" scheme. Places like museums and soft play venues sign up to a few short undertakings like baking food where possible instead of frying. Promoting healthier choices by placing them at the top of menus over less healthy options and placing fruit at the front of counters instead of chocolate. Perhaps when these premissies have there environmental health check they could also be checked to see if they comply and have a star rating for healthy smart choice food. All council run buildings and schools no longer stock or offer confectionary or fizzy drinks.	ANON-U54M-589Y-A
293	Strongly Agree	Disagree	Strongly Agree	I think the existing assets need to be assessed. For example, a chip-shop should not be within 100 yeards of a school but some still are. See Heathfield Road, B19. Some developments need to be moved or re-housed elsewhere. Something needs to be done about preventing children from slipping down the wrong path early in life.		ANON-U54M-5896-7
294	Agree	Agree	Neither agree nor disagree		There is no mention of green spaces in wards such as mine that are a local asset to health and well being. In kingstanding we have only one public playing field, Burford Road, that is currently under consultation to be built upon for housing. If this paper is to be taken seriously, surely the short sighted decisions such as this to rid areas of green spaces are farcical. Decisions such as this, for short term financial gain for the council as apposed to long term, sustainable, healthy planning decisions need to be considered as an alternative if health inequalities are supposedly a priority. Ridding a community of such an asset appears to fly in the face of everything this paper is trying to achieve.	ANON-U54M-589D-N
295	Strongly Agree	Agree	Agree		It is very hard to disagree with the priorities within the document. The difficulty is to prioritise within these priorities as they are so broad and wide-ranging	ANON-U54M-5897-8
296	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5892-3
297	Agree	Strongly Agree	Strongly Agree			ANON-U54M-589H-S
298	Agree	Agree	Strongly Agree		Happy with the general priorities of Green paper.	ANON-U54M-589S-4
299	Agree	Strongly disagree	Neither agree nor disagree	I do not trust your motives nor your capability when it comes to transport schemes. Rather than always use stick try carrot with motorists and forget about continuously trying to force people onto public transport!		ANON-U54M-58TB-E
300	Disagree	Agree	Neither agree nor disagree	The impact of air quality on child health is already known - you don't need to repeat this work. Encourage exercise/ walking and improve public transport. Cut crime so people safe to walk		ANON-U54M-58TV-2

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301	Strongly Agree	Agree	Agree			ANON-U54M-58TK-Q
302	Disagree	Disagree	Strongly Agree	The council has tunnel vision re air pollution and is just looking using it as an opportunity to increase revenue. Using public funds to appease taxi drivers and forgetting about the vulnerable in society who cannot afford the charges or to fund more expensive cars. What does the second one even mean????	Full of nice sentiment but doesn't actually give any detail on how you are going to achieve any of it.	ANON-U54M-58TQ-W
303	Strongly Agree	Strongly Agree	Strongly Agree		There needs to be significant investment in support for children and young people with additional needs. Waiting lists of over a year for speech therapy and occupational therapy, huge waits between appointments with community paediatricians meaning it takes years to get a diagnosis of ADHD or ASD, and the near impossibility of getting a referral accepted by Forward Thinking Birmingham mean that our most vulnerable young people often are in a medical 'limbo' in their most crucial developmental years, leaving a lasting impact on their likely outcomes in life.	ANON-U54M-58TA-D
304	Strongly Agree	Strongly Agree	Agree		No	ANON-U54M-58TW-3
305	Strongly Agree	Strongly Agree	Strongly Agree		Small green spaces around the city are being built on. How does this lessening of green space and less trees fit in with improving air quality!!!	ANON-U54M-58TF-J
306	Strongly Agree	Agree	Agree			ANON-U54M-58TR-X
307	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58TX-4
308	Strongly Agree	Strongly Agree	Strongly Agree	Could you do something about a business abutting our home, namely John Hornsby Crane Hire, B27 6RU, who runs his diesel cranes for a minimum of 1 hour on a regular basis, polluting our garden in such a way that we have to close all our windows, can not sit in the garden, can not put the washing out and have to breath in these toxic fumes. Apparently, diesel fumes are just as harmful as asbestos. I have contact your Environmental Health department and they say there is nothing they can do. If you are serious about the clean air of Birmingham, perhaps you could start in Acocks Green!	We live next door to a business, John Hornsby Crane hire who regularly runs his very old diesel crane for 1 hour plus. Apparently, diesel fumes are just as toxic as asbestos poisoning. We have to close the windows, can not go into the garden nor hang out the washing. Your Environmental Department say they can do nothing about this problem he is well within his rights to run his diesel engine for as long as he likes and Birmingham CC wants to clean up the air!!! Come to see us in Acocks Green!!!	ANON-U54M-58T4-Z
309	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58TG-K
310	Agree	Agree	Agree	If Public Health will be taking an influencing and policy role concerning transport schemes, it would also be beneficial to consider community safety within that remit which is an important barrier across age-groups to more walking, cycling, use of public transport.	As referenced already I am disappointed that there is no reference to refugees and migration within the green paper. There is a refugee and migrant population of approximately 250,000 people and being born overseas places a range of challenges and barriers to good health. This includes issues with health literacy and prevention, susceptibility to particular health conditions, as well as a lack of appropriate engagement with primary care and secondary care services. These health issues are implicated in barriers to employment and propagating existing economic inequalities.	ANON-U54M-58T1-W
311	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58TN-T
312	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58T8-4
313	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58TZ-6
314	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58T5-1
315	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree		I generaly not believe anything will happen I always say to my self that I won't do any more servey's but.	ANON-U54M-58T6-2
316	Agree	Agree	Agree			ANON-U54M-58T9-5
317	Disagree	Neither agree nor disagree	Neither agree nor disagree	Focus must include where people live. Clean air is needed near homes schools hospitals and workplaces. There are many measures which could improves air quality including green walls, planting trees to absorb particulates near busy roads. Traffic calming and no car zones near schools. Removing the toll from the M6. This motorway hoes through residential areas affecting the health of citizens living nearby and goes near schools.		ANON-U54M-58TE-H
318	Agree	Agree	Agree			ANON-U54M-58T7-3
319	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58T2-X
320	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58TS-Y
321	Agree	Agree	Strongly Agree			ANON-U54M-581A-A
322	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-581F-F
323	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-581W-Z

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324	Agree	Agree	Agree		1. The Vision • Pleased to see both health improvement and health protection alongside wellbeing • Clear statement about reducing inequalities in health • Would like to see a statement about collaboration with partners statutory and non-statutory • Would like to see an acknowledgement re STP • Approach should include system and partnership collaboration 2. The 4 Priorities • Like the three values of equity, prevention and evidence-based • Seems to lack a balance between democratic legitimacy and public health leadership - for example public health taking a leadership role in public health issues. 3. Overarching Themes Agree with proposed priorities, comments - Overarching theme about tackling health inequalities in entirely appropriate as an overarching aim. However, that the second aim related to the commonwealth games is too narrowly framed and could be expanded to include the wealth of exciting regeneration and development programmes underway within the city to include the East Birmingham Inclusive Growth Corridor, HS2, the Langley and Peddimore developments etc. 4. Improving Children and Young People's Health and Wellbeing Infant Mortality; Strongly Agree with proposed priorities, comments – - Cross reference with the Saving Babies Lives Care Bundle (v2) which is a requirement within maternity contracts. - Smoking is one element of the bundle directly correlated to infant mortality. What provision and capacity is there to help pregnant women? - Cross reference with LMS plans. Childhood Obesity; Agree with proposed priorities, comments – - Clarification regarding how this will be achieved with notable gaps within the commissioning from both a Local Authority and CCG perspective in regards to specialist service and dietetic support. Supporting the mental and physical health of our most vulnerable children; Strongly Agree with proposed priorities, additional comments; - Clarification regarding Public Health's role in supporting the Physical and Mental Health of Children and Young People - Focus on SEND/LAC as a priority	ANON-U54M-581R-U
325	Strongly Agree	Strongly Agree	Strongly Agree		No, I think you have covered all the areas that are most important to the people of Birmingham.	ANON-U54M-581G-G
326	Agree	Agree	Agree	10.1 Improving air quality Isn't clear enough about the causes of poor air quality – including transport emissions (motor vehicles), domestic and industrial sources – and how to tackle these, as well as monitor them. Should reference the Clean Air Strategy, Brum Breathes programme and Clean Air Zone https://www.birmingham.gov.uk/info/20076/pollution/1280/what_is_birmingham_doing_about_air_pollution and the air quality policies in BDP and Development Management DPD. 10.2 Increasing the health gains of new developments and transport schemes Would be good to advocate a more holistic, cross-departmental approach to public health, transport and planning such as the Healthy Streets approach. https://healthystreets.com/ Reference the Birmingham Development Plan, Road Safety Strategy and forthcoming Design Guide and Local Cycling and Walking Infrastructure Plan Need to identify opportunities to work closely with planning colleagues to ensure that all new development proposals or alteration of existing developments is done to maximise the benefits of such schemes to the health of Birmingham's Citizens.	There are some things not currently covered in the Green Paper – including: • Communication plans • Timescales/ delivery plan • Sources of funding to deliver on the actions • Improved access to health facilities and services, including active travel and digital opportunities • Road safety and references to local and regional road safety strategies https://www.birmingham.gov.uk/downloads/file/1108/road_safety_strategy_full_document https://governance.wmca.org.uk/documents/s2450/Appendix.pdf	ANON-U54M-5814-W
327	Strongly Agree	Strongly Agree	Neither agree nor disagree		A clear focus of the green paper should be delivering a healthy living environment. For too long has Birmingham prioritised car-use in the city at the expense of physical inactivity, worsening air quality and the loss of green spaces. Focus should be put on delivering sustainable transport solutions, improving links for walking and cycling (giving pedestrians and cyclists priority over use of space and road junctions) and providing more green areas in the city centre. With healthier living space will come the health benefits the city needs.	ANON-U54M-5811-T
328	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-581C-C
329	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-581N-Q
330	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-581J-K
331	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5818-1
332	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-581Z-3
333	Neither agree nor disagree	Agree	Strongly Agree			ANON-U54M-581E-E

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
334					Cadent owns and operates four gas distribution networks in the UK, providing a safe, reliable and efficient network that transports gas to homes, schools, businesses from the Lake District to North London and from the Welsh Borders to the East of England. We serve 11m customers across this footprint and are the largest gas distribution company in the country. We are proud to be headquartered in the West Midlands. Cadent are committed to helping to keep our customers warm and safe, and to supporting the communities we serve. To this end, we welcome the opportunity to respond to this consultation. Whilst we agree with the premise of the Public Health Green Paper, there are a few specific points we would like to make in order to help shape future policy. Cadent agree with the importance of improving air quality across Birmingham. We welcome the forthcoming introduction of the city's Clean Air Zone and the measures proposed to help clean up with vehicle parc. Cadent strongly believe that CNG has an important role to play in helping to improve air quality in Birmingham and across the UK. CNG and bio-CNG have a critical role to play in helping those hard-to-tackle sectors to decarbonise, such as HGVs. Indeed, compared to diesel, bio-CNG vehicles emit 84% less CO2, whilst also offering HGV drivers a 40% cost saving on their fuel. We are already working with the City Council to help develop the infrastructure needed to help encourage moves to cleaner vehicles, this includes working with CNG fuels to deliver bio-CNG refuelling stations across the region, including at the Tyseley Energy Park. We would like to see Birmingham City Council continuing to support the promotion of this cleaner fuel, and to encourage greater uptake of bio-CNG. Cadent are working on ways to Cadent are also working to develop the necessary infrastructure to support the use of hydrogen for transport in the future, including for trains, trucks and HGVs. This has the potential to offer even greater air quality benefits, and we would therefore like to see Birmingham City Council supporting the uptake of this fuel. If we are to address air quality concerns, then we must also look at how we can decarbonise heating across the city. We are already helping the network to decarbonise through the introduction of 'green gas', but believe that this could be further supported by Birmingham City Council. Green gas in the form of biomethane and bioSNG can replace a significant component of the natural fossil gas usage, but would require a clear strategy to protect and direct the required feedstocks such as food and domestic black back waste, which are controlled by Local Authorities. These technologies represent a more efficient and lower carbon energy production compared with current approaches such as energy from waste incineration. We would therefore like to see Birmingham City Council working to support these initiatives. Hydrogen blending, up to 20%, presents the easiest way in the medium term to lower carbon emissions (minimum 6%) from the gas grid, with little or no impact on industry and commercial customers, and no impact on domestic customers. In the medium term blending will use hydrogen produced via electrolysis from renewable power generation, as well as other sources being injected directly into the gas grid. This technology is available already and could be delivered across the UK almost immediately, with the necessary policy support. We would therefore like to see	ANON-U54M-5815-X
335	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree			ANON-U54M-581M-P
336	Neither agree nor disagree	Agree	Strongly Agree			ANON-U54M-5819-2
337	Neither agree nor disagree	Strongly Agree	Strongly Agree			ANON-U54M-581D-D
338	Strongly Agree	Agree	Strongly Agree		Good health should be for all not just the ones who can afford it one person who is poorly in a family can effect all those around them	ANON-U54M-5817-Z
339	Strongly Agree	Disagree	Strongly Agree	As per previous comment. Health gains from development and transport may not reach those most on need. The offer is a bit weak. Pollution doesn't just happen in the air!	Please avoid this strategy being business as usual. It's imperative that wealth inequality and environmental degradation is woven together in an ecological approach that recognises the social drivers of causes.	ANON-U54M-581U-X
340	Agree	Disagree	Agree	No mention of parks or allotments.	I would like to see more support for green gyms, parks, woodland schools and conservation groups in these proposals as there is scientific proof of the physical and mental health benefits of connecting with nature.	ANON-U54M-581T-W
341	Agree	Agree	Strongly Agree		Where is the commitment to support grassroots organisations addressing specific issues ? They are delivering massive support towards looking after the people in birmingham and often with NO support from local government. They are providing things which should be your responsibility. Is there any money going to them ? The amount they can do for just a small amount of money considerably outweighs what you spend on simple things.	ANON-U54M-581S-V
342	Strongly Agree	Agree	Strongly Agree		The need for greater visibility around many of these issues is vital. Sending messages via twitter whilst one strand of any campaign does not fully discharge responsibilities around a range of behaviors which are injurious to both individual and public health. Other cities have taken a public health approach to knife crime is that possible here across the full range of agencies?	ANON-U54M-58QV-Y
343	Strongly Agree	Strongly Agree	Strongly Agree		There is not enough focus on the role of the health service here. The move towards prevention and community based approaches is good, but it will not work alone and the experience of those with ill-health trying to access healthcare needs to be improved. It takes a long time to build up individual and community resilience and networks of support - and these will not be able to replace traditional healthcare services.	ANON-U54M-5816-Y
344	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QQ-T
345	Agree	Disagree	Neither agree nor disagree	"We can work with partners to enable cleaner ways to travel. " and, "We should also be considering sustainable transport and active travel at the earliest stages of new developments so that opportunities to promote walking, cycling and public transport use are identified and pursued and that the environmental impacts of traffic and transport infrastructure are minimised. " Claimin g this but not intergrating tarnsport systems is unhelpful: you should be allowed to bring bikes ont he new trams, or even on buses. Washington DC manage this. Integrated transport will encoureage more journeys by foot/bike. Also please contiue to improve bike lanes - Hagley road would be perfect for a bike lane, not just rest on your laurels of the Bristol Road one. Please also keep enforcing Operation Close Pass to educate drivers about saf epassing distances for cyclists: this will encourage more cyclists and help achieve your aims.		ANON-U54M-58QA-A
346	Agree	Strongly Agree	Agree		Yes - you need to improve transport links. For example improving clean air and the implementation of the clean air zone will only work if transport links are improved so more buses and bus lanes for example . Need to look at the whole picture not just issues in isolation	ANON-U54M-58QR-U
347	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58QX-1

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
348	Agree	Agree	Agree			ANON-U54M-58QG-G
349	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58Q4-W
350	Strongly Agree	Neither agree nor disagree	Agree		the aims are great and ambitious; I think the challenge is to provide novel approaches that are effective; using the Commonwealth Games is a great opportunity and I congratulate the organisers on their vision	ANON-U54M-58QP-S
351	Agree	Agree	Agree		☺Need a holistic response - linking with Working in N'hoods White Paper and good stuff that communities already doing ☺Importance of use of language - needs to be simple and easy to understand by all ie not council speak ☺ Try not to be too preachy- complete turn off ☺ Bottom up not Top down implementation But definitely going along the right path ☺	ANON-U54M-58Q1-T
352	Strongly Agree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58QY-2
353	Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-58QZ-3
354	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QN-Q
355	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QE-E
356	Agree	Strongly Agree	Strongly Agree			ANON-U54M-58Q6-Y
357	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QM-P
358	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58Q9-2
359	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QD-D
360	Strongly Agree	Agree	Strongly Agree			ANON-U54M-58Q7-Z
361	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QU-X
362	Strongly Agree	Strongly Agree	Strongly Agree		We should promote physical activities within schools, colleges & work places. We should put something on place to discourage smoking or other habits.	ANON-U54M-58QT-W
363	Agree	Neither agree nor disagree	Agree		Specific around BME and health inequalities as this is not a level playing field for all communities	ANON-U54M-58QS-V
364	Disagree	Disagree	Disagree	I don't understand this jargon. I'm not sure that health protection fits well in here. A healthy environment should be about creating sustainable, fair and attractive spaces that keep communities healthy and happy.	There are too many priorities. There is too much jargon. I don't know how you are going to measure these.	ANON-U54M-58Q2-U
365	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58NB-8
366	Strongly Agree	Strongly Agree	Strongly Agree		Some more emphasis on priority 4 given the wide range of functions that make up a healthy environment. Nobody would disagree with the high level priorities, at a cynical level it may be viewed as constructing consent.	ANON-U54M-58NV-V
367	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58NK-H
368	Agree	Agree	Strongly Agree		Health education - preventable illnesses and health awareness.	ANON-U54M-58NQ-Q
369	Agree	Agree	Agree			ANON-U54M-58N3-S
370	Agree	Agree	Strongly Agree	Regarding air quality & transport - public transport provision is key. Disincentivise private transport through the Clean Air programme along with home/flexible working. But people need an alternative to the car - regular, reliable clean public transport.		ANON-U54M-58NA-7
371	Agree	Neither agree nor disagree	Agree		I am seriously concerned about the reduction in social care staff - so have no idea how these priorities will be developed and implemented and how there would be any positive impact without serious review/increase in the resource available. there is always a decent plan - but the reality is they can never to implemented in a real and meaningful way - it feels like feeding a beast - not really improving the life and well being for all citizens. commissioning of MH care for children and young people needs reviewing - they are having to wait so long to see anyone its too bad....	ANON-U54M-58NF-C
372	Strongly Agree	Agree	Neither agree nor disagree	Health protection assurance and response including screening, immunisation and communicable diseases. I think there may well be some human right issues, equally we should consider deals with pharmaceuticals companies.		ANON-U54M-58NR-R

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373	Strongly Agree	Agree	Agree		KONP Birmingham comments on BCC Public Health Strategy The document does not really live up to its billing as a "strategy" i.e. a high-level plan of action. A lot of the proposed "What can we influence " and "What do we want to do about it" are somewhat weak and woolly, being largely statements of laudable aspiration but without much specific substance. The sections get weaker as the document progresses e.g. no specifics are given for "addressing poverty" and there's a lot of "want to develop" without a hint of the costs or organisational implications. The document does not baseline the current Council provision on public health; it doesn't indicate the current resources/financial expenditure and it doesn't indicate the future expenditure/possible cuts to resources. Initiatives such as the "Start Well Program" are quoted without describing these to the non-cognoscenti, similarly use of jargon like "foundation stage". Section 7.2 focuses on the individual; the "whole systems approach" somehow fails to consider the wider context e.g. healthy eating is not so easy when the only affordable locally available food is pre-packaged and you don't have the transport to get to a bigger shopping centre or supermarket. Similarly keeping fit is not helped by reductions in playing field availability and the reduced accessibility of leisure facilities due to funding cuts. Section 7.3 does not consider the impact of school testing and exam pressures on children's' mental health, pressures that have massively increased over the last couple of decades. Section 8.1: is this talking about Council and/or NHS employees, or working with WMCA on a wider "Thrive At Work" project for companies in the Birmingham area? It's just not clear. Section 8.2 lists a series of initiatives which are offered but doesn't say if they are Council initiatives or other organisations' initiatives. If so, it's not clear what's going to happen next. Column headed "What we want to achieve " is so vague as to be meaningless. Section 8.3 asserts that the council can reduce the stigma around metal health – how? Section 9.1 advocates the co-production model which is now seriously being critiqued across the City - "empowerment" is too often a euphemism for "you're on your own, do it yourself". There's no quantification of numbers and what resource would be needed to tackle social isolation. Social isolation should be a factor to be assessed when council and NHS authorities are considering closing local facilities and moving services to more consolidated "hubs" – these may have advantages in some ways but the distances for people without transport tend to be glossed over. Ditto Section 9.2 – if truly local facilities are closed where will the locally available advice and signposting be found?	ANON-U54M-58NG-D
374	Agree	Agree	Agree		See my introductory comments on page 1	ANON-U54M-58N4-T
375	Strongly Agree	Strongly Agree	Agree	New developments and transport schemes: -Ensure that safety education/considerations are included particularly for children and young people. -Ensuring targeting arterial routes of the city through areas where there is dense population and potential deprivation. Clarification required around the statutory requirement to support CCGs.	A joint commitment to partnership working is key.	ANON-U54M-58NP-P
376	Strongly Agree	Strongly Agree	Strongly Agree		To help the vulnerable children and adults .help reduce suicide as 6000 people committed suicide in 2018 something needs to be be addressesed urgently about this as I have try numerous times to end my life the mental health need to act quickly to reduce theses numbers ,	ANON-U54M-58NC-9
377	Neither agree nor disagree	Agree	Agree			ANON-U54M-58N8-X
378	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58NY-Y
379	Agree	Agree	Strongly Agree			ANON-U54M-58NE-B

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380				See comment under section 8	We did not feel able to comment under Sections 4-7 as we felt the 'priority areas' set out were inappropriate. See our comments under Sections 2 and 3.	ANON-U54M-58N5-U
381	Strongly Agree	Strongly Agree	Agree		Much agreement, but without knowing detail it difficult to judge. Piecemeal approaches, more outsourcing in a situation where GPs and other resources are decreasing and there is a dependency on international organisations for pharamaceuticals, food etc. which aim at increasing properties all work against.	ANON-U54M-58N6-V
382	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58QW-Z
383	Strongly Agree	Agree	Agree	On Air quality, also suggest there are opportunities through the innovation alliance to develop a connected city approach that gives real time data to young people to drive their own local projects and initiatives. We wonder if there is opportunity for bolder outcome ambitions, particularly around reduction in respiratory admissions. Health gains of new developments; As well as the meso-level intradevelopment commitments, we propose the need for a supporting ambition around the macro pieces of infrastructure that connect up local schemes, and for the public health team to lead the case for substitutional rather than additionality approaches to developing active infrastructure. Recent road scheme proposals show that once people leave the edge of new developments, there is little interconnectivity. Similarly, with the majority of residents in non-new developments, it must be important (based on the departments equity value) that benefits on access to active travel are shared more widely. On health protection, BWC NHS would love to be involved in catch up vaccination, but there are numerous barriers around notifications and data capture that have historically been too difficult to overcome. We would be eager to explore any opportunities around this.	Response provided by Dr Christopher Chiswell on behalf of Birmingham Women's and Children's NHS Foundation Trust. We have submitted full comments on each section, not just based on areas of disagreement.	ANON-U54M-58N1-Q
384	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58ND-A
385	Neither agree nor disagree	Neither agree nor disagree	Strongly Agree			ANON-U54M-58N7-W
386	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58NM-K

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387	Strongly Agree	Strongly Agree	Strongly Agree		•Mental Health: oEarly intervention crucial, though accepted that signs/symptoms may not necessarily be easily recognised or even diagnosed as many different "strains" to mental health, often requiring considerable investigative resources oSupport following diagnosis oTalking therapies oFollow Hampshire where police supported by mental health workers as some "crimes" not always police matters but result from mental health problems o111 – mental health nurses to be signposted oWorkload issues for staff oFunding priorities – to make best use of limited resources •Workplace: oGreater support for employees is often though not always available, and where lacking requires improvement oHowever, many now work at home, self-employed or on zero hours' contracts – how could they be supported? •Social Isolation: oReducing social isolation could lead to the reduction in mental health issues oHelp in the community, eg, Silver Line, social prescribing to local activities oSocial media could bring like-minded people together oTraining for those not familiar with modern technology could bring benefits, but required a structure to return to ask questions if issues arose •Healthy Environment: oAir quality a huge issue: CAZ could help oExtension of Metro to reduce car usage oMore bus lanes within Middle Ring Road proposed oSignage: too much, not clear, too small, cannot drive and read at the same time	ANON-U54M-58NU-U
388	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58NT-T
389	Strongly Agree	Strongly Agree	Agree			ANON-U54M-58NH-E
390	Agree	Agree	Agree		As I have said previously the document consistently omits race and ethnicity and these are inextricably linked to the determinants of health. How can a public health strategy completely ignore the biggest looming demographic shift that Birmingham has ever experienced and hope to positively impact on the health of all Birmingham's citizen's. If BME citizens are not in the document, how will they benefit, a colour blind approach denies their existence and public health is about reaching those who are most in need. In Birmingham need, race and ethnicity intersect and this strategy can consciously choose to acknowledge it and respond to it in an innovative and collaborative way or it can choose to airbrush it to simplify its commitment and disempower the most excluded. You will never achieve any of the objectives that you have set unless you acknowledge the complexity of race, ethnicity, health and inequality.	ANON-U54M-58NS-S
391	Strongly Agree	Strongly Agree	Strongly Agree	Does health protection include food security?	This last day is the first time I have seen this. Only picked it up because another governor had it I presume through the CCG. Since BCHC has a number of relevant contracts and so services which are integral to delivering this health trusts do not seem to be mentioned or are in the initial diagram of partners. if there are more discussions I would hope to have some input!!	ANON-U54M-582V-Z
392	Strongly Agree	Agree	Neither agree nor disagree	the objective on air pollution is so important, it is a social determinant that is invisible and affects us all . But why is it mixed up with vaccination , which is back to the medical model ? and something for health care services to tackle	this is not a visionary public health statement. it's mixed up with medical issues that are the remit of the health care services. your ideas on public health stop with the rainbow model , there is 40 year experience of tackling the social determinants of health, the conditions that people live in , that is missing - apart from air pollution	ANON-U54M-58A5-E
393	Strongly Agree	Agree	Agree	A more welcoming, friendly, inclusive environment would also have an impact on health. There is no point improving health and raising the average life expectancy if we don't also improve the quality of life that is experienced.		ANON-U54M-582A-B
394	Strongly Agree	Agree	Strongly Agree			ANON-U54M-582F-G

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
395	Agree	Agree	Agree	Agree with caveats. Cancer Research UK welcomes the fact that Birmingham City Council wants to understand the barriers to uptake in cancer screening and HPV vaccination. We would like to see Birmingham City Council being more ambitious and provide greater detailed plans to reduce health inequalities by increasing informed participation across all demographics for the HPV vaccination and cancer screening programmes. Increasing informed uptake would contribute to preventing more cancers and diagnosing more cancers earlier. For example, current uptake in the bowel cancer screening programme in Birmingham City is 49.5%, against a national target of 75%. Reaching this target would mean significantly more opportunities to diagnose bowel cancer at an early stage. Cervical screening coverage is now at a 20 year low, with coverage in 2017/18 significantly below the 80% standard (1). There are barriers and misunderstandings which serve to deter participation in the screening programmes and which undermine the principles of informed choice and equity of access. While it is valuable to understand any barriers which may be localised, we would advise against reinventing the wheel and using the literature on the current barriers to uptake in these demographics along with interventions which have a proven track record to help overcome these barriers. We know that people in low socioeconomic groups, men, ethnic minorities and older people are all less likely to take part in cancer screening programmes. Barriers to taking part in screening programmes vary depending on each programme so we would welcome efforts, both at a local and national level, to tackle these as this would go some way to reducing health inequalities. The introduction of FIT, later this year, into the bowel cancer screening programme is likely to increase participation in screening by at least 8% but this means more needs to be done to reduce barriers to screening. Cancer Research UK have partnered with Public Health England,	Cancer Research UK is pleased to respond to Birmingham City Council's Public Health Strategy Green Paper. The Green Paper sets a clear vision for the health and wellbeing of Birmingham. As part of this, we are very pleased to see equity, prevention and evidence-based practice underpinning Birmingham's vision to improve and protect health and wellbeing by reducing inequalities in health. However, we would like to see Birmingham City Council being more ambitious and provide greater detailed plans to reduce health inequalities by increasing informed participation across all demographics for the HPV vaccination and cancer screening programmes. Smoking remains the UK's biggest cause of preventable morbidity, including cancer, and mortality. It is also an independent and significant contributor to health inequalities across the UK; therefore, comprehensive tobacco control and smoking cessation support is integral to delivering upon the council's vision as outlined in the Green Paper. Cancer Research UK want to bring forward the day when no one smokes. As part of this, we want to see a tobacco free UK, where less than 5% of adults smoking across all socioeconomic groups by 2035. In Birmingham, 14.3% of adults smoke (1). Both the NHS and local authorities have a role to play in supporting smokers to quit. Local smoking cessation support delivered through a specialist stop smoking services is a vital part of a comprehensive approach to tobacco control. These services, which provide a combination of behavioural therapy and nicotine replacement therapy or pharmacotherapy like varenicline, offer smokers the best chance of quitting (2, 3). Smokers using these services are around three times more likely to quit successfully than those attempting to quit unaided (4, 5). In England, self-reported successful smoking cessation using a stop smoking service was as high as 52% in 2018 (6). But these services cannot be delivered by the local authority in isolation. When commissioning and delivering local stop smoking services, Birmingham City Council should work closely with NHS partners to ensure shared understanding of tobacco control responsibilities, seamless referrals to the local services from the NHS, and availability of pharmacotherapies. Integrated care pathways between the NHS and the local stop smoking service means smokers can be consistently provided with support that gives them the best chance of quitting. There are a range of evidence-based tobacco control measures that local authorities can also deliver alongside stop smoking services to help tackle the harms caused by smoking. E-cigarettes: Current research shows that e-cigarettes are far less harmful than smoking tobacco, and there is growing evidence that e-cigarettes are helping people to quit, with e-cigarettes now the most popular quit method in England. Quitting with an e-cigarette alone is around 60% more effective than quitting unaided, but recent research suggests that these success rates are even higher when combined with behavioural support from stop smoking services. As such, local authorities and stop smoking services should be supportive of e-cigarette use as a quitting tool to reach and support as many smokers as possible. This should include providing information and advice, as well as behavioural support.	ANON-U54M-582X-2
396	Strongly disagree	Strongly disagree	Strongly Agree	OK there is a need to reduce carbon and sulphur emissions but Public Health on their own will not work. The clean air zone is ineffective as measures do not have significant impact and requires governmental intervention. However, Public Health needs to ensure other initiatives across the city that they are present to influence change i.e. improve street designs to dissipate pollution or measure to clean high areas i.e. local town centre - kings health good example. BCC should take lead on transportation and Clean Air - Public Health should provide knowledge and intelligence to address and come up with solutions using health and environment specialists	I really do believe in Public Health and acting on the interest of 1.2 million Citizens. However, Public Health has been influence too much by statutory delivery rather addressing core health inequalities Public Health should be a body acting as an oracle of 'Health and Wellbeing knowledge' a body that acquires information and knowledge; processes in meaningful knowledge and sharing to all stakeholders, citizens to create an effective systems and services. It should be a strategic body that build Birmingham's capacity and ability to serve all citizens and ensure the right service is available at the right place. It also should be a 'place of learning and sharing' improving the effective delivery of health services in Birmingham. Above all a mechanism to seek, identify, address and determine solutions on Key Health and Wellbeing Issues undertaking leadership and management to make Birmingham a Happier and Healthier place to live that requires empowering 1.2M Citizens of Birmingham to make it work.	ANON-U54M-5824-X
397					This questionnaire is extremely lengthy and merits condensing.	ANON-U54M-582G-H
398	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-5821-U
399	Agree	Neither agree nor disagree	Neither agree nor disagree			ANON-U54M-582C-D
400	Strongly Agree	Strongly Agree	Strongly Agree		This will prove to be a huge undertaking especially when funds are limited. Long term permanent support for these projects is the only way to make proper progress. Short term pump priming projects often collapse at the end because there is no money available from elsewhere.	ANON-U54M-582J-M
401	Agree	Agree	Agree			ANON-U54M-5828-2
402	Agree	Agree	Agree			ANON-U54M-582Y-3
403	Agree	Strongly Agree	Strongly Agree		An ACE score of 4 or more makes you 10 times more likely to be violent and 32 x more likely to disengage educationally. Please ensure this green paper is soaked in ACEs and trauma awareness otherwise nothing much will change really	ANON-U54M-582E-F

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
404	Disagree	Disagree	Disagree	This is a joke you are destroying green belt in Sutton, increasing congestion, reducing air quality, reducing green spaces		ANON-U54M-5826-Z
405	Agree	Agree	Strongly Agree		Health service provision and landscape of delivering health is changing, public health teams should be providing the wider context of population health to these discussions in Birmingham there is one STP and acute provider, there is little or no acknowledgement or of how PH will support/influence the transformation of health care taking into account the wider determinants.	ANON-U54M-5825-Y
406	Strongly Agree	Agree	Agree			ANON-U54M-5829-3
407	Strongly Agree	Strongly Agree	Strongly Agree	I believe		ANON-U54M-5827-1
408	Agree	Agree	Agree			ANON-U54M-582D-E
409	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-582U-Y
410	Strongly Agree	Strongly Agree	Agree	All good but does require strong political will and a determination to challenge vested interest e.g. of developers commercial and residential. I like community assets and the promotion of a "social movement" approach to physical activity, well being and social cohesion.	I think the document spends too much time at the beginning defining and defending the public health profession. This is standard stuff and could be in an appendix. I like the concept of proportionate universalism and perhaps it could be demonstrated more throughout the paper? Glad you have a theory of cultural and organisational change - how is this going to be demonstrated? P7 There are a lot of references to partnerships e.g. Sustainability and Transformation P'ship, a Naturally Birmingham Bid, Change 4 Life etc be good to have a glossary and summary of who is involved and timescale etc. Pleased to see support for cycling, active travel, school travel - built in enablement rather than just encouragement and school travel. Isolation of the elderly is also related with the need for safer streets and less anti-social behaviour especially from motorists. Pleased to see references to Community Assets. There is a lot going on across the City at the moment which you might consider capitalising on e.g. local clean air, safe streets, school travel, low traffic neighbourhoods, community cycling clubs which could spread across the city and include relatively deprived neighbourhoods. These always need to have some access to decision makers which Public Health could provide and capitalise on.	ANON-U54M-582S-W
411	Strongly Agree	Strongly Agree	Agree	Look holistically at budget Improve air.... look after trees Versus Cost of maintaining trees ... remove trees Green access to enhance mental well being Charge parking at parks and removing trees from streets 🤭	Commonwealth must reach grass roots not elite clubs. Community games in local areas with schools leading at weekends Remember what John major did for cricket	ANON-U54M-58MB-7
412	Agree	Agree	Agree	I agree with the above, but you are missing one important thing. Birmingham is the second city in England and it is not acceptable there is NO city council guidelines of waste management. While most of big cities as London devloped their guidelines depending on British Standards I did ask Birmingham City Council as part of freedom of information and they confirmed there is no guidelines. Unfortunately the planning officers and planning committee refuse to follow the British Standards BS 5906:2005 Waste management in buildings — Code of practice I am afraid Birmingham will be very dirty and unhealthy	Please protect Birmingham, otherwise it will be dirty and unhealthy. Birmingham is the second city in England and it is developing and expanding. It is not acceptable that there is NO city council guidelines of waste management. While most of big cities as London developed their guidelines depending on British Standards Please consider using the the British Standards BS 5906:2005 Waste management in buildings — Code of practice	ANON-U54M-58MV-U
413	Strongly Agree	Strongly Agree	Strongly Agree		I am concerned about the effect of Electricity Substation on children health There are reports the effects of electromagnetic radiation on health of children. This radiation my cause cancers and depression. There are other risks of electricity substations as Fire, Noises and Electric Shock and death. There are many new developments in Birmingham that have increased the requirement of electricity. Unfortunately some of the new substations my not be safe and do not comply with the Western Power Distribution Policy Company Directive STANDARD TECHNIQUE: NC1V/3 Relating to Standard Foundation and Enclosure Details and Specifications for HV Substation Plant 4.1.6 When selecting a site for a new unit substation, the WPD planner shall consider the potential fire risk, likelihood of noise complaints and the requirements for earthing. a)Fire Detached substations shall be at least 1m away from occupiedbuildings to minimise the potential risk of fire spread. Where a unit substation is to be constructed within, or directlyattached to, an existing third party building, the WPD plannershould consider the access requirements, potential fire hazard andover-pressure venting hazard associated with the WPD plant. Therequirements for the establishment of a durable, readily accessible,fire resistant and structurally independent enclosure can be satisfiedby compliance with the 'Functional/ Performance Specification forHV Substations Constructed by the Customer to Accommodate WPDElectrical Plant/ Apparatus' (see appendix B). The spatialrequirements and cable access provision indicated on drawing noEKV0016 (appendix A) shall be provided as a minimum. b)Noise Where a substation is to be located within a residential area itshould be positioned at least 5m away from dwellings c)Earthing The substation shall be at least 10m away from (see ST: TP21D): •Swimming pools, camping and caravan sites, gardens, andother areas where people may reasonably be barefoot •Ponds / lakes used for commercial fish farming •Telephone exchanges •Railway installations •Overhead line towers	ANON-U54M-58MK-G
414	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58M3-R
415	Agree	Agree	Neither agree nor disagree			ANON-U54M-58MA-6

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
416	Strongly Agree	Strongly Agree	Strongly Agree		Having worked closely with key stakeholders in Birmingham and the West Midlands Combined Authority (WMCA) over the last few years, we are delighted to see the level of focus placed on early intervention and prevention as a primary method of reducing health inequalities in Birmingham, as well as detailed and robust analysis on the wider determinants of health and their impact on population health on a wide scale. We commend the focus on population-based approaches throughout all stages of the Green Paper. We also support the commitment to proportionate universalism, recognising the existence of a continuum of need. This reflects Triple P's commitment to using combined universal and targeted services as a key pillar of any public health approach. As you will be aware, prevention that unifies universal and targeted approaches to widen reach falls between the gaps of service provision offered by Public Health and Children's Services. Fragmentation of service delivery and lack of defined responsibility for prevention contributes to ballooning costs in crisis care. Through measures such as widening the definition of Early Help to include universal provision of evidence-based parenting interventions across local authorities, service delivery can have population-level reach whilst still targeting the families that need help most. The population approach to parenting as part of public health has been advocated by figures such as Professor Ron Prinz, a Carolina Distinguished Professor in Psychology, who directs the Parenting and Family Research Center at the University of South Carolina. Professor Prinz has led pioneering studies and trials in the US on taking a population approach to child and family wellbeing, including as principal investigator for a place-randomised trial funded by the US Centers for Disease Control and Prevention (CDC). As outlined in Professor Prinz's work, parenting support as an integral part of a proportionate universalist approach to service delivery normalises and destigmatises parents seeking help for parenting support, and delivers multiple benefits from the same set of parenting interventions, so offers excellent return on investment by a local authority. Further to this, several key organisations have advocated funding for evidence-based parenting programmes. The Centre for Mental Health said, in its 2017 General Election Manifesto, that "a very large body of evidence demonstrates the effectiveness of parenting programmes such as Triple P. Evidence-based parenting programmes can be highly cost-effective and can improve the wellbeing of the whole family as well as the life chances of their children". We commend the Green Paper's focus on ensuring health inequalities for disadvantaged groups are reduced. In November 2017, the Social Mobility Commission's State of the Nation 2017 report recommended wider use of evidence-based parenting programmes, including Triple P, to improve outcomes for disadvantaged children. In a case study, it highlighted using Triple P's early intervention and prevention population-health approach, as opposed to a target, diagnose and treat approach. It recommended every local authority should develop an integrated strategy for improving disadvantaged children's outcomes and ensure "all parenting support programmes are evidence based and experimenting with ways to offer effective advice to more parents." Finally, the economic argument for parenting programmes is compelling. According to the Centre for Mental Health, the estimated lifetime cost of severe behavioural issues is £260,000 per child – while a parenting programme costs as little as £1,300 per child to deliver, and Triple P costs considerably less to deliver, representing immense potential savings to the public purse. The British Medical Association's 2017 report 'Exploring the cost effectiveness of early intervention and prevention' also notes that the cost-benefit ratio of Triple P is 5.05, the highest of all early intervention programmes assessed. As the report outlines: "These programmes are all based on parent-child interactions, which in the short term aim to improve children's social and emotional skills, fostering their cognitive development and wellbeing, with a view to supporting long-term improvements in health. Some of the outcomes monetised from these programmes were based on reductions in disruptive behaviour disorder symptoms, child abuse and neglect, crime, and substance abuse, and increases in high school graduation and employment."	ANON-U54M-58MF-B
417	Agree	Agree	Agree			ANON-U54M-58MR-Q
418	Agree	Agree	Neither agree nor disagree	Not	Well balanced approach , as ever a local recognition from determinants influencing partners to buy in and own the issues will be the hardest outcome.	ANON-U54M-58M4-S
419	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58MG-C
420	Strongly Agree	Strongly Agree	Agree			ANON-U54M-58MP-N
421	Neither agree nor disagree	Neither agree nor disagree	Agree		Really agreed about developing community assets and green spaces.	ANON-U54M-58M1-P
422	Disagree	Agree	Agree	As a Birmingham Council Tax payer for over 60 years, I strongly protest the support for Taxis from the Council Budget. Relative to busses Taxis carry a small proportion of passengers, frequently with only one or two passengers. The clean air charge should be added to the Taxi fares. Persons using Taxis can afford this charge based upon distance travelled. The Council should support the majority rather than the few and invest in the Bus ervices which will entice car drivers to further use busses and reduce pollution. Ref :- Cllr Waseem Zaffar		ANON-U54M-58MJ-F
423	Agree	Agree	Agree	We are much less involved in these areas and so have less to input. However what does impact on mental health is the developments and transport schemes and certainly we need to be considering the impact of any new services, building, developments in relation to physical and health.	Overall we are in full support of the Public Health Green Paper and welcome the focus on prevention (at all levels) of mental health problems. This is very welcome as for too long Birmingham PH have not seen mental health as a major issue for them to tackle. In particular in relation to people with/at risk of developing mental health issues we full support the focus on prevention and change for young people as well as the targeted approach for those people most vulnerable. However the reality of this is that our work will be hampered by: - Schools being either under gov control or outside any control Schools resisting a whole school approach Services for adults with mental health issues having higher thresholds and stricter eligibility criteria Lack of pooled budgets - proper pooled budgets Cuts to mental health and substance misuse services over the years. Cuts to public health These barriers are not insurmountable (well funding will be an issue that will be difficult to change) and by working together and pooling resources as well as using the influence we all have we can make a positive difference.	ANON-U54M-58M8-W
424	Strongly Agree	Strongly Agree	Strongly Agree			ANON-U54M-58MY-X
425	Strongly Agree	Strongly Agree	Strongly Agree		Working age adults - Will addressing cumulative impacts include action on wider determinants/community based approaches as well as individual behaviour change/healthcare based approaches? I agree with all of the priorities set out, but would be interested to see the links between them and areas of crossover.	ANON-U54M-58MZ-Y
426	Agree	Strongly Agree	Strongly Agree			ANON-U54M-58ME-A
427	Strongly Agree	Strongly Agree	Strongly Agree		10.2 we should also look to improve existing neighborhoods, especially considering equity (new developments are not usually for the most deprived, but rather for middle classes). There must be an effort to make all neighborhoods, including the most deprived, including city centre areas, better: better access to quality green spaces, better public and active transport provision, safer streets which meanspeoplee feel safe exercising. This might mean creating new green spaces or improving existing ones. I would also point out that there is a wealth of evidence showing that access to nature and wildlife is good for our well-being (please see the RSPB or Wildlife trust websites for a start) so green spaces need to be wildlife friendly, with pollinator friendly plants etc. More generally, for section 10 environmental health: - develop a 'green prescription scheme' to get people active outdoors, working alongside charities such as the RSPB, groundwork, the wildlife trust, community gardens etc. - advocate for the phasing out of glyphosate use (a potential carcinogenic herbicide) by the city council Please note, although I a writing this in a personal capacity, I am a member of EcoSutton	ANON-U54M-58M5-T

	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Improving air quality	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Increasing the health gains of new developments and transport schemes	a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area? - Creating Environments That Improve Health and Wellbeing - Health protection assurance and response including screening, immunisation and communicable diseases	b. If you disagree, please explain why and let us know how you think these could be improved. - If you disagree, please explain why and let us know how you think these could be improved.	If you have comments on a specific section of the document, please note the section along with your response. - If you have comments on a specific section of the document, please note the section along with your response.	Response ID
428	Agree	Agree	Disagree	The Health Protection should respond to the levels of violence in the city from a public health perspective.	It is difficult to disagree with the questions in this consultation as they are posed and by changing the questions it would have opened up a much more accurate picture of whether the citizens or strategic partners in the city actually agree or disagree. The document appears generic and whilst it is high level it does not appear to respond specifically enough to the unique situation in Birmingham. It is important not to be seen to do 'to' communities as opposed 'with' communities and it is not clear how much engagement has informed the development of the picture of what is important to the citizens of Birmingham. There is growing agreement that the solutions to the levels of violence in the city can be positively impacted on by a public health approach. This document should incorporate this will, given the major issues around violence in the city. Birmingham is a city of superdiversity and will become a city with an ethnic minority majority, the opportunity should be taken to put this major demographic landmark at the heart of a public health approach that is for the people of Birmingham as we know that the relationship between race and health is proven to be a significant consideration in providing equitable solutions.	ANON-U54M-58M6-U
429	Strongly Agree	Agree	Strongly Agree			BHLF-U54M-58MM-J
430	Strongly Agree	Strongly Agree	Strongly Agree		With regard to social isolation there are many clubs and activities advertised on library noticeboards. There are also centres Pike Quinborne and societies such as the U3A (University of the 3rd Age). Voluntary organisations and charity shops are always in need of willing helpers.	BHLF-U54M-58M9-X
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	Agenda Item: 14
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**24 September 2019**
TITLE:	**BETTER CARE FUND (BCF) GOVERNANCE AND APPROVAL FOR SCHEME OF DELEGATIONS**
Organisation	**Better Care Fund Commissioning Executive**
Presenting Officer	**N/A**

Report Type:	**For Decision**

1.	**Purpose:**
1.1	To approve minor amendments to the Better Care Fund Governance arrangements and scheme of delegations as adopted by the Health and Well-being Board in February 2019.

2.	**Implications:**		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	Y
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	Y

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	Improve the wellbeing of those with multiple complex needs	Y
	Improve air quality	
	Increased mental wellbeing in the workplace	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3.	Recommendations

The Board is asked to: -

3.1 Approve the revised Better Care Fund governance arrangements document (version 1.6) attached as **Appendix 1.**

4.	Background and Matters for Consideration

4.1 The BCF provides a mechanism for joint health and social care planning and commissioning, bringing together mandated contributions from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (iBCF).

4.2 The governance document attached as **Appendix 1** deals exclusively with the governance arrangements for the Better Care Fund.

4.3 The governance framework details the scheme of decision making for the programme – providing clarity on the role and responsibility of the different bodies and boards that comprise the BCF governance arrangements.

4.4 Version 0.6 of the governance document was signed off by the HWBB in February 2019 subject to a caveat that mechanisms for stakeholder engagement were incorporated as appropriate. As requested by HWBB,

programme leads have worked with BVSC to review stakeholder engagement arrangements for the BCF. This has resulted in minor changes to the Project Lead ToR (8.3) and in the Governance Reporting Overview (9.0).

4.5 A further substantive change has been made to 4.2 of the document with regards to arrangements for signing off Section 75 agreements to pool funding for the BCF programme. This is to provide clarity that in the first instance it is the role of BCC Cabinet and CCG governing boards to agree the financial contribution that their respective organisations will make to the BCF pooled budget.

5. Future development

The terms of reference and governance arrangements will be reviewed annually or as required.

6. Compliance Issues

6.1 Strategy Implications

Health and Wellbeing Boards have overall responsibility to ensuring the integration of health and care functions within their localities. It is a requirement of the BCF that local plans are agreed by HWBB as the body who has overall accountability for the delivery of the BCF plan, and for the operation of the associated Section 75 agreement.

6.2 Homelessness Implications

There are no implications in relation to meeting the requirements of the Homelessness Prevention Strategy.

6.3 Governance & Delivery

Governance arrangements include the Better Care Fund Programme Board, the Commissioning Executive Board, and link firmly with the STP plans for Birmingham – BSoL and the Black Country STP areas, Adult Social Care, and NHS Commissioning Reform. The changes in this report were ratified by the Better Care Fund Commissioning Executive Board on 16TH April 2019. Sandwell and West Birmingham and BSoL CCG's governing bodies have also signed off the document.

6.4	*Management Responsibility*
	Louise Collett, Service Director – Commissioning, Adult Social Care & Health

7.	**Risk Analysis**			
N/A				
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**	
#	#	#	#	

Appendices
Appendix 1 - Better Care Fund Governance Arrangements Document v1.6

Better Care Fund Governance

1.0   Preface

This document sets out the governance arrangements for local partners that agree and administer the Better Care Fund (BCF); Clinical Commissioning Groups (CCGs), local authorities (LAs) and Health and Wellbeing Boards (HWBBs). This document deals exclusively with the governance arrangements for the Better Care Fund.

2.0   Background

The BCF was established by Government in 2013 to provide funds to local areas to support the integration of health and social care. The fund is made up of two distinct funding streams; the Better Care Fund (BCF) and Improved Better Care Fund (iBCF). The BCF is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme's national requirements. The pooled budget is made up of CCG's funding as well as local government grants, one of which is the Improved Better Care Fund (iBCF). The iBCF is paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.

The prime objective of BCF is to enable people to manage their own health and wellbeing and live independently in their communities for as long as possible. BCF encourages integration by requiring CCGs and LA's to enter into pooled budget arrangements and agree an integrated spending plan; this pooled fund is known as the Section 75 Agreement (s75).

Section 75 (s75) of the 2006 National Health Service Act gives powers to LA's and CCG's to establish and maintain pooled funds. In order to start a pooled budget, partners must have a signed s75 agreement which outlines which budgets money will be taken to be pooled. This fund enables payment to be made towards expenditure incurred in the exercise of prescribed local authority and prescribed NHS functions.

Birmingham City Council (BCC) has responsibility for commissioning and/or providing social care services on behalf of the population of Birmingham. Birmingham and Solihull Clinical Commissioning Group (BSol CCG) & Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG) are responsible for commissioning health services in Birmingham . The Birmingham Integration and Better Care narrative plan sets out the joint vision and approach for integration. It links to the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area.

The BCF focuses on supporting the stabilisation and modernisation of adult social care and the development of joined- up services and approaches in health and social care both through statutory and non-statutory service developments. The focus is on preventing and delaying the need for care (*keeping people well where they live)* and the approach aims to embed BCF across current city-wide health & social care transformation programmes.

The Birmingham BCF vision is to proactively intervene to support people at the earliest opportunity ensuring that they remain well, are engaged in the management of their own health and wellbeing, and wherever possible enabled to stay in their own homes. We aim to accomplish this by taking the decisions and actions in managing markets and our own assessment functions which improve quality and place a focus on enablement and support rather than service.

2.1   Accountability

As legal recipients of the funding, CCGs and LAs are the accountable bodies for the respective elements of the BCF allocated to them, and therefore responsible for ensuring the appropriate use of the funds. This means that they retain responsibility for spending decisions and monitoring the proper expenditure of the funding in accordance with the approved plan and their general duties.

3.0   BCF Governance structure chart
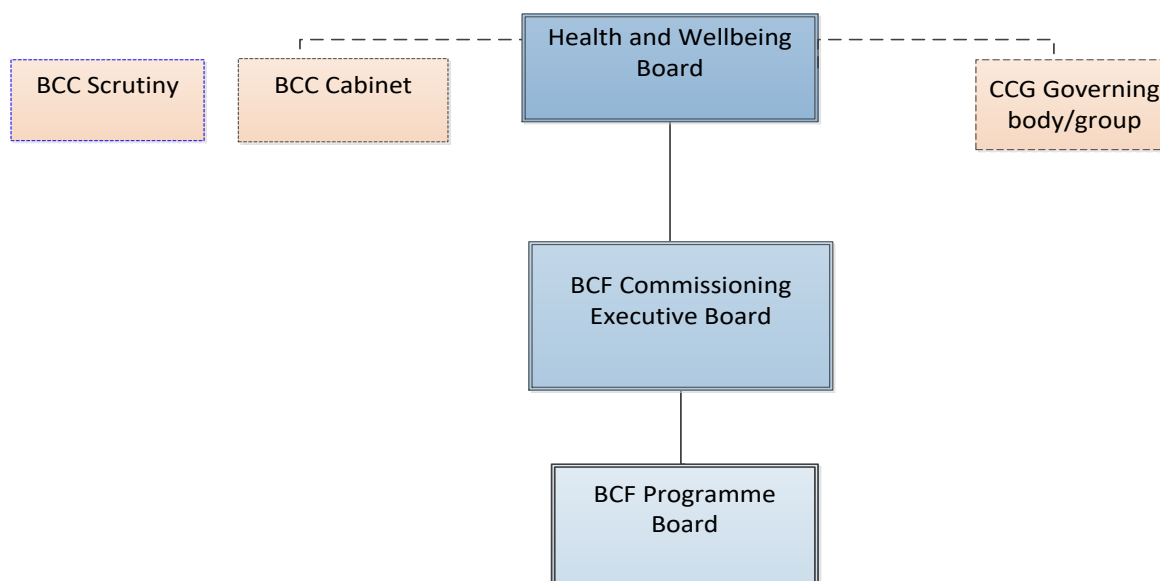
4.0   BCC Cabinet and CCG governing bodies

4.1   Role

BCC Cabinet and CCG governing bodies have a statutory responsibility for the delivery of statutory services and are accountable for the proper use of resources. BCC's Cabinet is made up of elected representatives and is accountable for making decisions on behalf of the citizens of Birmingham. NHS BSoL CCG and SW&WB CCG are led by their Governing Bodies, which are responsible for the development of their vision and strategy, planning and commissioning health services for people living within the footprint of the CCG, and monitoring the performance and quality improvement of providers. They ensures good governance and promote a culture of strong engagement with patients, their carers, GP members, the public, staff and other stakeholders.

4.2   Authority

- To sign off their organisation's contribution to the BCF s75 Agreement
- BCC will seek approval from Cabinet for financial resources to be pooled in the form of a s75 partnership agreement and for the Corporate Director of Adult Social Care to be its signatory to the financial commitments therein. Delegated authority will be sought to enable the Cabinet Member for Health and Social Care to make variations – such as pooling additional funds - within the year to the S75.
- CCG governing bodies will seek approval from their respective governing bodies to allow financial resources to be pooled in the form of a s75 partnership agreement and

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for the Accountable Officers to be signatories to the s75 agreement and the financial commitments therein on behalf of their respective organisation.
- To determine any additional contributions from the respective organisations to the BCF pooled budget beyond the required minimum

5.0   The Health and Wellbeing Board (HWB)

5.1   Role

The Health and Wellbeing Board has overall responsibility for ensuring the integration of health and care functions within their localities and it is a requirement of the BCF that local plans are agreed by HWB's.

They have statutory ownership of the BCF and have overall accountability for the delivery of the BCF plan and for agreeing high level commissioning intentions. They have a statutory duty to encourage integrated working between commissioners and oversee the strategic direction of the BCF and the delivery of better integrated care. They are responsible for gaining system-wide buy-in to the Better Care Plan, which sets out the broad commissioning intentions for the use of the BCF. The Birmingham HWB board receives regular BCF plan progress reports from the BCF Commissioning Executive.

The HWB is a committee of the LA and include lead members and chief officers from the LA and health and social care system, HWB's are accountable to elected members and ultimately to the electorate.

5.2   Authority

- Overall accountability for approval and delivery of the BCF annual programme as defined in the BCF s75 agreement
- To approve and sign off the BCF plan
- To identify opportunities for further integration of health and social care services.

5.3   Delegated authority from HWBB to the BCF Commissioning Executive & Programme Board

- The management and oversight of the delivery of the BCF plan
- To make decisions relating to commissioning and decommissioning of services in relation to the BCF
- Sign off of the BCF quarterly returns
- To determine the use of unallocated financial resources and to reallocate financial resources between programme elements

5.4   Terms of Reference

ToR%20Health%20an
d%20Wellbeing%20Bc

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6.0   BCF Commissioning Executive

6.1   Role

The Commissioning Executive acts as a collective vehicle for integrated commissioning on behalf of the CCG's and LA. It has been established to develop and operate the BCF pooled budget arrangement (s75) and to provide strategic oversight and decision making relating to the delivery of BCF plan. The group oversees the operational and financial delivery of BCF and monitors its performance through bi-monthly meetings.

A key focus of the commissioning executive role is to take a whole system approach to maximise investment of any schemes funded under BCF. The board report quarterly to HWB and make recommendations for the strategic direction and management of the BCF. The Commissioning Executive is supported by the BCF Programme Board.

6.2   Authority

- To develop the annual programme
- To make strategic decisions relating to the delivery of the plan to ensure BCF objectives are achieved
- To authorise the procurement of significant new initiatives
- To approve key project related decisions/reports/change requests where applicable
- To review the s75 agreement annually and recommend ratification of organisational contributions to governing bodies.
- Executive leads for BSol & SWB CCG and BCC to sign the BCF s75 agreement on behalf of their organisations
- To monitor financial spend
- To manage any differences in view and escalate unresolved or disputed issues
- The management and oversight of the delivery of the BCF plan
- Make decisions relating to decommissioning or commissioning of services in relation to the BCF.
- To determine programme priorities and reallocate financial resources as required
- To determine the use of unallocated financial resources above the value £100k

6.3   Terms of Reference

ToR%20Better%20Ca
re%20Commissioning'

7.0   The BCF Programme Board

7.1   Role

The Programme Board provides a joint commissioning framework for the delivery and implementation of the BCF Plan for Birmingham and Solihull. The board is responsible for overseeing financial and performance monitoring to ensure compliance with national conditions. The programme board report on progress to the BCF commissioning executive and to NHSE as necessary.

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7.2   Authority

- To agree the scope of the programme
- To deliver the Better Care Plan of behalf of HWB
- Operational management of the schemes funded by BCF
- To maintain oversight and reporting to the HWBB and NHSE
- To sign off expenditure on projects agreed as part of the annual programme
- To determine the use of unallocated financial resources below £100k
- Sign off of the BCF quarterly returns

7.3   Terms of Reference

ToR%20%20Better%
20Care%20programm

8.0   BCF project lead

8.1   Role

The role of a Better Care Fund project lead officer is to monitor and manage performance of a service which may be operating wholly or partly as a BCF scheme.

8.2   Authority

- To manage the scheme on behalf of the BCF programme board.
- To report the performance of the BCF scheme metrics to the Programme Board.

8.3   Terms of reference for a BCF project

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ects%20V0.4.doc

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9.0   BCF Governance – reporting structure overview

Determine financial contributions from the respective
Organisations to the pooled budget
S75 decision making

BCC Cabinet and CCG governing bodies

Overall accountability for BCF programme
Accountability for delivery of Section 75 agreement
To identify opportunities for further integration of health
& social care services.
Strategic direction and decision making

Health and Wellbeing Board

Key programme commissioning and de-commissioning decisions
Finance and Performance overview
Development of the BCF plan
Review of s75 agreement and recommend ratification
to governing bodies
To determine the use of unallocated financial resources >£100k

BCF Commissioning Executive Board

Delivery of the BCF plan
To deliver the Better Care Plan of behalf of HWB
Operational oversight of BCF schemes
Monitoring performance
To determine the use of unallocated financial
resources <£100k
Sign-off Quarterly BCF returns

BCF Programme Board

Oversee the schemes implementation
Report progress against performance targets and
outcomes to the Programme board
Track & report financial spend, key issues and risks to
Programme board
Engagement and co-production with stakeholders

Partners – individual schemes
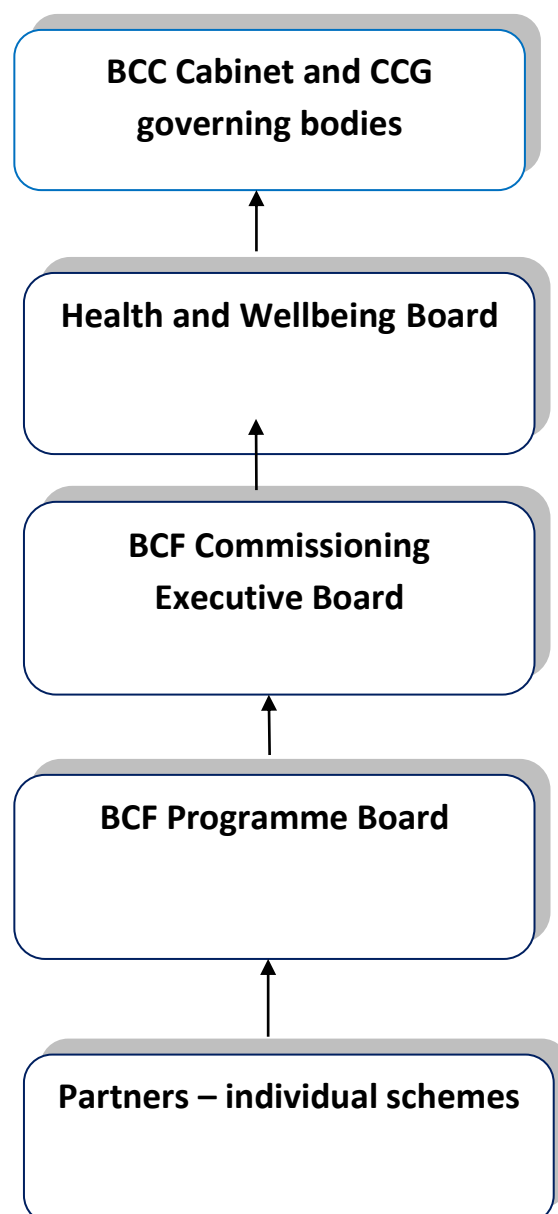
- **Local, regional & national governance arrangements**

NHS England regional offices are involved in the assurance of the BCF plan alongside regional local government colleagues. Overall plans are approved and permission is given to spend the BCF once NHS England and the Integration Partnership Board have agreed that funding conditions have been met. Appendix 1 sets out the regional and national assurance process for the approval of the Better Care plan.

appendix 1 BCF
regional and national

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Item 15

Birmingham Health and Wellbeing Board

Draft Forward Work Programme

2019-20 to 2020-21

Board Members:

Councillor Paulette Hamilton (Board Chair)	Cabinet member for Adult Social Care and Health	Birmingham City Council
Dr Peter Ingham (Vice Chair)	Clinical Chair	NHS Birmingham and Solihull CCG
Councillor Kate Booth	Cabinet Member for Children's Wellbeing	Birmingham City Council
Councillor Matt Bennett	Opposition Spokesperson on Health and Social Care	Birmingham City Council
Dr Justin Varney	Director of Public Health	Birmingham City Council
Professor Graeme Betts	Corporate Director for Adult Social Care and Health Directorate	Birmingham City Council
Sarah Sinclair	Interim Assistant Director for Children and Young People Directorate	Birmingham City Council
Paul Jennings	Chief Executive	NHS Birmingham and Solihull Clinical Commissioning Group
Ian Sykes	Chair, Sandwell and West Birmingham CCG.	Sandwell and West Birmingham CCG.
Andy Cave	Chief Executive of Healthwatch	Healthwatch Birmingham
Andy Couldrick	Chief Executive of Birmingham Children's Trust	Children's Trust
Dr Robin Miller	Head of Department, Social Work & Social Care Co-Director, Centre for Health &	University of Birmingham Education Sector

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	Social Care Leadership	
Dawn Baxendale Chief Executive (Dr Justin Varney as substitute)/Chief Supt John Denley	Chair of the Birmingham Community Safety Partnership	Birmingham City Council / West Midlands Police
Gaynor Smith	Senior and Employer Partnership Leader	Department for Work and Pensions
Peter Richmond	Chief Executive of Birmingham Housing Trust.	Birmingham Social Housing Partnership
Richard Kirby	Birmingham Community Healthcare NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust
Co – optees		
Carly Jones	Chief Executive of SIFA FIRESIDE.	SIFA FIRESIDE
Charlotte Bailey	Executive Director Strategic Partnership.	Birmingham and Solihull Mental Health Trust
Stephen Raybould	Programmes Director (Ageing Better)	Birmingham Voluntary Services Council

__Board Support:__

Committee Board Manager
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Business Support Manager for Governance & Compliance
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Email : Tony.G.Lloyd@birmingham.gov.uk

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Schedule of Work: April 2019-March 2020

Board Meeting Date	Deadlines	Scheduled Agenda Items	Presenting Officers
Formal Meeting 30th April 2019 Venue : Committee Rooms 3 & 4, Council House, 3pm -5pm	Draft Report Deadline for Pre- agenda : 4th April Final Report Deadline: 18th April Agenda and Reports Dispatch Date: 20th April	**Presentation Items** Health Protection Report Update **PRIVATE ITEM** Health Protection Incident Report Update Birmingham joint strategic needs assessment: diversity and inclusion deep dive 2019/20 Joint strategic needs assessment update **Information Items** Feedback on Public Health Green Paper Consultation **(verbal)** Care Quality Commission Quarterly Update – Combined with Birmingham Older People Programme(BOPP) Sustainable Transformational Plan (STP) Bi – Monthly Update Proposal to relocate and improve the Adult Sexual Assault Referral Centres which serve Birmingham, Solihull and the Black Country. Primary Care Network	Chris Baggott Chris Baggott Elizabeth Griffiths Elizabeth Griffiths Elizabeth Griffiths

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		Workshop Group Discussion Items	
Board Development Day 14th May 2019, Venue: 10 Woodcock Street , Aston Birmingham	Time : 1pm - 5pm	**Health Inequalities** **Childhood Obesity**	Elizabeth Griffiths Kyle Stott
Informal Meeting 18th June 2019 Venue : Committee Rooms 3 & 4, Council House, 3pm – 5pm	Draft Report Deadline for Pre- agenda : TBC Final Report Deadline: tbc June 2019 Agenda and Reports Dispatch Date: tbc June 2019	**Themed : Place** **Discussion Items** Air Quality Update Report Active Travel Update Report Developers Toolkit Update Report Feedback on the Health and Wellbeing Board Development Session Changes Places Live Healthy , Healthy Happy STP Update Report	Duncan Vernon Duncan Vernon Kyle Stott Kyle Stott and Elizabeth Griffiths Maria Gavin Paul Jennings
Formal Meeting 30th July 2019 Venue : Committee Rooms 3 & 4, Council House, 2pm – 5pm	Draft Report Deadline draft reports : 3TH July 2019 Pre – agenda meeting – 8th July 2019 Final Report Deadline: 19th July 2019 Agenda and Reports Dispatch Date: 22nd July 2019	**Discussion Items** Development of Health & Wellbeing Board Sub-Committee structure Making every adult matter overview Complex severe mental health : Dual diagnosis /personal disorder Drug and alcohol – Change , Grow and Live : Peer mentor Birmingham older people programme : Update on the ageing well programme Homelessness overview	Justin Varney Justin Varney Tom Howell Max Vaughan Andrew McKirgan, Andy Lumb Cllr Sharon Thompson and

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		Birmingham Health & Wellbeing Board Forward Plan	Kalvinder Kohli
Formal Meeting 24th September 2019 Venue: Committee Room 3&4, Council House, 3pm – 5pm	Draft Report Deadline for Pre- agenda : 28th August 2019 Pre –agenda meeting : 2nd September 2019 Final Report Deadline: 13th September 2019 Agenda and Reports Dispatch Date: 14th September 2019	**Presentation Items** Suicide Prevention Strategy NHS Long Term Plan: BSOL CCG Response Health and Wellbeing Board Priorities Update: Health Inequalities, Forward Trajectory CAMHS Access and Mental Health Pathway Improvement **Information Items** JSNA Deep Dive Forward Plan Public Health Priorities Green Paper Response Better Care Fund Governance Agreement Report **Private Items** NHS Long Term Plan: BSOL CCG Response	Justin Varney Harvir Lawrence Justin Varney Carol McCauley Harvir Lawrence

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Formal Meeting		Presentation Items	
26th November 2019 Venue: TBC	Draft Report Deadline for Pre- agenda : 30th October 2019	Creating a Healthy Food City Forum Update (to include priorities update)	Kyle Stott
		NHS Long Term Plan: S&WB CCG Response	Saba Rai
	Pre – agenda meeting : 4th November 2019	JSNA Core Data Set	Ralph Smith
		JSNA Deep Dive – H&WB of Armed Forces Veterans in Birmingham	Susan Lowe
	Final Report Deadline: 14th November 2019	Health Inequalities Focus on Employment: Gap in employment rates for mental health and learning disabilities	TBC
	Agenda and Reports Dispatch Date: 15th November 2019	Health Inequalities Focus on Employment: Economic inactivity for health reason	TBC
		Information Items	
		Health and Wellbeing Board Fora information updates	
		Health and Wellbeing Board Priorities Update: *Health Inequalities Indicators*	
		Sustainability and Transformation Plan Update (to include Live Healthy Live Happy updates as per action log)	
		Verbal Items	
		Round table update on use of developer's toolkit in capital / retro-build / refurbishment projects.	

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Formal Meeting		Presentation Items	
21ᵗʰ January 2020 Venue: Rooms 3 & 4, Council House, 3pm -5pm	Draft Report Deadline for Pre- agenda : 2ⁿᵈ January 2019 Pre – agenda meeting : 6ᵗʰ January 2020 Final Report Deadline: 9ᵗʰ January 2020 Agenda and Reports Dispatch Date: 13ᵗʰ January 2020	Public Health Budget	Justin Varney
		Creating a Mentally Healthy City Forum Update	Mo Phillips
		JSNA Deep Dive – Death and Dying in Birmingham	Susan Lowe
		Health Inequalities Focus on Children: Gap in school readiness for those with free school meal status	TBC
		Health Inequalities Focus on Children: Smoking in Pregnancy	TBC
		Health Inequalities Focus on Children: Life Expectancy at Birth	TBC
		Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Thrive at School	TBC
		Information Items	
		Health and Wellbeing Board Fora updates	
		Health and Wellbeing Board Priorities Update: *Childhood Obesity Indicators*	
		Sustainability and Transformation Plan Update	

Formal Meeting		Presentation Items	
17ᵗʰ March 2020 Venue : Rooms 3 & 4, Council House – 3pm -5pm	Draft Report Deadline for Pre- agenda : 19ᵗʰ February 2020	Creating an Active City Forum Update	Kyle Stott
		JSNA Deep Dive – H&WB of Public Sector Workforce in Birmingham	Susan Lowe
	Pre – agenda meeting : 24ᵗʰ February 2020	Health Inequalities Focus on Chronic Disease: Type 2 Diabetes and CVD	TBC
	Final Report Deadline: 5ᵗʰ March 2020	Health Inequalities Focus on Chronic Disease: Depression	TBC
	Agenda and Reports Dispatch Date: 6ᵗʰ March 2020	Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Health and Wellbeing Board Priorities Update: Health Inequalities and Childhood Obesity Indicators	TBC
		Ageing / Age friendly city including access to toilet facilities	TBC
		Information Items	
		Sustainability and Transformation Plan Update	
		Health and Wellbeing Board Fora updates	
		Verbal Items	
		Round table update on use of developer's toolkit in capital / retro-build / refurbishment projects.	

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Development Day		TBC	TBC
28th April 2020 Venue: TBC	Draft Report Deadline for Pre- agenda : 1th April 2020 Pre – agenda meeting : 6th April 2020 Final Report Deadline: 16th March 2020 Agenda and Reports Dispatch Date: 17th March 2020		

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Formal Meeting		Presentation Items	
July 2020		Appointment and Terms of Reference	TBC
		Health Protection Forum Update	Chris Baggott
		JSNA Deep Dive – Diversity and Inclusion (TBC)	Susan Lowe
		Health Inequalities Focus on Physical activity and inactivity	TBC
		Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Information Items	
		Health and Wellbeing Board Priorities Update: *Childhood Obesity Indicators*	
		Sustainability and Transformation Plan Update	
		Health and Wellbeing Board Fora updates	
		Verbal Items	
		Round table update on use of developer's toolkit in capital / retro-build / refurbishment projects.	

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Formal Meeting		Presentation Items	
September 2020		Creating a City without Inequality Forum update	Monika Rozanski
		JSNA Core Data Set	Ralph Smith
		JSNA Deep Dive – topic TBC	Susan Lowe
		Health Inequalities Focus on Immunisation Rates	TBC
		Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Information Items	
		Health and Wellbeing Board Priorities Update: *Health Inequalities Indicators*	
		Sustainability and Transformation Plan Update	
		Health and Wellbeing Board Fora updates	

Formal Meeting		Presentation Items	
November 2020		JSNA Deep Dive – topic TBC	Susan Lowe
		Health Inequalities Focus on Employment: Gap in employment rates for mental health and learning disabilities	TBC
		Health Inequalities Focus on Employment: Economic inactivity for health reason	TBC
		Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Information Items	
		Health and Wellbeing Board Priorities Update: *Childhood Obesity Indicators*	
		Sustainability and Transformation Plan Update	
		Health and Wellbeing Board Fora updates	
		Verbal Items	
		Round table update on use of developer's toolkit in capital / retro-build / refurbishment projects.	

Formal Meeting		Presentation Items	
January 2021		JSNA Deep Dive – topic TBC	Susan Lowe
		Health Inequalities Focus on Children: Gap in school readiness for those with free school meal status	TBC
		Health Inequalities Focus on Children: Smoking in Pregnancy	TBC
		Health Inequalities Focus on Children: Life Expectancy at Birth	TBC
		Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Information Items	
		Health and Wellbeing Board Priorities Update: *Health Inequalities Indicators*	
		Sustainability and Transformation Plan Update	
		Health and Wellbeing Board Fora updates	

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Formal Meeting		Presentation Items	
March 2021		JSNA Deep Dive – topic TBC	Susan Lowe
		Health Inequalities Focus on Chronic Disease: Type 2 Diabetes and CVD	TBC
		Health Inequalities Focus on Chronic Disease: Depression	TBC
		Childhood Obesity Focus on topics TBC (potentially multiple presentations)	TBC
		Health and Wellbeing Board Priorities Update: Health Inequalities and Childhood Obesity Indicators	TBC
		Information Items	
		Sustainability and Transformation Plan Update	
		Health and Wellbeing Board Fora updates	
		Verbal Items	
		Round table update on use of developer's toolkit in capital / retro-build / refurbishment projects.	
Development Day		Health and Wellbeing Board Priorities – Review and Refresh	TBC
April 2021			

Standard Agenda

1. Notice of Recording
2. Notice of Potential for Public Exclusions
3. Declaration of Interests
4. Apologies
5. Minutes and Matters Arising
6. Action Log
7. Chair's Update
8. Public Questions
9. Presentation Items (see detail above)
10. Information Items (see detail above)
11. Forward Plan Review
12. Finalise Agenda for next Meeting
13. Date, Time and Venue of next Meeting
14. Notice of Recording Ceased
15. Private Items (see detail above)

Notes

Any agenda change request must form part of prior HWBB information item with as much lead in as possible but no later than the HWBB immediately prior to the agenda change request, including requests from sub-groups (see below).

Health Inequality Focus and Childhood Obesity Focus agenda presentations can be several items if appropriate but all must include decision(s) and / or action(s) for the Board.

Health and Wellbeing Board Fora will provide a written update to each Board meeting; each will have an annual formal presentation to the Board on a rotational basis.

Any decisions and actions shall be subject to providing an update to the Board on the substantive outcomes, either via presentation or information item as deemed appropriate by the Board, at a future date to be agreed as part of said decision or action.

Supporting Documents Requiring Development

Agenda change request form
Report draft template
Report final template
Action / Decision request form
Action / Decision update report template

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	Agenda Item: 19
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**Tuesday 24ᵗʰ September 2019**
TITLE:	**BIRMINGHAM AND SOLIHULL NHS LONG TERM PLAN PROGRESS UPDATE**
Organisation	**Birmingham and Solihull STP**
Presenting Officer	**Harvir Lawrence, Director of Planning & Delivery, Birmingham and Solihull CCG**

Report Type:	Approval

1.	**Purpose:**

1.1 This report provides a progress update on the work of the STP in developing the five-year Long Term Plan (LTP) for Birmingham and Solihull (BSol). The purpose of the report is to provide assurance on the key work being undertaken in advance of formal submission to NHS England and Improvement on 15 November 2019.

1.2 The paper requests delegated authority from the Birmingham Health and Wellbeing Board for the STP Board, which includes Councillor Paulette Hamilton, Cabinet Member for Health and Social Care, Dr Justin Varney, Director of Public Health, and Dr Graeme Betts, Director of Adult Social Care, to approve the final plan for submission. This is in light of the challenging timelines and is in recognition that the development of the Plan is being done in partnership and with full involvement with Birmingham City Council.

2.	**Implications:**		
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

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3.	Recommendation

3.1   The Board is asked to note progress.

4.	Report Body

4.1   Context

4.1.1   The NHS Long Term Plan (LTP) was published in January 2019, which covers the direction of travel for healthcare over the next ten years. This is with the objective of enabling the NHS to be fit for the future so that it delivers an enhanced focus on prevention, re-designs patient care to future proof the NHS for the decade ahead and delivers better outcomes to support people to live well.

4.1.2   It is recognised by the BSol STP that many of the priorities with the LTP align to the Birmingham and Solihull STP plan. Furthermore, the STP promotes the vital role that local government and public health lead in many areas of these priorities. The STP therefore see this as a unified delivery across the partnership.

4.1.3   Further guidance has been issued recently from NHS England and Improvement (NHSEI) the LTP Implementation Framework and supporting technical guidance, which asks all systems to submit final plans by 15 November to demonstrate how they will meet the objectives in the LTP. The expectation is that these plans will include:

- **A strategic delivery plan**: This will be in the form of a narrative document that sets out what the system plans to deliver over the next five years. There is no national template. Local systems have format and content freedom but systems must ensure that their plan covers all the elements set out in Chapter 1 of the Implementation Framework.

- **Financial Plan**: A system financial plan that demonstrates how baseline and additional funding will be allocated across the system over the five-year period (2019-2024), the productivity and efficiency savings, growth levels and how the system will achieve financial balance.

- **Supporting technical material:** Successful delivery will require systems plans to be underpinned by realistic plans for workforce, activity and performance, which must be delivered within the local financial allocation. Templates and tools are in the process of being released to local systems to support this element of the submission.

- **Equality Impact Assessment:** This is of the plan as a whole.

4.2   Current Circumstance

4.2.1   The BSol STP, through the Portfolio Boards, has already carried out or has plans in place to deliver the majority of requirements in the LTP framework. The LTP will primarily focus on the deliverables for the next five years

relating to the health and care aspects of the STP. The wider plan in terms of economic regeneration/ housing/ transport will be developed in a separate phase.

4.2.2 There are several chapters that will feature in the submission to NHS England and Improvement based on the key areas in the LTP, which include:

- Delivering a new service model for the 21st century
- Increasing the focus on population health
- More NHS action on prevention
- Delivering further progress on care quality and outcomes
- Giving NHS staff the backing they need
- Delivering digitally-enabled care across the NHS
- Using taxpayers' investment to maximum effect.

4.2.3 Each chapter is being developed by senior lead officers from organisations across the STP, who are working with colleagues in partner organisations to ensure collective development and engagement across the partnership in the spirit of the STP design principles. This will also support and enable the system's collective ownership and responsibility for the delivery requirements of the plan itself. This will also ensure the STP produces a robust plan for the local population that aligns with STP priorities and meets the LTP requirements.

4.2.4 An operational LTP Development and Delivery Group has been established to review the Plan as it is developed. This has representatives from each STP partner organisation including both Local Authorities so that the system approaches the development of the Plan as an integrated system. A detailed timetable has been produced to support the development of the narrative with chapter leads as well as the finance, activity, performance and workforce elements of the Plan. There will also be a regular review of the financial, activity and performance information at regular STP Finance Director meetings. The final submission will also be reviewed by the CCG's Communications Team (following agreement with STP communications leads) on behalf of the STP before final submission and publication.

4.2.5 Concerns have been raised with NHSEI given the deliverables set out in the LTP are very health focused and do not give reference to the interconnections and vital role the Local Authorities play in delivery in an integrated health and care system. The STP will however, endeavour to reflect this as part of the BSol system submission.

4.2.6 The BSol LTP will not be committing the Locally Authority to any item that would require Cabinet sign off. It is therefore requested that this paper is supported through the Health and Well Being Board and that regular updates are brought back to this meeting.

4.2.7 Once the full version of the BSol Plan is finalised, the STP will develop a summary document for the public and both the full and summary version of the Plan will be published on partner organisation websites. The STP will also engage with wider stakeholders as well as the public to explain the

changes this will mean for health and care over the next five years.

4.3   Next Steps / Delivery

4.3.1   A draft version of the Plan will be submitted to the NHSEI regional team on 27 September before the final version of the Plan is submitted on 15 November 2019.

4.3.2   It is already known that the draft plan will have gaps as systems are awaiting further guidance and information on the specific chapters and sub-chapters within the LTP implementation framework from national and regional teams.

4.3.3   The STP will also engage with the Joint Committee for Sandwell and West Birmingham in mid-September to discuss the funding for prevention in relation to West Birmingham given this is on the Birmingham footprint but funding will be allocated to the Black Country STP.

4.3.4   It is proposed that the STP Board, which include senior executives from the Local Authority, approve the final version of the Plan before submission to NHSEI and are seeking the appropriate delegated authority to do this given the very challenging timescale to submit plans.

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5.   Compliance Issues

5.1   HWBB Forum Responsibility and Board Update

5.1.1   A LTP Development and Delivery Group has been established with representatives from across the system chaired by the Assistant Chief Executive of the STP. This is in addition to the current STP Chief Executive and Finance Director meetings. Regular updates will be provided to the STP Chief Executives meeting, STP Finance Directors meetings and Health and Wellbeing Boards for BSol as the Plan develops.

5.1.2   Chapter 4, which is focused on more NHS action on prevention, is led by the BSol Directors of Public Health and is being collaboratively developed via the BSol Public Health Prevention Board. The focus of the chapter is smoking, obesity, alcohol, air pollution and antimicrobial resistance.

5.2   Management Responsibility

5.2.1   Harvir Lawrence, Director of Planning and Delivery at NHS Birmingham and Solihull CCG, is leading the development of the Plan on behalf of the system and is working closely with STP and partner colleagues. She is working closely with the Assistant Chief Executive of the STP.

6.	Risk Analysis			

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Timelines: Risk to delivery and quality of submission whilst awaiting delayed national templates.	Medium	Medium	Regional planning meeting established providing further information and opportunity to raise escalations. CCG team in place with additional support. Commencing baseline work in the interim.
Capacity: There is a risk that individuals are also managing core day to day business, impacting on delivery.	Medium	Medium	Distributive leadership approach adopted. Monitoring capacity via LTP Development Group. CSU support accessed. Utilising existing leads and governance as far as possible.
Workforce: Risk to develop a realistic workforce plan and balanced financial plan	Low	Low	Reviewing alignment between all plans. Liaising with Health Education England and the NHS England/Improvement. Working with nominated lead in the STP to develop workforce plan.

Appendices
N/A

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

Harvir Lawrence, Director of Planning and Delivery, NHS Birmingham and Solihull CCG (harvir.lawrence@nhs.net)

Lesa Kingham, Head of Planning and PMO, NHS Birmingham and Solihull CCG (lesa.kingham1@nhs.net)