Working Age Adults
2019/20 Joint Strategic Needs Assessment

V6.4 – December 2020

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Executive Summary

One of the Council's priorities for working age adults is that we have a city that is an entrepreneurial city to learn, work and invest in. The Birmingham and Solihull Sustainable and Transformation Partnership (STP) also have adulthood and work as a priority, achievable through breaking the cycle of deprivation.

Adult lifestyle outcomes remain a problem in Birmingham. Smoking is still the biggest cause of premature mortality in England, with the adult smoking prevalence in the city at 16.2 % (fifth of the eight Core Cities), higher than the England average of 14.4%.

Alcohol consumption and drug misuse are contributing factors to hospital admissions and deaths from a wide range of conditions. Birmingham's (2017/18) hospital admissions for alcohol related conditions are significantly higher than England, with the city also having a higher prevalence of adult dependent drinkers in treatment compared to England.

Estimated prevalence of opiate and/or crack cocaine use in Birmingham residents (5-64 years old) has been nearly twice the national rate in recent years, with the percentage successfully completing their treatment (6%) comparable with the England figure (6.5%) and ranking 3rd out of the core cites.

Most recent figures show 61% of Birmingham adults aged 19 years and above were classified as being physically active and 26% were as inactive, these figures are worse than England which had 66% active and 22% inactive.

49% of Birmingham adults aged 16+ years eat the recommended 5 a day on a usual day, compared to the England average of 55%. Birmingham is also likely to follow similar trends to the national average when it comes to nutrient consumption: with adults not meeting the recommended intake for things like sugar, saturated fat and salt.

Long term health conditions continue to contribute to premature mortality (under 75 years), the city's mortality rate of cardiovascular disease, prevalence of diabetes and common mental disorders being significantly higher than the national average.

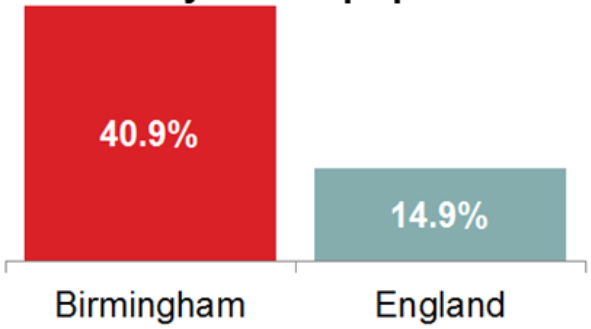
Employment status and educational attainment remain important determinants of health in Birmingham, as does crime and violence. Reported crime saw an increase over the last two reporting periods. Domestic violence accounted for 11% of total crime (5,540 incidents).

The evidence shows that certain groups of working age adults facing additional challenges consistently have worse health outcomes, whether they are adults with disabilities, migrant and refugee adults or homeless adults with families. Little is known about the health status of some of the groups locally.

Based on current trends Birmingham will need to remain focused on improving adult's lifestyles, promoting health and wellbeing and managing chronic diseases. Addressing the wider determinants of health will help improve overall health. Adulthood is an important time for building assets, reducing risks and intervening early to prevent ill-health.

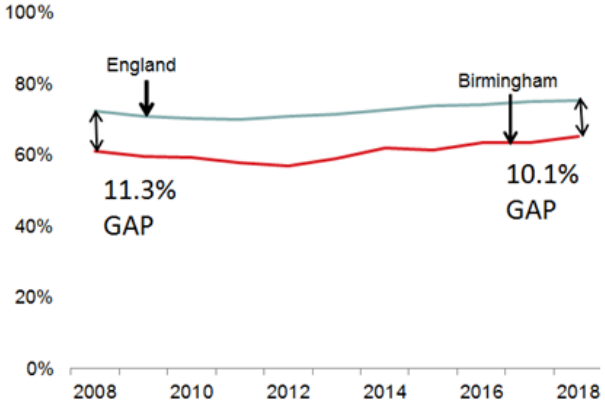
Contents

Working age Black Asian & Minority Ethnic population



Source-https://www.nomisweb.co.uk/census/2011/dc2101ew

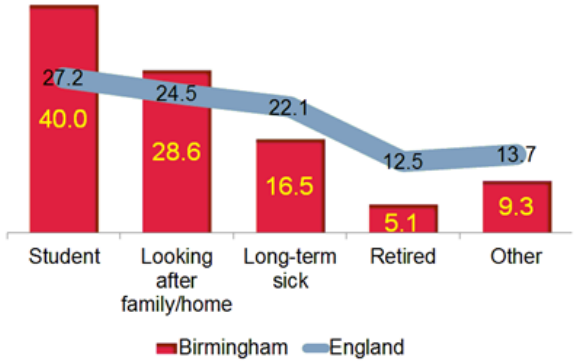
Employment trend (calendar years)



Source-_Nomis Annual population survey

Economic inactivity by reason

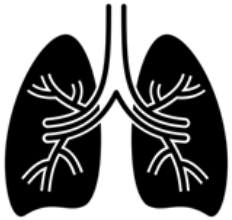
% (Jul 2018 to Jun 2019)



Cancer deaths (2015-17)

Birmingham 148.2 DSR

England 134.6 DSR



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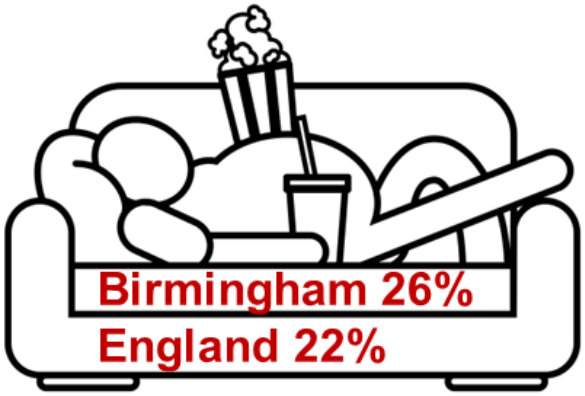
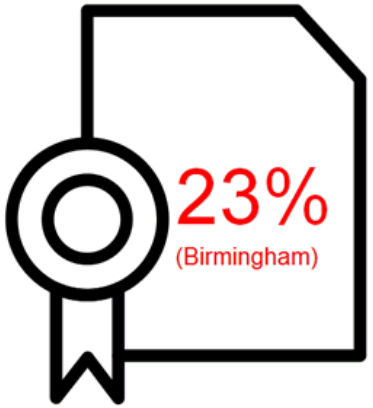
1,475 people died from lung cancer

Physical inactivity (2015-17)



Nil or maximum NVQ level 1 qualification (2018)



5% higher than England average

Section 1: Lifestyle Behaviours

Smoking

Key statistics

Smoking is the leading cause of premature death, killing 78,000 people in England each year. In 2017/18, the Birmingham rate of smoking related admissions to hospital for those aged 35 years and over was 1,632 per 100,000 which is significantly higher compared to the England average of 1,530 per 100,000[1], although second lowest of the eight Core Cities. One in 4 patients in hospital beds are smokers. Smokers also see their GP 35% more than non-smokers.[2]

Prevalence

In 2018, 16.2% of adults in Birmingham were current smokers (fifth highest of the eight Core Cities) compared to the England average of 14.4% (Source: Annual Population Survey). The rate for Birmingham men (19.2%) was higher than women (13.3%). Birmingham's males and females are above the England average which are (16.4%) and (12.6%) respectively. Routine or manual workers are most likely to be current smokers (23.7%) compared to individuals in managerial and professional occupations (9.4%). The England figures for these employment groups respectively are 25.4% and 10.3%. [1] There is a strong association between smoking and mental health conditions, with smoking rates among people with a mental health condition significantly higher than in the general population. This association becomes stronger relative to the severity of the mental health condition, with the highest levels of smoking found in psychiatric in-patients. It is estimated that around 30% of smokers in the UK have a mental health condition, and more than 40% of adults with a serious mental illness smoke. [3]

Diversity and inclusion

There is variation in smoking rates in different ethnic groups. People in Mixed (20.4%), Other (15.5%) and White (15%) ethnic groups had the highest smoking prevalence (age 18+) in 2018. The Unknown ethnic group had the lowest prevalence at 5.8% [1].

A 2011 survey revealed that Birmingham's LGBT community have a higher smoking prevalence (24.1%) compared to England general population (19.2%) [4] In 2017,

[1] 'Public Health England. Local Tobacco Control Profiles. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[2] Public Health England: Smoking and tobacco: applying All Our Health
[3] ASH: Fact sheet No. 12: Smoking and Mental Health
[4] Birmingham LGB survey downloaded 7th November 2019

smoking prevalence was 1.5 times higher in lesbian, gay and bisexual people than heterosexual or straight people for UK residents. [5]

Amongst mothers, smoking at time of delivery was 8.6% and 10.6% for Birmingham and England respectively (2018/19), with the Core Cities average at 11.1%. The prevalence has decreased for both areas over the last 8 years. The gap between the two areas has increased in this time period from 1 % to 2% respectively with England having a higher rate. These figures need to be treated with caution, as there were a lot of mothers whose smoking status is unknown.[1]

Service Model

A stop smoking service is commissioned by Birmingham City Council (BCC). This is a universal service accessible via GPs and pharmacies. Patients are offered behavioural and pharmacotherapy support with the service aiming to maximise the number of smokers accessing the service and increasing long-term quit rates. The programme is looking to expand the services to accommodate target groups who are known to have a higher prevalence; such as people with poor mental health, those in contact with drug and alcohol services, pregnant women and groups in hospital acute settings.

Service data

The smoking cessation service is offered to smokers aged 12+. Providers must ensure the system meets the patient's age, culture, disability and gender sensitivity needs. Providers demonstrate evidence of this through the equality assessment processes. The service targets areas of high prevalence for smoking and high deprivation.

Number quitting for the period 1st April 2019 - 31st Dec 2019 for Pharmacies and GP practices is 2664, with 498 of those successfully sustaining being smoke free (18.7%).

Table 1 Successful 4 and 12 week quitters, 1st April 2019 - 31st Dec 2019 for Pharmacies and GP practices

4 week successful quit	**Pharmacies**	**GP practices**	**Total**
Quarter 1	283	232	515
Q 2	305	1491	1796
Q 3	353	0	353

[5] ONS: Adult smoking habits in the UK: 2018

Q 4	N/A	N/A	0
Total	**941**	**1723**	**2664**

12 week successful quit	**Pharmacies**	**GP practices**	**Total**
Quarter 1	124	146	270
Q 2	102	0	102
Q 3	126	0	126
Q 4	N/A	N/a	0
Total	**352**	**146**	**498**

Trends and Future Analysis

The current smoking service has started to offer e-Cigarettes as a method of quitting. The data is still currently not robust enough to understand future trends, which should be available soon, once the offer has been available for more than 12 months. In addition, there should be increases in quits for target groups as we are moving forward to develop specialist smoking provision within targeted service across Birmingham including workplace offers.

Alcohol

Key statistics

Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions which costs the NHS about £3.5 billion per year and society £21 billion annually[6].

Prevalence

Based on national prevalence rates (2014/15) it was estimated that there were around 13,603 adults in Birmingham with alcohol dependence in need of specialist treatment[7].

In 2016/17, Birmingham had 1,895 dependent drinkers in alcohol treatment of which males were estimated to be 79% of the cohort[7]. As a percentage of the total population, Birmingham had a higher prevalence of adults (1.7%) in this cohort group when compared to England (1.4%) for 2014/15. There is a large gap between those in treatment and those identified as having alcohol dependence.

[6] Alcohol Change UK: The Alcohol Change Report

[7] 'Public Health England. Local Alcohol Profiles. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]

Diversity and inclusion

There are variations in rates of harmful drinking in different ethnic groups. The percentage of adults nationally, by ethnic group, who drank at harmful or dependent levels are

- White 5.2%
- Mixed 3.9%
- Black 3.5%
- White- Other 1.9%
- Asian - 1.0%. (2014) [8]

However, these overall figures may mask higher rates of drinking in some communities. There is also variation depending on deprivation; of adults in the most deprived deciles 2.1% were dependant drinkers, compared to 0.9% in the least deprived [9].

Impact

Whilst the overall drinking rates in England have decreased from 2011 to 2016 (from 34% to 31% for males and 18% to 16% of women), Birmingham's (2017/18) hospital admissions for alcohol related conditions are significantly higher than England. For males admissions it was 3,553 per 100,000 (England 3,051) and for female's 1,762 (England 1,513) [9]. In relation to the Core Cities, Birmingham has the sixth highest rate per 100,000 admissions for alcohol related conditions for both males and females.

The Birmingham rate for alcohol specific and alcohol related mortality is significantly higher than the England average and has been over recent years. The latest period 2015/17, has the alcohol *specific* mortality rate for Birmingham at 14.4 deaths per 100,000 population, which is sixth highest of the eight Core Cities (England, 10.6 deaths). Similarly, the 2015/17 alcohol *related* mortality rate for Birmingham is 53.3, also sixth highest of the eight Core Cities, deaths per 100,000 population compared to the England rate of 46.2 deaths per 100,000 population[9].

Service Model

Birmingham City Council Public Health commissions a single system treatment and recovery service for patients experiencing the harms associated with drug and alcohol use. The service is provided by Change, Grow, Live (CGL) as of 2019 and supports approximately 7,000 service users in Birmingham. As a recovery-focused delivery model it provides users with advice and support delivered via a 5-tiered model.

[8] GOV.UK: Harmful and probable dependent drinking in adults: 2018
[9] 'Public Health England. Public Health Alcohol Profiles. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]

Tier 1: Advice & Information; including signposting to other services which include advocacy and mutual aid.

Tier 2: Non-dependent drug and alcohol use – Group / 1:1 work up to 12 weeks

Tier 3: Dependent alcohol use, opiate use, heavy crack cocaine/synthetic cannabinoids etc. – Group/1:1 work, longer term, structured support

Tier 4: In-patient specialist unit (Park House in Hockley) which delivers detoxification and stabilisation

Tier 5: Aftercare provision – Group/1:1 work

Service data

The demand on the substance misuse service continues to increase due to prevalence of individuals who use illegal drugs and alcohol. The complexity of service users is also increasing citywide. Alcohol treatment services recorded 18,890 patients for Birmingham of which 75% are male.

The ethnic breakdown for service users were White (69%), Asian (14%), Other (8%), Mixed (5%) and Black (4%).

Trends and Future Analysis

Tier 3 is key as 87% of clients in treatment are in receipt of opioid substitute treatment (OST), this is an ageing cohort and brings with it other health related issues. Managing the OST cohort means that less prevention work is undertaken resulting in a large alcohol unmet need.

Drugs

Key statistics

Nationally, nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse, with the deaths from drug misuse increasing substantially since 2011/13 [10]. The main substances that Birmingham residents present to treatment services continue to be alcohol, opiates, cocaine, and cannabis.

Prevalence

Estimated prevalence of opiate and/or crack cocaine use in Birmingham residents (5-64 years old) has been nearly twice the national rate in recent years. In 2011/12 the rate was 15.2 per 1000 population (England 8.4 and Core Cities average 13.7). In 2016/17 Birmingham and Core Cities average rates decreased to 14.2 and 12.8 respectively, while nationally it has increased to 8.9 per 1,000 population.

[10] Public Health England. Public Health Outcomes Framework 2.15iv. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]

The city's recorded number of drug users (opiate and/or crack cocaine use measured by various organisations, including drug treatment, probation, police and prison data) fluctuates over time: with cases at a peak of 10,743 (2011/12), then decreasing to 9,705 (2014/15) and rising again to 10,525 (2016/17) [11].

The latest percentage (2017) of "opiate clients successfully completing their treatment" is slightly lower for Birmingham (6%) when compared to England (6.5%) [12]. From 2010-2017 this has been a consistent trend (except 2013 when Birmingham was higher). Birmingham ranks 3rd highest out of the Core Cites, which have an average of 4.8%

The latest percentage (2017) for "successful completion of drug treatment - non-opiate users" is higher for Birmingham (41.5%) compared to England (36.9%). However, these figures do fluctuate year on year[13].

Diversity and inclusion

The LGBT community has a higher than average use of recreational drugs. A 2011 survey highlighted that 50% of respondents had used drugs for recreational purposes.

At a national level, communities that are most deprived have nearly three times the prevalence rate than the least deprived areas for opiate and/or crack cocaine use[11].

Impact

The latest period for '2016-2018' has the Birmingham drug misuse death rate at 6.3 per 100,000 individuals which is significantly higher than the corresponding national drug misuse death rate of 4.5, although is ranked sixth out of the eight Core Cities.[14]

Service Model

Birmingham City Council Public Health commissions a single system treatment and recovery service for Birmingham citizens experiencing the harms associated with drug and alcohol use. The service is provided by Change, Grow, Live (CGL) and supports approximately 7000 service users (2019) in Birmingham delivered via four CGL hubs city-wide which are fully integrated with partner organisations that deliver relevant health and social care services.

The Birmingham service delivery outcomes are measured by increasing employment for patients, reducing re-offending, improving housing and assisting users with their social and health needs. Specific targeted support is provided to homeless rough sleepers through an outreach team.

Service data

[11] Public Health England. Public Health Mental Health and Wellbing Profiles. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[12] Public Health England. Public Health Outcomes Framework C19a. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[13] Public Health England. Public Health Outcomes Framework C19b. [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[14] 'Public Health England. Public Health Outcome Framework [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]

Opiate clients in treatment have reduced; like the national picture where in 2009/10 there were 170,032 clients in treatment, compared to 141,189 in 2017/18.

Non opiate clients in treatment have seen a small reduction; like the national picture where from its peak of 25,570 clients in 2013/14, by 2017/18 the figure had reduced to 23,780.

Alcohol clients in treatment have reduced. The national picture shows a peak of 91,651 clients in 2013/14: by 2017/18 the figure had reduced to 75,787.

Non-opiate and alcohol clients in treatment have seen little change from 2015 – 2018, which is reflective of the national picture whereby in 2009/10 there were 28,992 clients in treatment nationally compared to 27,684 in 2017/18 (see table 2).

Table 2 Clients in Treatment - Birmingham

Clients in treatment - Birmingham - All in Treatment - Count									
Drug Group	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Opiate	5702	5797	5392	5252	5096	5017	4920	5091	4691
Non-opiate only	812	925	953	1160	1288	936	674	717	615
Alcohol only	1559	2236	2250	2364	2463	2105	1824	1895	1413
Non-opiate & alcohol	509	541	508	645	728	713	590	584	461
Totals	**8582**	**9499**	**9103**	**9421**	**9575**	**8771**	**8008**	**8287**	**7180**

Trends & Future Analysis

Treatment of opiate substitute treatment clients, as an ageing cohort, bring with it other health related issues. This results in less prevention work and a large unmet alcohol need as previously mentioned. Increasing dual diagnosis (mental health and substance misuse) will impact on services and outcomes.

The city's Triple Zero City Strategy, 2020- 2030 has three key ambitious outcomes

- Zero deaths due to drugs or alcohol addiction
- Zero overdoses due to drug or alcohol addiction
- Zero people living with addiction to drugs or alcohol not receiving support to manage their addiction

These are deliberately ambitious as we need to keep pace and focus to drive change at scale and truly impact on the challenge of drug and alcohol addiction in the city. Led by Birmingham City Council, in partnership with the West Midlands Police and Crime Commissioner, the Triple Zero Strategy sets out a refreshed approach to creating a healthier and safer city for all the residents of Birmingham.

Physical Activity

Key statistics

People who lead 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 associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and improved mental

health. In older adults' physical activity is associated with increased functional capacities[15].

Prevalence

In 2017/18, 61% of Birmingham adults aged 19 years and above were classified as being physically active and 26% were as inactive, these figures are worse than all other Core Cities and worse than England which had 66% active and 22% inactive.[16]

Diversity and inclusion

Fewer women (64%) across England are physically active compared to men (68%). Asian (57%) and Black (56%) residents are less active than the general population. Activity decreases in people age 75 and over. People living in the most deprived 10% of neighbourhoods in England are the least likely to be physically active compared with those in the least deprived areas (57% compared to 72%). Nationally people are significantly more active in the managerial professions compared with the routine and manual occupation and unemployed category[17].

Over 700,000 attendances were seen across BCC/TAWS physical (and social for TAWS) activities in the year April 2018 – March 2019. Of these,

- 79% of these were people from the most deprived 40% of areas (IMD Quintiles 1 & 2)
- 62% were by participants from BAME backgrounds
- 51% were by female participants

Service Model

Birmingham Public Health commissions a Health and Wellbeing Service to ensure that communities have access to facilities, infrastructure and support to engage in active, healthy lifestyles that will support improvement in their social, physical and mental wellbeing. A Wellbeing Service will enable residents to be physically and socially active and involved in their local community within Wellbeing and Leisure Centres, Parks and Green Spaces and Community Settings. The service is provided by The Council's Place Directorate through the services Be Active and Be Active Plus; as well as The Active Wellbeing Society (TAWS) [18] which contributes to Active parks, Active Bikes and Active Streets.

The Birmingham Wellbeing Service does not just focus on facilities, but involve an element of community activities delivered by third sector organisations such as Age UK who deliver Tai Chi in community settings and Moseley Baths CIC who deliver Be Active

[15] https://fingertips.phe.org.uk/profile/physical-activity
[16] Public Health England. Public Health Outcome Framework [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[17] 'Public Health England. Public Health Physical Activity Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[18] The Active Wellbeing Society

There are many Friends of Parks groups around the city that organise events that can help support a physically active lifestyle. [19]

Service data

For the Be Active services, for the period April 2018 – March 2019, there were 609,733 visits by 57,697 unique users which give a mean average of 11 visits per user per year.

- 19,106 (33.1%) attended once in the 12 month period
- 17,412 (30.1%) attended twice in the 12 month period
- 2,242 (3.9%) attended 50 plus times in the 12 month period

Considering visits rather than unique users, there were,

- 620,000 attendances across BCC leisure centres
- 85,000 attendances across outdoor (TAWS) activity

Trends & Future Analysis

The last three years data covering adults who are physically active shows that there is a trend for the percentage to decrease.

Birmingham Public Health are leading the Partnership for Healthy Cities/Bloomberg work across Birmingham; an internationally funded campaign to encourage a shift in knowledge, attitudes and behaviours around walking, cycling and active travel among the diverse populations.

Diet and Nutrition

Diet refers to the food and drink people regularly consume.

Nutrition is a process that involves an adequate consumption of nutrients, vitamins, and minerals to live a healthy and prosperous life.

Poor diet and nutrition, plus obesity, are leading causes of premature death and mortality [20] , and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.

The costs of diet related chronic diseases to the NHS, and more broadly to society are considerable. Average intakes of saturated fat, sugar, and salt are above recommendations nationally, while intakes of fruit and vegetables, oily fish, fibre and some vitamins and minerals in some groups are below national recommendations.

On average, the population consumes too much saturated fat, salt, and sugar and

[19] Birmingham Open Spaces Forum
[20] Global Burden of Disease, 2017

eats too little fibre, fruit and vegetables and oily fish than recommended. We also know that some sections of the population have intakes of some vitamins and minerals below recommended levels.

The government recommends that everyone:

- eats at least five portions of a variety of fruit and vegetables every day
- base meals on potatoes, bread, rice, pasta or other starchy carbohydrates choosing wholegrain versions where possible
- have some dairy or dairy alternatives (such as calcium fortified soya drinks) :choosing lower fat and lower sugar options
- eats some beans, pulses, fish, eggs, meat and other proteins. This includes two portions of fish every week, one of which should be oily. If consuming more than 90g of red or processed meat per day, try to cut down to no more than 70g on average
- choose unsaturated oils and spreads and eat in small amounts
- drink six to eight cups/glasses of fluid every day [21]

Key statistics

49% of Birmingham adults aged 16+ years eat the recommended 5 a day on a usual day, compared to the England average of 55%. Figure 1 shows Birmingham in comparison to other Core Cities. Nationally, more women eat the recommended 5 a day than men (59% compared to 50%). The proportion rises with age, particularly among over 55s. People living in the most deprived 10% of neighbourhoods in England are the least likely to eat the recommended 5 a day and those in the least deprived areas most likely (46% compared to 60%) [22].

Figure 1 Percent of Adults Aged 16+ Eating Recommended 5 a Day on a Usual Day in 2017/18

[21] Public health England: Healthier and more sustainable catering: Nutrition principles

[22] Public Health England : Public Health Outcomes Framework 2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

Source: Public Health England

The National Diet and Nutritional Survey (NDNS) gives national figures on nutritional intake [23]

Free sugars [24]

It is recommended that these make up no more than 5% of energy intake.
The average intake nationally for 19-64year olds was 11% (both men and women).
The main sources of free sugars in adults aged 19 to 64 years were 'sugar, preserves and confectionery' (25%), 'cereal and cereal products' (24%) and 'non-alcoholic beverages' (21%).

Fibre

Fibre is measured using a method developed by the American Association of Analytical Chemists (AOAC); so AOAC fibre is often referred to. Using this, the

[23] Results of the National Diet and Nutrition Survey (NDNS) rolling programme for 2014 to 2015 and 2015 to 2016

[24] Free sugars includes all added sugars in any form; all sugars naturally present in fruit and vegetable juices, purees and pastes, and similar products in which the structure has been broken down; all sugars in drinks (except for dairy-based drinks) and lactose and galactose added as ingredients

recommended intake is 30g/day for adults – From the national survey of 19-64 year olds, only 13% of men met the recommended daily intake, and 4% of women.

Saturated fat

Saturated fat recommended consumption is 12.5% for adults aged 19-64 years – the national survey showed the following consumption - men 27%, women 23%.

Fruit and vegetables

The survey revealed 31% of adults achieving 5-a-day (compared to 55% from Active Lives, which is a self-reported figure).

Red and processed meat

Adults are advised to eat no more than 70g/day. The survey reported men eating 77g and women 47g.

Oily fish

The recommended intake is 140g/day. In the survey adults reported eating 8g/day.

Micronutrients

Table 3 Proportion of males and females aged 19-64 in the UK with intakes of micronutrients (from food sources) below the lower reference nutrient intake (LRNI)*

	Calcium	Folate**	Iodine	Iron	Potassium	Zinc
Men	7	3	9	2	11	7
Women	11	5 ***	15	27	23	8

*Intakes below the LRNI are inadequate for most individuals.
**also includes supplements
*** 7% of women aged 19-49 y (defined by NDNS as 'childbearing age') were reported to have intakes below LRNI

The Global Nutrition Report is the world's leading report on the state of global nutrition [25]. In the 2018 report it noted that the United Kingdom is off course to meet the global targets for anaemia in women of reproductive age. This is echoed by the low folate intake by women shown in table 3.

Salt

The NDNS did an in-depth report on salt intake in 2014 [26] for adults in England. The average intake of salt per day for adults was 8g/day. This was 33% higher

[25] 2018 Global Nutrition Report
[26] National Diet and Nutrition Survey: assessment of dietary sodium

than the recommended intake. Intake was 9.1g/day for men and 6.8g/day for women.

Almost 20% of deaths worldwide are attributable to an unhealthy diet[27].
Since 2008, the price of food has risen 10% more than other goods making low income households particularly susceptible to consuming unhealthy diets. Excluding food bought out of the home, the average household spends 11% of their income on food. This is 16% for low-income households, who now spend 23% more on food than they did in 2007, compared to the average increase of 18%.

Single pregnant mothers are also in the risk group for poor dietary habits as it is estimated a healthy diet costs £30.34 per week, which is 57% of Jobseeker's Allowance for those under 25. Price is the most important feature in buying food for over a third of customers and is a commonly cited barrier to consuming a healthier diet. Research suggests that healthier foods are up to three times the cost per calorie of unhealthier food and it has been estimated that spending per calorie has dropped 5% since 2008. In addition to this whilst the number of those living with food insecurity is likely to be higher than the number accessing food banks, in 2013, an estimated 500,000 people relied on emergency food aid [28].

Diversity and inclusion

There is sparse data to inform us of food and nutrition differences in the diverse groups that make up the city's population. The Birmingham Creating a Healthy City Forum is conducting an online survey of food habits and behaviour which should shed light on the local situation.

Service Model

Birmingham City Council is creating a Health Food City strategy that will,

- Improve the access to affordable healthy sustainable food across Birmingham in every community for every citizen
- Develop a sustainable food city approach across the food system in the city
- Reduce the inequalities in food access and nutritional intake across the city
- Work in partnership with citizens and organisations across the city to achieve the shared ambition to create a healthy food city in Birmingham

Trends & Future Analysis

The National Diet and Nutrition Survey rolling programme has reported findings for a 9 year period, 2008/09 – 2016/17.[29]

[27] Global Burden of Disease, 2017
[28] Barriers to Healthy food – Houses of Parliament
[29] National Diet and Nutrition Survey: Years 1 to 9 of the Rolling Programme (2008/2009 – 2016/2017): Time trend and income analyses

The trends for food were that there was little change in intake of fruit and vegetables, with all age/sex groups having a mean intake below the 5 a day recommendation. There was a downward trend in consumption of fruit juice and little change in the intake of oily fish. Red and processed meat consumption showed a downwards trend.

The trends for nutrients were that adults showed a reduction in the intake of free sugars, but still exceeded the current recommended intake. Adults showed a reduction in trans fatty acids intake (with trans fats produced artificially through food processing), although no trend was seen in the consumption of total fat or saturated fatty acid intakes as a percentage of food energy. Men aged 19-64 showed a significant increase in fibre intake; although average intakes for fibre for all groups remained below recommendations. There was a downward trend in intakes of most vitamins and minerals over the 9-year period for many age/sex groups.

Section 2: Disease Conditions

Excess Weight

Definition

The term obese describes a person who is very overweight, with a lot of body fat. The most widely used method to check if you're a healthy weight is body mass index (BMI). BMI is a measure of whether you're a healthy weight for your height. [30]

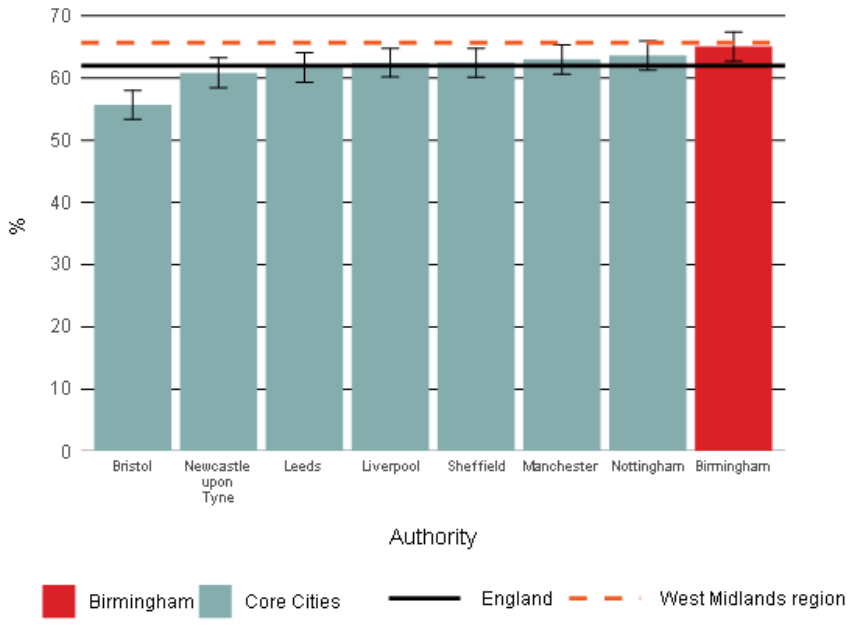
For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

Key statistics

In 2017/18, just over 65% of Birmingham adults aged 18 and over have excess weight (overweight or obese) compared to the England average of 62% (see figure 2). Nationally, men are more likely to have excess weight than women (68% compared to 56%), with the proportion rising with age (53% 25-34 years, 71% 65-74 years).

Figure 2 Percent Adults with Excess Weight in 2017/18



Source : Public Health England

[30] https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england

Diversity and inclusion

Sport England's recent survey (July 2019) showed that Black adults were the most likely ethnic group to be overweight or obese, with a prevalence of 72.8%. The Chinese ethnic group were least likely to have excess weight, at 34.5%. Unfortunately, the report is only done nationally, so no local data exists.[31]

Analysis has shown that nationally lesbian and bisexual women were more likely to be overweight or obese compared with heterosexual women, and gay men were less likely to be overweight or obese compared with heterosexual men.[32] Whilst the UK does not record sexual orientation systematically as part of the general health services offered there are some theories on why this inequality may exist such as increased stress or discrimination, or that the body-size standards adopted by heterosexuals are in fact rejected by LGBT+ communities.[33]

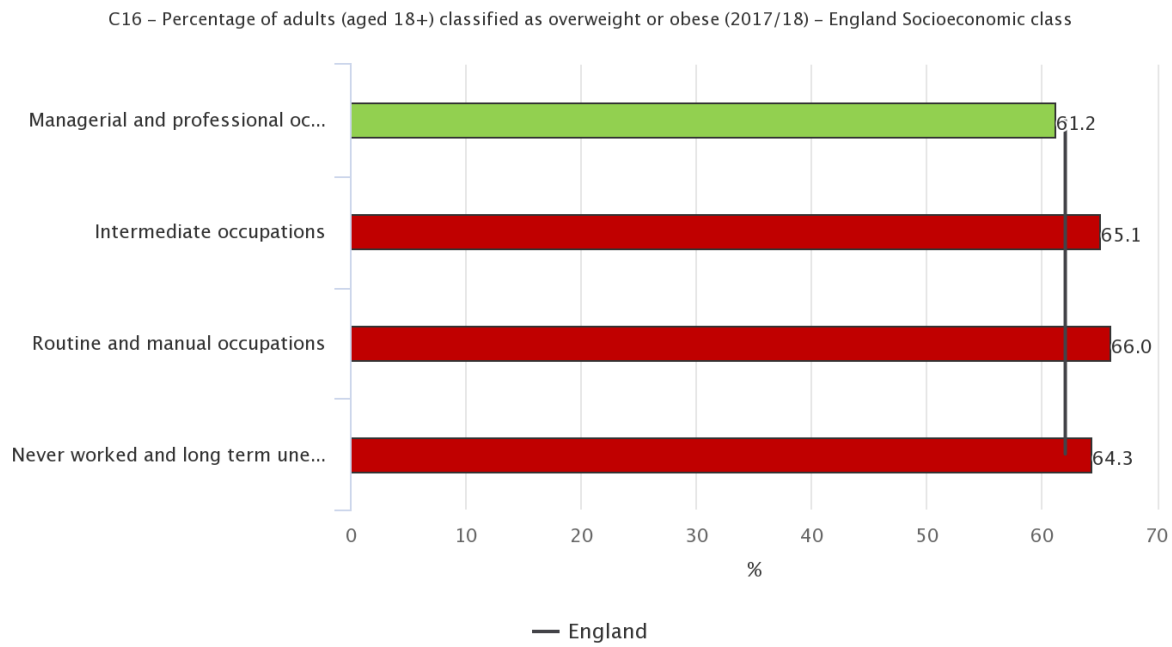
It is estimated that weight gain during pregnancy varies with the BMI of the mother at the time of conception. A woman with normal BMI can expect to gain between 11 to 40 pounds, most of which should be lost quickly after birth. NICE guidance [34] suggests that for those wanting to conceive, health officials should offer advice on weight loss or explain the health implications and how important it is for them to monitor their weight and do light exercise to maintain a healthy pregnancy and positive birth outcome.

People living in the 10% most deprived neighbourhoods in England are also more likely to have excess weight than those in the least deprived areas (67% compared to 56%)[35].

Nationally people belonging to a routine or manual socioeconomic class are more likely to be overweight compared with other socioeconomic groups (66% in the recent 2017/18 data). However, other groupings for intermediate occupations and unemployed are also significantly worse than the England average, with 65.1% and 64.3% respectively in the latest 2017/18 data[36].

[31] GOV.UK: Ethnicity facts and figures Obese adults
[32] Why body mass index and sexual orientation study raises health concerns for lesbian and gay
[33] Bisexual Women and Beauty Norms
[34] NICE: Weight management before, during and after pregnancy 2010
[35] Public Health England: Public Health Outcomes Framework 2.12 - % of adults classified as overweight or obese
[36] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/7/gid/1000042/pat/6/par/E12000005/ati/102/are/E08000025/iid/93088/age/168/sex/4

Figure 3 Percent of adults (18+) classified as overweight or obese by socio-economic class (2017/18)



Source: Public Health England

Service Model

The Active Wellbeing Society [37] (TAWS) provide a wide range of free activities for Birmingham residents of all levels from absolute beginners, through to advanced practitioners (the BeActive scheme), in partnership with Birmingham Public Health. Residents are offered free swimming, group exercise classes and gym sessions at certain times of the day at various leisure centres and parks. They are also creating safe, active, healthy spaces within communities through their Active Streets and Active Communities initiatives. Additionally TAWS provide Be Active Plus, which is a GP referral exercise programme for people with specific medical conditions that can benefit from being more active, such as obesity.
The Specialist Weight Management Service at Birmingham Community Healthcare Trust is for people who have struggled with their weight for a long period of time. The service offers a more intensive approach to weight management, when other interventions have not worked, making sure that all options have been tried before someone is considered for obesity surgery. Access to bariatric surgery is currently only considered when previous conventional weight management has failed.
Move More Eat Well[38] in the South of the city provides community focused food growing and cooking programmes.

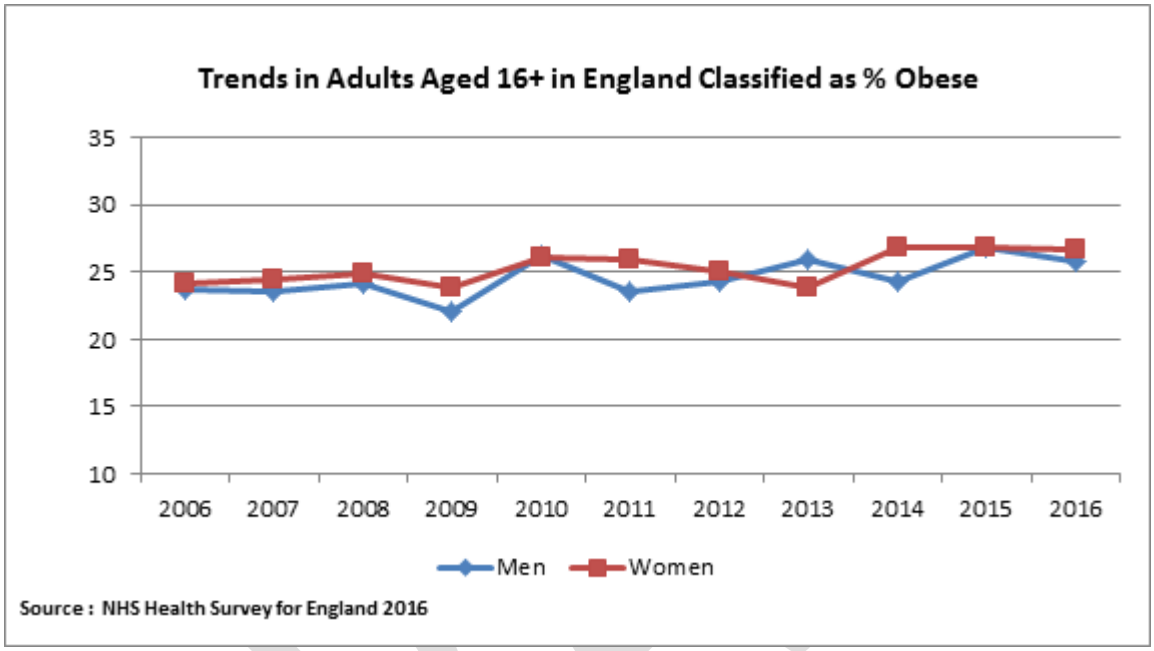
More broadly, the Creating a Healthy Food City Forum is taking a system wide approach to work such as Birmingham's role in the Milan Urban Food Policy Pact, the BINDI partnership and the Childhood Obesity Trailblazer, which are all concerned with developing and delivering a robust action plan that will underpin Health and Wellbeing Board healthier food and obesity priorities.

[37] https://theaws.co.uk/
[38] https://movemoreeatwell.com/

Trends & Future Analysis

Nationally, data from the NHS Health Survey for England shows that the percentage of adults classified as obese increased from 24% in 2006 to 26% in 2016, with the upward trend evident amongst both men and women[39].

Figure 4 National trends in Obese Adults



Cardiovascular Health

Definition

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels and is currently the major cause of death and disability in the UK. It includes coronary artery diseases such as angina and myocardial infarction (heart attack) and stroke amongst others. The NHS focus is on ABC (Atrial fibrillation (AF), blood pressure and cholesterol).

Key statistics

The early mortality (under 75 years) death rate from coronary heart disease (CHD) for Birmingham and Solihull (BSOL) CCG is 63.3 per 100,000: significantly higher than England (38.2) [40]. CHD is the commonest underlying cause of AF. Prevalence of AF (1.6%) and stroke (1.4%) is lower in Birmingham compared to England (2% and 1.8% respectively). This could be due to underdiagnoses of the condition, but

[39] NHS Digital: Health Survey for England 2016
[40] Public Health England. Heart Disease Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]

also because it mostly affects those aged 65+.[41] Approximately 13.9% of people within the CCG area have diagnosed hypertension, a key risk factor for CVD [42].

Diversity and inclusion

- Men generally develop CVD at a younger age and have a higher risk of CHD than women. Women, in contrast, are at a higher risk of stroke, which often occurs at older age [43]
- South Asians are at a highest risk of developing Coronary Heart Diseases (CHD) and strokes especially in 65+ age groups. African Caribbean are more likely to have higher blood pressure [44].
- CVD is strongly associated with deprivation due to higher prevalence of lifestyle risk factors such as smoking, alcohol and lack of physical activity.
- Research suggests LGBT groups are more likely to experience adverse cardiovascular outcomes relative to heterosexuals [45].
- Women have a relatively low risk of CVD events during pregnancy. However, the biggest causes of maternal deaths are due to heart disease due to the extra exertion experienced on the heart by women during the first trimester [46].

Service Model

Early detection of the risks of CVD and changes in lifestyle or treatment can reduce the risks. NHS Health Checks programme is designed for adults aged 40-74 years old [47] to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Lifestyle support to prevent CVD is designed around stop smoking services, maintaining a healthy weight, encouraging individuals to exercise and consuming a balanced diet [48]. For patients with existing heart conditions, Birmingham has the Community Heart Failure Specialist and the Community Cardiac Rehabilitation Team [49].

Service data

[41] Public Health England. Stroke Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[42] Public Health England. Cardiovascular Disease Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[43] Bots SH, Peters SA, Woodward M. Sex differences in coronary heart disease and stroke mortality: a global assessment of the effect of ageing between 1980 and 2010. BMJ global health. 2017 Mar 1;2(2):e000298.
[44] https://www.bhf.org.uk/informationsupport/support/your-ethnicity-and-heart-disease
[45] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659331/
[46] https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/women/pregnancy-and-heart-disease
[47] https://www.nhs.uk/conditions/nhs-health-check/?tabname=menu
[48] https://www.nhs.uk/conditions/cardiovascular-disease/
[49] https://www.bhamcommunity.nhs.uk/patients-public/adults/cardiac-services/

From 2013/14 to 2017/18, 56.7% of Birmingham's eligible population received a health check, compared to the England average of 44.3% and a Core Cities average 41.8%[50].

Trends & Future Analysis

Birmingham, being similar to England, has seen the halving of CVD rates for under 75s from 2001/03 to 2016/18, dropping from 178.4 deaths per 100,000 population to 95.5. England's rate decreased from 138.0 to 71.7. There has been variable change across the Core Cities with some showing increase and other decreases across the same time period, as of 2016/18 Birmingham is fourth out of the eight Core Cities and Birmingham's mortality rate remains significantly higher than England.[51]

Diabetes

Definition

Diabetes Mellitus is a chronic metabolic disorder where the pancreas does not produce the hormone insulin or fails to produce or use it effectively. In the case of type 1 diabetes, insulin is not produced due to the immune system destroying the insulin producing cells of the pancreas. With type 2, the body does not respond to insulin effectively. This is often referred to as insulin resistance and in the long term this can lead to less insulin being produced by the pancreas. Type 2 diabetes accounts for around 90% of cases.

Key statistics

Diabetes is major cause of premature death and disability; people with type 1 diabetes are 129% more likely to die prematurely than those without, whilst those with Type 2 are at 34.5% additional risk[52].

Diabetes prevalence for Birmingham is higher than England. The figures are only available by NHS area; with Birmingham and Solihull (BSoL) CCG having a rate of 8.4% (England 6.9%) for adults 17+ in 2018/19. A proportion of Birmingham's residents are counted in the data for Sandwell and West Birmingham CCG: this CCG has the highest diabetes prevalence in the West Midlands at 9.3%.

In 2018, the estimated diabetes diagnosis rate in Birmingham for adults was 80.4%, which was second highest of the Core Cities.[53] While the diagnosis rate is slightly higher than England there are still around 1 in 5 people with diabetes who are undiagnosed and these individuals may be at higher risk of life changing complications such as retinopathy, neuropathy, kidney disease, amputation and CVD events because their condition is unmanaged.

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[50] Public Health Outcomes Framework 2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check

[51] Public Health England. Mortality Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]

[52] Public Health England Public Health Matters Blog

[53] Public Health England: Public Health Outcomes Framework 2.17 - Estimated diabetes diagnosis rate

Diversity and inclusion

- Nationally, people living in the most deprived 10% of neighbourhoods in England are more likely to have diabetes than those in the least deprived areas (7.5% compared to 5.6%)[54] 52% of referrals for an initial assessment for diabetes were from Decile 1 (most deprived) for 2019 in Birmingham
- Type 2 diabetes is up to 6 times more likely in people of South Asian descent and up to three times more likely in African and Africa-Caribbean people[55].
- Evidence from Birmingham suggests that prevalence in the LGBT community is similar to the general population.[56].
- Of women who have diabetes during pregnancy, it is estimated that approximately 87.5% have gestational diabetes (which may or may not resolve after pregnancy), 7.5% have type 1 diabetes and the remaining 5% have type 2 diabetes[57].

Service Model

BSol CCG has received funding from NHSE to transform diabetes care and reduce variation in outcomes, experience and spend. Multidisciplinary diabetes teams will support patients with diabetes to achieve the 3 NICE recommended treatment targets (HbA1c, blood pressure, cholesterol).

The Diabetes Inpatient Specialist Nursing service now operates 7 days a week and has improved referral processes to the DISN service. Policy has been developed and implemented to ensure eligible patients can access real-time continuous glucose monitoring (CGM) and flash glucose scanning (FGS). These new technologies are available to support management of type 1 diabetes, helping patients to better manage their blood glucose levels.[58].

Under the Universal Offer agreement with Primary Care, practices are asked to identify those at risk of developing type 2 diabetes and offer eligible patients a referral into the NHS Diabetes Prevention Programme (NDPP) Between July 2016 and June 2019 Birmingham referred 26,699 individuals into the service.

Trends & Future Analysis

Prevalence of type 2 diabetes continues to rise and evidence suggest this can be attributed to increasing levels of obesity and other lifestyle risk factors that are considered modifiable.

[54] Public Health England. Diabetes Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[55] Association of glycaemia with macrovascular and microvascular complications of Type 2 diabetes: prospective observational study British Medical Journal 2000; 321: 405-412
[56] LGBT Birmingham (2011) Out and about in Birmingham
[57] https://www.nice.org.uk/guidance/ng3/chapter/Introduction
[58]NHS Birmingham and Solihull CCG (Commissioning Department)

Liver Disease

Definition

The liver is the largest gland, and the largest solid organ in the body, holding approximately 13% of total blood supply and has over 500 functions. There are many different types of liver disease. The most common are alcohol-related liver disease, non-alcoholic fatty liver disease, hepatitis, haemochromatosis and primary biliary cirrhosis. Liver disease is largely preventable.[59] Hepatitis is an inflammatory condition of the liver, commonly caused by a viral infection, but there are other possible causes of hepatitis. These include autoimmune hepatitis and hepatitis that occurs as a secondary result of medications, drugs, toxins, and alcohol.

Key statistics

Alcoholic liver disease is one of the top three causes of premature mortality in Birmingham. In the period 2014-16 this disease accounted for 1,552 excess years of life lost (YLL) for those aged under 75. [60] YLL is a summary measure of premature mortality. YLL estimates the years of potential life lost due to premature deaths

Prevalence

The rate for Birmingham hospital admissions due to liver disease in 2016/17 was 130 per 100,000, fourth highest of the seven Core Cites who submitted data for this period across all persons. The rate is higher for males (173) and is like the England rate. The rate for females (90.7) is significantly lower than the national rate.[61] All Core Cities who submitted data also showed higher prevalence in males compared to females.

The Birmingham rate for hospital admissions for *alcoholic* liver disease for males in 2016/17 was 66.9 per 100,000, significantly higher than the national average. The rate for females (27.7) is similar to the national rate.

Diversity and inclusion

- Prevalence of liver disease is higher for males than females
- The association of poor health with deprivation is well established. The 10% most deprived areas in England have a hospital admissions rate of 167.3 per 100,000 for liver disease, compared to only 97.2 in the least deprived
- The LGBT community have a higher than average alcohol consumption, mainly because social occasions for this community tend to centre on venues providing it. 10.8% of those who took part in a local survey [62] had digestive, liver and kidney problems indirectly or directly linked to their consumption.

Service Model and data

[59] https://www.nhs.uk/conditions/liver-disease/
[60] Birmingham Public Health: Birmingham Health Profile 2019
[61] Public Health England, Liver Disease Profiles, https://fingertips.phe.org.uk/profile/liver-disease
[62] Out and About In Birmingham, Birmingham LGBT

Most liver disease can be prevented by maintaining a healthy weight and staying within the recommended alcohol limits. There are vaccines available for hepatitis A and hepatitis B. A liver transplant may be required in severe cases.

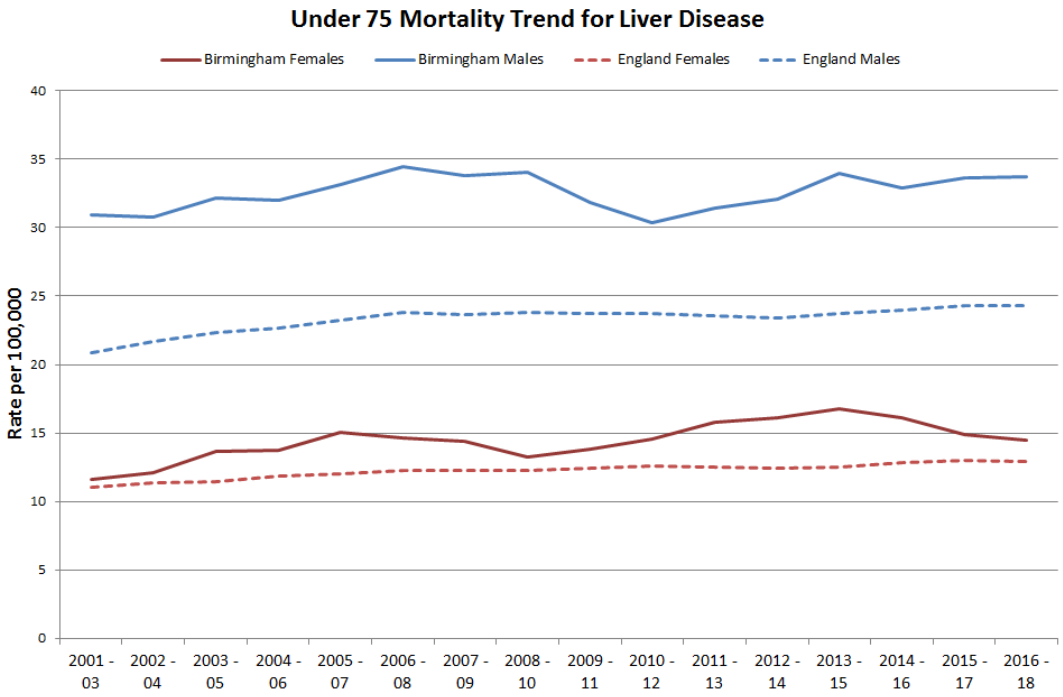
University Hospitals Birmingham NHS Foundation Trust Liver and Hepato-Pancreato-Bilary Unit [63] is one of the largest in the UK. The unit treats all types of liver diseases.

Social care and support may be required for support with day-to-day living. Respite care and support to carers who are looking after those living with the condition.

Trends & Future Analysis

In Birmingham premature deaths relating to liver disease in males are rising (figure 5).[64] However, deaths for women have fallen since 2013-2015.

Figure 5 Under 75 mortality trend for liver disease



Source: Office for National Statistics: Public Health England Annual Mortality Extracts

Kidney Disease

Definition

The kidneys are a pair of bean-shaped organs on either side of the spine, filtering blood, removing waste, controlling the body's fluid balance, and keeping the right levels of electrolytes. All of the blood in your body passes through them several times a day. Chronic kidney disease (CKD) is a long-term condition where the

[63] University Hospitals Birmingham https://www.uhb.nhs.uk/liver-unit.htm
[64] Office for National Statistics: Public Health England Annual Mortality Extracts

kidneys don't work as well as they should and is commonly associated with getting older. CKD can get worse over time and eventually the kidneys may stop working altogether. However, many people with CKD can live long lives with the condition. CKD is usually caused by conditions that put a strain on the kidneys and is often the result of a combination of different problems e.g. high blood pressure, diabetes, high cholesterol and kidney infections. Cardiovascular disease is one of the main causes of death in people with kidney disease, although healthy lifestyle changes and medicine can help reduce this risk.

Key Statistics

- 50% of people aged 75 and over have some form of kidney disease.[65]
- CKD only progresses to kidney failure in around 1 in 50 people with the condition.
- Survival rates for kidney transplants are very good. About 90% of transplants still function after 5 years and many work usefully after 10 years or more.

Prevalence

The diagnosed prevalence of CKD within Birmingham and Solihull STP area was 4.2% which is similar to the national average. However, it is estimated the prevalence may be 5.9%.[66]

Diversity and inclusion

- CKD occurs earlier and more frequently in Asian and Black African ethnicities.[67]
- 10% of the Birmingham LGBT community who took part in a local survey [68] had digestive, liver and kidney problems indirectly or directly linked to their consumption.

Service Model

CKD can be prevented by maintaining a healthy lifestyle and ensuring any underlying conditions are well controlled. Lifestyle changes include stopping smoking, eating a healthy diet, restricting salt intake, regular exercise, recommended alcohol intake and losing weight.

Early diagnosis means patients benefit from early treatment, usually medicine to control associated problems such as high blood pressure and high cholesterol. Most people with CKD will be able to control their condition with medicine and regular check-ups.

[65] Kidney Care UK, https://www.kidneycareuk.org/about-kidney-health/conditions/ckd/
[66] NHS Digital, Quality and Outcomes Framework (QOF) 2018-19
[67] Mathur et al, 2018, Ethnic differences in the progression of chronic kidney disease and risk of death in a UK diabetic population: an observational cohort study, BMJ 8;3 https://bmjopen.bmj.com/content/8/3/e020145
[68] Out and About In Birmingham, Birmingham LGBT

Think Kidneys is a national programme led by the renal community and supported by NHS England and the UK Renal Registry and is the NHS campaign to improve the care of people at risk of, or with acute kidney injury.[69]

For a small proportion of people, the kidneys will stop working. In these cases, dialysis treatment to replicate some of the kidney's functions may be necessary. Haemodialysis is usually done about 3 times a week, either at hospital or at home. Peritoneal dialysis is normally done at home several times a day, or overnight. Treatment with dialysis will usually need to be lifelong unless there is a kidney transplant.

Kidney transplant is often the most effective treatment for advanced kidney disease but involves major surgery and taking medicines (immunosuppressants) for the rest of the recipient's life. Supportive treatment is offered for those who decide not to have dialysis or a transplant or are not suitable for these treatments. The aim is to treat and control the symptoms of kidney failure. It includes medical, psychological and practical care for both the person with kidney failure and their family, including planning for the end of life.

Social care and support may be required for support with day-to-day living. Respite care and support to carers who are looking after those living with the condition.

Service data

CKD is one of the QOF disease registers. GPs are required to maintain a register of patients aged 18 and over with the condition. There are three treatment indicators relating to blood pressure, treatment for hypertension and proteinuria, and urine ablumin:creatinin ratio. Birmingham and Solihull GPs perform better than the national average for these.

Trends & Future Analysis

Prevalence for the City has remained at a similar level to the national rate since 2012/13. As the numbers of older residents increases, the numbers with CKD will rise.

[69] Think Kidneys https://www.thinkkidneys.nhs.uk/aki/aki-data/

Respiratory Illness

Respiratory Illness effects the lungs and other parts of the respiratory system. The most common chronic diagnosed diseases are Asthma and Chronic Obstructive Pulmonary Disease (COPD). COPD defines a group of lung diseases which cause breathing difficulties including emphysema (which damages the air sacs in the lungs) and chronic bronchitis (which is the long-term inflammation of the airways).

The biggest risk groups for COPD are middle-aged or older adults who smoke. Untreated, COPD can cause breathing problems which tend to get worse resulting in limitations of everyday activities. Treatment for COPD can help keep it under control.

Key statistics

Respiratory disease affects one in five people and is the third biggest cause of death in England (after cancer and cardiovascular disease)[70] and UK prevalence has increased by around 27% in the last decade[71]

The combined QOF prevalence estimates of Birmingham's two CCGs suggest in 2018/19 that around 1.7% of the adult population have a COPD diagnosis in comparison to a QOF prevalence of 1.9% nationally[72]. During 2017/18, Birmingham hospitals had nearly 27,000 [73] inpatient admissions for COPD symptoms.

Diversity and inclusion

Many inequalities related to COPD can be attributed to different patterns of smoking.

- There is some evidence that ethnicity is related to risk of COPD. However, it is suggested that much of this could be due to smoking and deprivation and more likely to be related to severity than incidence. [74]
- The LGBT community have a higher than average smoking prevalence. This was reflected in a report by LGBT Birmingham that showed 24.3% of those suffered from long term chest / breathing conditions associated with COPD and asthma.
- Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation. The most deprived communities have a higher smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards
- Pregnancy – the side effects of COPD or asthma can be exacerbated during pregnancy, making breathing more difficult particularly during the first trimester when inhalers or any other type of steroid is not recommended. However, these can be used later and so assist pregnant women with the condition.
- Employment - initial diagnosis of COPD varies but generally manifests around middle age. Initially, this can lead to short periods of absence from work whilst

[70]

[71] Nell N, Strachan D, Hubbard R, *et al* S32 Epidemiology of chronic obstructive pulmonary disease (COPD) in the uk: findings from the british lung foundation's 'respiratory health of the nation' project. *Thorax* 2016;**71:**A20.

[72] https://qof.digital.nhs.uk/

[73] 2017/18 HES Inpatients data from NHS Digital

[74] PHE: COPD prevalence model for small populations

undergoing treatment if required but as the condition worsens, absence increases and leads to many taking early retirement.

Service Model

Respiratory Admission Avoidance and Assisted Discharge Service is available for North, East, Central and West Birmingham adult patients aged 35 or over who have a confirmed diagnosis of COPD and other conditions. Central and West Birmingham primary care respiratory clinic is led by a GP. The Pulmonary rehabilitation programme is offered to Central and West Birmingham adult patients aged 35 years and over with a suspected/confirmed diagnosis of COPD or any other respiratory disease. The Admission Avoidance and Assisted Discharge Service provides access for adults with chronic asthma, COPD and bronchiectasis to deliver active care management when their condition is unstable[75].

Trends & Future Analysis

Similar to national trends and those in other Core Cities, the under 75 mortality rates for respiratory diseases for Birmingham residents in 2016/18 is less than in 2001/03. However, the rate is currently fifth amongst the Core Cities, and has always been significantly greater than the national average and we have not seen a decline in the city's rate since 2009/11.[76]

Mental Health

Definition

'Mental health' and 'mental illness' are often used interchangeably, although mental health is more than simply an absence of mental illness. Everyone has mental health, just like everyone has health, and the state of that health is on a continuum. Not all people will experience a mental illness, but most will at some point struggle with their mental well-being (i.e. their mental health) just like we all have challenges with our physical well-being.[77]

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.[78]

Common conditions that effect mental health include depression, anxiety, stress, panic disorders, obsessive-compulsive behaviours, and various phobias.[79] Severe

[75] https://www.bhamcommunity.nhs.uk/patients-public/adults/respiratory-services/
[76] https://fingertips.phe.org.uk/search/respiratory#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E08000025/iid/40701/age/163/sex/4
[77] https://www.heretohelp.bc.ca/q-and-a/whats-the-difference-between-mental-health-and-mental-illness
[78] https://www.mentalhealth.gov/basics/what-is-mental-health
[79] https://www.nice.org.uk/guidance/cg123/ifp/chapter/Common-mental-health-problems

and enduring mental illness is mainly used about long term experiences of schizophrenia and psychosis.[80]

Key statistics

Key statistics on wellbeing are fewer than those for mental illness. The Annual Population Survey asks respondents "Overall, how satisfied are you with your life nowadays?" 78.6% of Birmingham respondent rated themselves as highly satisfied (positioned fifth of the eight Core Cities), compared to 81.2% nationally. They were then asked "Overall, how happy did you feel yesterday?" 73% had a high happiness score (again fifth of the eight Core Cities), compared the England at 74.7%. [81]

In England, at any one time, about one in six people aged 16-64 will have experienced a common mental health condition such as anxiety or depression in the past week, with this being more prevalent in women (22%) than men (14%).

It is estimated that in 2019 there were nearly 134,755 Birmingham adults aged 18-64 with Common Mental Disorder (CMD), representing 18% of the age group population. CMDs include depression, generalised anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

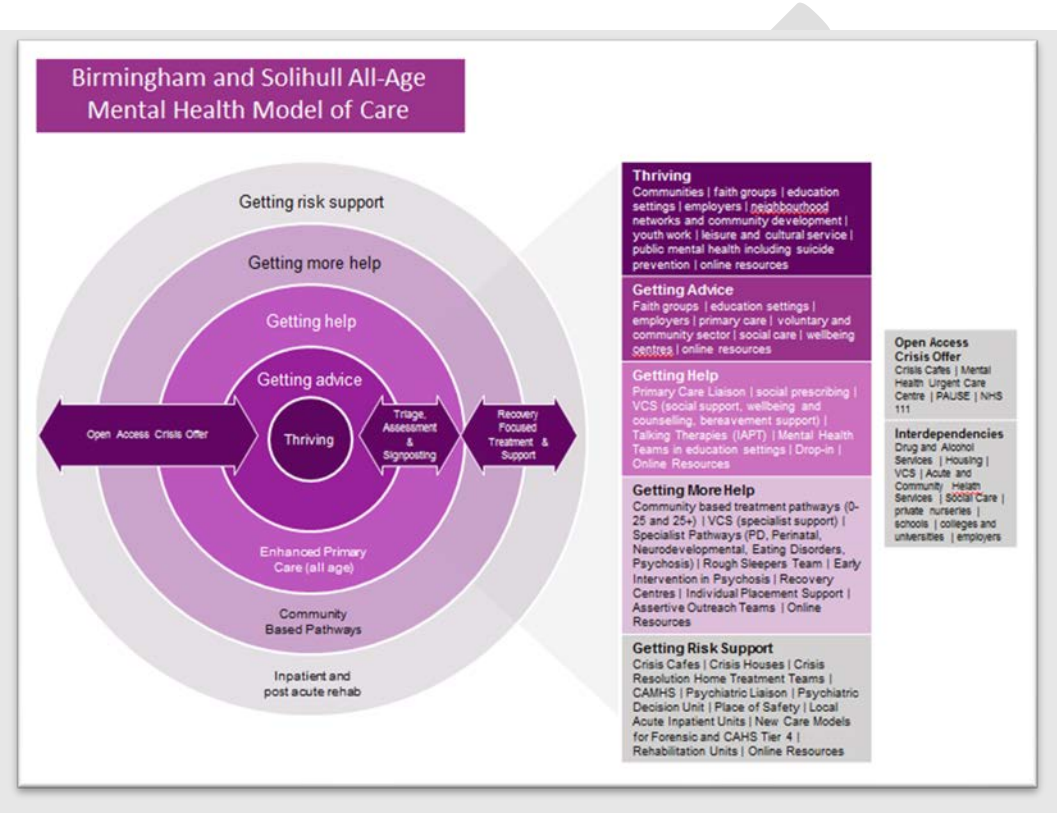
Diversity and Inclusion

- The LGBT community have a higher than average rate of mental health issues. This was reflected in the Outandabout in Birmingham survey that reported 31% of those who took part had mood (affective) disorders, 19.5% anxiety disorders, 9.7% adjustment disorders and 5.5% eating disorders.
- Pregnant women can experience various mental health issues, either during or post pregnancy. It is estimated by PHE that approximately 20% of pregnant women experience Perinatal mental health issues, of varying intensity. In addition, some research has suggested an association with increased risk of childhood injury.[82]
- The links between Adverse Childhood Experiences (ACEs) and poor mental health in adult life are well established, with 75% of mental illness in adult life starting by the age 18.[83]
- People who have been unemployed for more than 12 weeks show between four and ten times the prevalence of depression and anxiety than the general population.[84]
- The prevalence of common mental health disorders among homeless people is twice as high as the general population with psychosis between 4-15 times higher.[85]

[80] https://oxfordmedicine.com/view/10.1093/med/9780199644957.001.0001/med-9780199644957-chapter-48
[81] Public Health England. Mental Health and Wellbeing JSNA Profile [09-12-2019] https://fingertips.phe.org.uk © Crown copyright [2019]
[82] https://adc.bmj.com/content/104/3/268?rss=1
[83] Mental Health Foundation: Mental Health statistics children and young people
[84] Waddell, G. and Burton, K. (2006) is work good for your health and wellbeing? London: TSO

- 72% of carers in the UK reported that they have suffered mental ill health because of caring.[86]
- At a national level, 17% of people living in the most deprived communities reported that they were suffering from anxiety or depression compared to 11% of people from the least deprived areas.[87]

Service Model



Birmingham and Solihull CCG[88] operate a proportionate universalism style model for mental health and mental illness service provision, meaning that the intensity of service increases in line with the intensity of need. On the right of the figure there is a list of the service areas contained within each 'tier' of care. The top box is not necessarily CCG commissioned but represents those community and Council driven services that can contribute to better mental health.

Birmingham City Council has now established a Creating a Mentally Healthy City Forum as a sub-committee of the Health and Wellbeing Board. This forum will ensure that the work of the Board partners, as well as the NHS Mental Health Pathways Programme Board and the Mental Health Partnership Stakeholder Board,

[85] Homeless Link: The Unhealthy State of Homelessness. Health Audit Results 2014
[86] Carers UK: The State of Caring 2018
[87] Public Health England : Mental Health and Wellbeing JSNA :- Long-term mental health problems (GP Patient Survey): % of respondents (aged 18+)
[88] https://www.birminghamandsolihullccg.nhs.uk/

is aligned and coordinated. Current key pieces of work are the Prevention Concordat, and the Suicide Prevention Strategy and Action Plan.

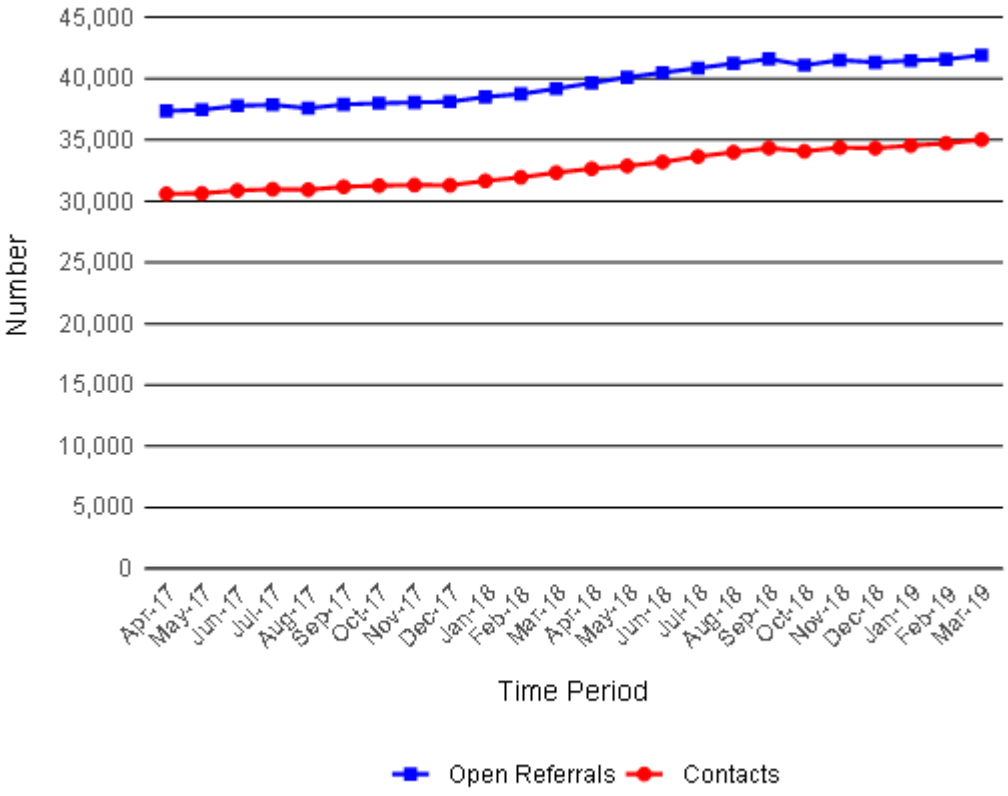
The Prevention Concordat is an alliance of organisations that have committed to working together to prevent mental health problems and promote good mental health through local and national action. The Suicide Prevention Strategy acknowledges that suicide requires partnership working across the breadth of society and builds on the 2012 national strategy. This strategy has been developed through a co-production partnership between the Council and a wide range of organisations; including strategic partners, stakeholders, Third, Voluntary, and Faith organisations, who have committed to working together as a shared approach to reducing deaths through suicide.

Service Data

On average, on a monthly basis, there were just over 41,000 open referrals to NHS Adult Mental Health Services in the Birmingham and Solihull Mental Health NHS Trust in the period April 2018 to March 2019: an increase of 8% compared with the same period in 2017/18 (from 38,032 in April-March 2017/18 to 41,055 in April to March 2018/19). A similar upward trend is in the number of contacts with NHS Adult Mental Health Services is evident[89].

Figure 6 Birmingham and Solihull Mental Health Trust: Adult Mental Health Services - Number of Open Referrals and Contacts

[89] NHS Digital: Mental Health services monthly statistics



Source : NHS Digital

In Q4 2018/19, 38.5% of people in contact with substance misuse services for alcohol problems were also in contact with Birmingham community mental health services. Additionally, 30.4% of opiate users in treatment also were in contact with Birmingham community mental health services.[90]

At the end of 2017/18, 64% of Birmingham adults in contact with secondary mental health services were living independently with or without support, this is the fourth highest prevalence of the eight Core Cities and above the England Average of 57%.[91]

At the end of 2017/18, 4% of Birmingham adults in contact with secondary mental health services were in paid employment, this is the second lowest prevalence amongst the eight Core Cities and below the England average of 7%.[92]

Severe mental illness such as schizophrenia or bipolar disorder is relatively rare. For instance, 1.2% of patients registered with a Birmingham GP were recorded as have a severe mental illness, compared to 0.9% across England as a whole. Nationally, the prevalence rate for severe mental ill health is higher in the most deprived 10% of communities (1.1%) compared to the least deprived (0.8%). This is

[90] NDTMS
[91] NHS Digital :- Adult Social Care Outcomes Framework
[92] NHS Digital :- Adult Social Care Outcomes Framework

consistent with local GP data that shows the highest prevalence rates are recorded at practices within the most deprived localities.[93]

Like England as a whole, people in Birmingham with severe mental illness are far more likely to die prematurely than the general population. In 2014/15 the excess mortality under the age of 75 for people in contact with secondary mental health services in Birmingham was 487 compared to the England average of 370, and is the third highest amongst the Core Cities. This means that people in Birmingham with a severe mental illness were 4.9 times more likely than the general population to die before 75 years of age.[94]

Trends & Future Analysis

In the 2017/18 GP Patient Survey, 9.5% of adults aged 18 and over registered with a Birmingham practice indicated that they had long-term mental health problems, in-line with the England average of 9.1%. Notwithstanding a reduction in 2016/17, the number reporting long-term mental health problems in Birmingham has, like in England as a whole, been trending upwards since 2011/12.[95]

The number of adults with Common Mental Disorder in Birmingham is predicted to increase by 5% between 2019 and 2030 (6,884 individuals, which is higher with ONS population projections [96]

This is also reflected in ONS projections which estimate there are currently just over 51,000 persons aged 18-64 in Birmingham with two or more psychiatric disorders and this is expected to increase to 55,000 by 2035.[97]

Cancer

Definition

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs**.** Cancer sometimes begins in one part of the body before spreading to other areas. This process is known as metastasis. In the UK, the four most common types of cancer are:

- breast cancer
- lung cancer
- prostate cancer
- bowel cancer

There are up to 200 known cancers [98]

[93] http://www.gp-patient.co.uk/surveysandreports-10-16
[94] Public Health England: Public Health Outcomes Framework 4.09i - Premature mortality in adults with severe mental illness
[95] Public Health England : Mental Health and Wellbeing JSNA :- Long-term mental health problems (GP Patient Survey): % of respondents (aged 18+)
[96] Institute of Public Care: Projecting Adult Needs and Service Information (PANSI)
[97] https://www.pansi.org.uk/
[98] https://www.nhs.uk/conditions/cancer/

Key statistics

Prevalence

More than one in three people will develop some form of cancer during their lifetime. The 2018/19 Quality Outcomes Framework gives a prevalence of those receiving treatment by GPs across CCG, but not by local authority and as Birmingham patients fall within two CCGs we can only estimate prevalence. Latest estimates are 2.1% for Birmingham in comparison to 3.0% nationally (2018/19).

Cancer is the second largest killer in Birmingham for all ages, during 2015/17 with 1,548 people 16 to 64 died from the disease. One of the main causes of cancer is smoking and it is estimated that it accounts for 26% of cancer deaths. This means that approximately 400 of the 2015/17 cancer deaths can be attributed to smoking. Obesity has also been highlighted as a cause of the disease.[99]

In 2016 the number of new cases of cancer in Birmingham (cancer incidence rate) was in-line with the England average (612 compared to 602 per 100,000). Like England as a whole, the rate among Birmingham males is higher than among females (692 compared to 531 per 100,000).

Diversity and inclusion

- Ethnicity - During 2017/18 Birmingham had approximately 14,000 cancer hospital inpatients admissions. Of these 64% where White, 14% Asian, 5% not known or refuse to state their ethnicity, 1% were of Mixed race, 9% were Black and the remaining 3% were from other ethnicities not previously identified.
- The LGBT community have a higher than average smoking prevalence. LGBT Birmingham highlighted in a report written in 2011 that 2% of those who took part in the survey were currently suffering from cancer which was higher than the prevalence of the general population at the time.
- Pregnancy – any type of cancer can develop during pregnancy but the most common one is breast cancer approx. 1 in 6,000. Research has shown that pregnancy does not cause a cancer to grow faster, however; how you are treated for your cancer during pregnancy varies between cancers because of evasive forms that exist for some cancer. A lot will also depend on how long in the pregnancy you are [100]
- Cancer Research UK highlight that those living in most deprived quintiles are more likely to develop cancer than those living in more affluent quintiles.[101] 2015/17 cancer mortality rates for deprivation confirmed this in Birmingham with a most deprived rate of 105.3 per 100,000 and a most affluent rate of 60.9 per 100,000.

Service Model

[99] [1] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2018/part-1-smoking-related-ill-health-and-mortality

[100] https://www.macmillan.org.uk/information-and-support/audience/cancer-and-pregnancy

[101] https://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/deprivation-gradient

Cervical cancer, breast cancer, and bowel cancer are covered by national cancer screening programmes commissioned by NHS England. Screening programmes aim to identify all people within a specified age group who may have the condition before the presentation of symptoms. These screening programmes have been shown to be effective in identifying asymptomatic individuals in the early stages of the cancer. It allows for early treatment, which has been shown to increase survival rates, and increase disability free life expectancy in comparison with people who are not screened; who present with symptoms of the disease at a later stage. GPs also offer the facility for men to be screened for prostate cancer from 60+. Additionally, many lifestyle choices can contribute to patients developing cancer; there are numerous Public Health campaigns that try to get patients to stop smoking, exercise more and eat well.

Service data

In 2017/18 cancer screening rates in Birmingham and Solihull CCG were lower than the England average.

- 68% of women aged 25-64 years have attended cervical screening within the target period (72% England)
- 68% of women aged 50-70 years have been screened for breast cancer in last 3 years (72% England)
- 52% of people aged 60-74 years have been screened for bowel cancer in last 30 months (60% England)

Trends & Future Analysis

Between 2012 and 2016 the cancer incidence rate in Birmingham fell by 4% compared to the England average reduction of 2%. The Birmingham male cancer incidence rate fell by 5% in this period and the corresponding Birmingham female rate fell by 3%. These are on a par with the England national rates which saw a reduction in males of 4% and the female's rate which remained constant for the period 2012 to 2016. Additionally, cancer has for many years either been the main cause of death in the city or the second most common cause. In 2015/17 it accounted for 34% of all deaths 16 to 64 in Birmingham.

Section 3: Wider Determinants of Health

Employment

Definition - The ONS classify an individual as employed if they are 16 or over and work at least one hour a work[102] . For most people, employment means having an integrated job in the community.

Key statistics

The seasonally adjusted unemployment count for Birmingham was 46,972 in September 2019 (an increase of 934 from quarter 2). The total prevalence of unemployed was 8.9% (an increase of 0.2% from quarter 2). Youth employment (seasonally adjusted) was 8,492, an increase of 93 (prevalence of 11.7% an increase of 0.2% from quarter 2).

The total working age residents in employment was 473,700 a decrease of 4000 from the previous quarter, (65% in total employment, 0.5% decrease from Q2).

Economic inactivity refers to the cohort of the working age population which is not in employment and is not actively seeking employment [103] thus, not part of the working population. This includes individuals such as students, homemakers, the long-term sick or retired. For Birmingham in Q3 this was 210,100 a decrease of 1,500 from Q2. The total prevalence was 28.8% (a decrease of 0.2% from Q2).

Birmingham has a well-balanced labour market with particular strengths in manufacturing, engineering, transport and storage, business administration, support services, higher education, accommodation, food, information and communication. However, unemployment remains higher in the City than in England. (See Section on Unemployed Adults).

Diversity and inclusion

- The employment rate for the city as a whole is 65.5% (Q3 2019). For BAME groups the rate is lower at 57.6%, however this difference is not statistically significant. The Equality and Human Rights Commission's report "Healing a Divided Britain" highlights that ethnic minorities also have a higher presence in uncertain employment than white workers, and this contributes to low earnings and growing inequality. The higher unemployment rates among ethnic minority groups may be the result of low educational outcomes and socio-cultural factors that limit labour market participation. The Joseph Rowntree Foundation's report on poverty and ethnicity in the labour market found that African and Bangladeshi graduates tend to be over-qualified for the positions they hold in the labour market. This implies that there are other barriers (beyond qualifications) that limit the labour market outcomes of these groups.
- LGBT - it is difficult to estimate an accurate figure of members of this community who are employed, as this is not recorded systematically. In the

102 https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/definitionofemployed

103 https://www.tutor2u.net/economics/reference/economic-inactivity

national LGBT survey, 80% of respondents aged 16-64 had been in employment at some point in the 12 months preceding the survey. Trans people were less likely to have had a paid job in the 12 months preceding the survey (65% of trans women and 57% of trans men had one)[104].

- The highest levels of unemployment (September 2019) [105] are largely concentrated in the inner-city areas of Birmingham with some pockets in outer city areas. The top five wards by unemployment are Handsworth (13.3%), Birchfield and Lozells (13.0%), Newtown (11.5%), Aston (11.4%). These wards also in the most deprived deprivation decile in the whole of England (IMD 2015).
- Pregnant employees have four main legal rights: Paid time off for antenatal care, maternity leave, maternity pay or allowance and protection against unfair treatment, discrimination or dismissal. Whilst there is nothing locally, the latest government quarterly report on those receiving maternity allowance showed that 14.5% were in employment nationally and in the West Midlands this was 4.8%
- Employment outcomes for people classified as Equalities Act (EA) or work-limiting disabled are less favourable than the population as a whole. In 2018, a lower proportion of disabled Birmingham residents were in work than across the UK as a whole (49% compared to 53%), and also unemployment rates were higher (12% compared to 8%)[106]. In addition people with health conditions or illness lasting for more than 12 months are also less likely to be in employment than the rest of the population with an employment rate of 41%, which is also lower than the UK average of 46%[107].

Service Model

The East Birmingham Board has been established to ensure that the necessary leadership, collaboration and communication are in place to co-ordinate the development and delivery of interventions across East Birmingham.
The key objectives of the Board are:

- to deliver growth;
- to bring forward the key interventions to enable local residents to benefit from the jobs and opportunities created.

The East Birmingham Board will be overseeing the development of a strategy. This is a shared statement of vision and approach, and each of the partners will commit to working in close collaboration to address the persistent issues of poverty, deprivation and inequality which were identified by the Baseline Report. Birmingham City Council has a social value policy. The Birmingham Business Charter for Social Responsibility and the Birmingham Living Wage policy are the mechanisms for implementing the social value described in this policy. It has become an integral part of the Council's procurement process and contractual arrangements.

[104] National LGBT Survey Summary Report (2018) Government Equalities Office
[105] https://www.birmingham.gov.uk/download/downloads/id/12673/labour_market_update_q3_2019.pdf

[106] Nomis :- ONS Annual Population Survey
[107] Nomis :- ONS Annual Population Survey

The approach to inclusive growth can apply to other parts of the city and lessons around the partnership approach will be taken and applied.

Trends & Future Analysis

Over the eight years 2010-2017 Birmingham has one of the fastest growing labour markets in England and Wales. However, the average annual increase in total employment in Birmingham (1.1%) is lower than the England and Wales average (1.45%)[108].
The number of new business starts in Birmingham fell quite sharply in 2017 (-2430 businesses, -26.4%), following four consecutive annual increases. However, this trend is consistent with the UK as a whole. New businesses in Birmingham are less likely to survive for 5 years than across the UK as a whole (39.7% vs 43.2%)[109].

Education

Background

The impact of educational attainment by young people on long term health and wellbeing outcomes is well understood. Whilst the impact of adult education on health and wellbeing is less documented, there is a growing evidence base for the links between adult learning and health and wellbeing outcomes. A 2014 Public Health England (PHE) review of adult learning concluded that it can have indirect health benefits by improving social capital and connectedness, health behaviours, skills, and employment outcomes.[110] There is also some evidence that adult learning has direct positive effects on mental health.
The PHE review of adult learning concluded that a life course approach to learning is important as groups at different stages will benefit from different learning methods. The review also highlighted the barriers to participating such as financial costs and lack of confidence in potential participants.

Key Statistics

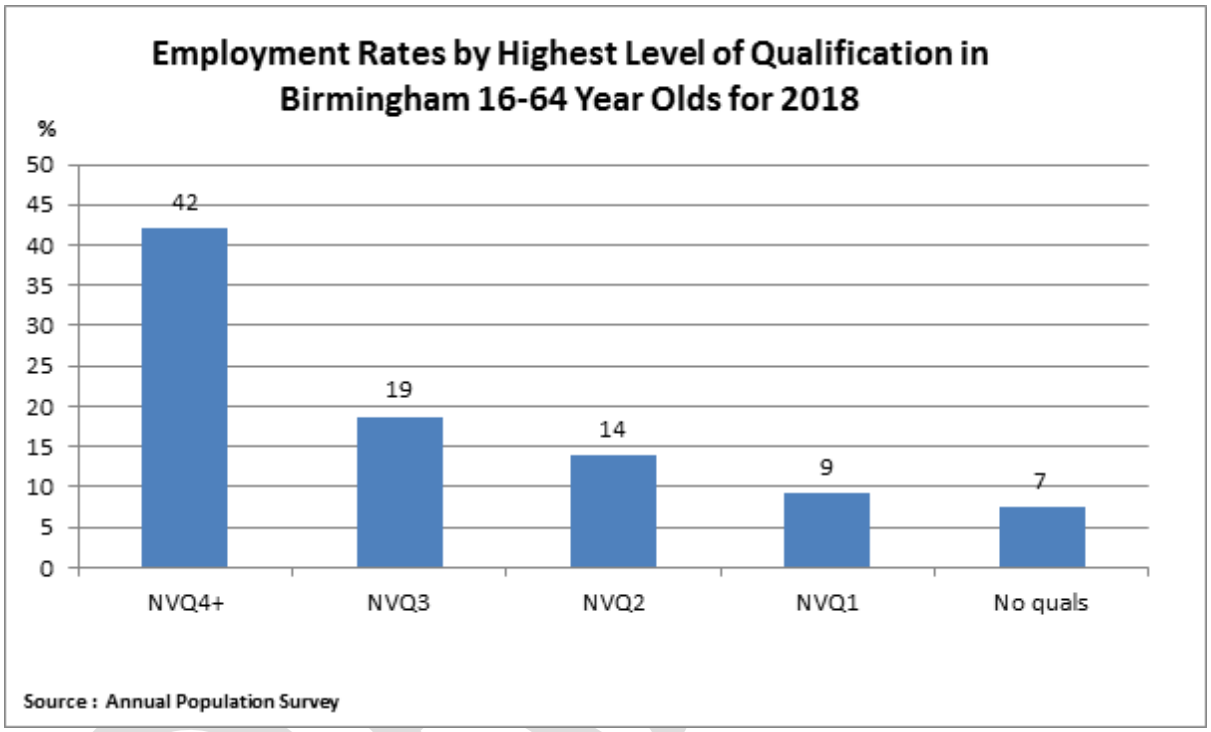
In 2018, proportionally fewer 16-64 year olds in Birmingham had the equivalent of a degree level qualification (NVQ4+) than the England average (33% compared to 39%).[111] At the other end of the spectrum the proportion of Birmingham 16-64 year olds with low skills (either no formal qualifications or a maximum of NVQ level 1) is, at 23%, higher than the England average of 18%.
Residents (aged 16+) in the central part of the city are far less likely to have a higher-level qualification (NVQ L4 and above) than those living elsewhere in the local authority. A major difference can be seen in the proportion of qualified residents between wards such as Sutton Four Oaks, Sutton Vesey and Sutton Trinity which

[108] NOMIS :- ONS Annual Population Survey
[109] ONS :- UK Business Demography 2017

[110] Public Health England, UCL Institute of Health Equity, Local action on health inequalities: Adult learning services
[111] ONS/Nomis: Annual Population Survey

have respectively 42.0%, 40.1%, 37%, compared to Aston, Bordesley Green and Washwood Heath (16.5%, 14.6% and 12.8%).[112]
People with higher level qualifications have far more favorable employment outcomes than those with lower level qualifications. This is particularly evident if the employment rate between those with degree level qualifications are compared to those with no qualifications (42% compared to 7%).[113]

Figure 7 Employment rates by level of qualification for Birmingham 16-64 year olds at 2018



Diversity and inclusion

- Whilst adult education might have the potential to reduce health inequalities, people who are more disadvantaged tend to have lower levels of educational attainment but are also less likely to engage in adult education. However, there is some evidence that Birmingham has a better track record for adult education with deprived and minority groups.
- The 2017 Equality Report by the Birmingham Adult Education Service (BAES)[114] found that participants were more likely to be from ethnic minority groups and live in more deprived areas.

Service Model & Service Data

Birmingham Adult Education Service (BAES) has developed a wide range of partnerships across Birmingham including community and voluntary organisations,

[112] ONS/Nomis Census 2011 Local characteristics table LC5102EW
[113] ONS/Nomis: Annual Population Survey
[114] Birmingham Adult Education Service, Equality Report 2017

libraries, schools, children's centres and employers to maximise reach into areas of disadvantage. A key focus of these partnerships is to engage with people who have been out of education for a significant time and those who are seeking work and wishing to upskill and gain employment.

During the 2015/16 academic year BAES worked in partnership with Colleges, Jobcentre Plus, The Best Network, JTL, and the National Careers Service (NCS) supporting over 2000 adults. Furthermore, BAES engaged with over 247 unemployed adults with a view to offer bespoke pre-employment training opportunities in retail, hospitality and Adult Social Care and finance securing 41 job outcomes. BAES worked in partnership with Springhill High School, Employment Access Team and YMCA for the purpose of employment referral and recruitment. In addition, some 325 unemployed adults were supported through BAES bespoke English for Speakers of Other Languages programme.

Whilst the highest proportion of enrolments on BAES courses in 2015/16 were in the 30 – 39 age group, there were significant numbers across all adult age groups.

Table 4 BAES enrolments by age group, 2015/16

Age	**Enrolments**	**%**
16-18	453	1.6%
19-29	5,948	21.4%
30-39	8,974	32.3%
40-49	5,694	20.5%
50-59	3,455	12.4%
60+	3,262	11.7%
Not recorded	7	0.0%
Total	**27,793**	**100.0%**

Women are disproportionately represented amongst learners accessing BAES courses in 2015/16 and accounted for 74% of enrolments in 2015/16. BAES continue to promote increased male participation though the use of role models and case studies.

In 2015/16 17% of learners accessing BAES courses declared they had a disability. This is higher than the prevalence of disability amongst the Birmingham population. Adult education for people with disabilities could help to address some of the inequalities experienced by individuals with disability in Birmingham such as the low rates of employment.

In 2015/16 ethnic minority groups made up a bigger proportion amongst BAES learners than they do to the population as a whole. This is influenced by the extensive work undertaken by BAES in the inner-city wards of Birmingham.

Table 5 BAES enrolments by ethnic group, 2015/16

Ethnic Group	**Enrolments**	**%**	**Census 2011**
Asian/Asian	9,257	33.3%	26%

British/Other Asian			
Black/African/Caribbean/Black British/Other	4,657	16.8%	9%
Mixed/Multiple Ethnic Groups	844	3.0%	4%
White/White British	11,286	40.6%	58%
Other Ethnic Group	1,461	5.3%	2%
Not known/not provided	288	1.0%	<1%
Total	**27,793**	**100.0%**	**100%**

Family Learning

BAES provide family learning for children and their family members with the aim of helping "…families from Birmingham's disadvantaged areas learn, work and grow together."[115] Courses are provided in children's centres, early years settings, primary and secondary schools, community venues and hostels across Birmingham. The family learning provision focusses on raising achievement, aspirations and social cohesion through parental engagement. The programme is targeted towards areas of deprivation and participants who are unemployed, on benefits or have few qualifications. In 2015-16 the programme engaged 2028 parents and more than 2000 children in 81 schools and children's centres.

Family English, maths and language courses help parents to develop new skills for themselves and to support their children. Other family learning courses support learning around health and wellbeing.

[115] http://www.learnbaes.ac.uk/family-learning

Crime and Violence

Definition

Crime and violence, in relation to community safety, is how crime and anti-social behavior affects a community. When taking a public health approach to community safety it is valuable to consider victims and vulnerability, as well as violence and reoffending.

Public mental health approaches (such as improving mental wellbeing, improving resilience, reducing risk and impact of mental ill-health) can impact on crime reduction, preventing offending and victimisation, and the rehabilitation of people who offend.

Key statistics

Key statistics on this topic are reported annually by the Local Partnership Delivery Group's Strategic Assessment. The latest edition is for 2019.

Reported crime

In the period October 1 2017 to September 30 2018 there were 104,974 crimes recorded in Birmingham. This means the city has a crime rate of 92 crimes per 1000 residents. Although this rate is above that of the West Midlands Force area (84 per 1000); when compared to the average of similar Local Authorities (rate 123/1000) Birmingham rate is lower. Compared to the same period ending September 2017 Total Recorded Crime has increased by 8,116 crimes (8%).

Victims and repeat victimisation

Of those reporting offences in Birmingham (46,557 individuals; 4.1% of the population) in the period up to September 2018, just under ¾ were Birmingham residents. 51% of offences were committed at the home address of the victim; of these 21% were categorized as domestic violence.

People experiencing repeat victimisation are those most acutely affected by crime and disorder. The risk of being a victim rises as the number of crimes experienced increases, with this risk being at its greatest immediately after a crime taking place.

Although there are concerns with data quality when it comes to examining repeat victimisation, the following is reported in the Strategic Assessment for year ending Sept.2018.

- 4,372 repeat victims accounted for 9.5% of all victims
- 1 in 10 victims are victimized more than once (1 in 7 in previous reporting period)
- Repeat victims account for 10% of all recorded crime but only make up 0.4% of the city's population
- Domestic violence accounts for 34% of repeat victims

- Of crimes committed against repeat victims – 58% were committed in the victim's home with the top five offence being
    - Actual bodily harm
    - Common assault
    - Residential burglary
    - Criminal damage to a dwelling
    - Sending communications conveying a threatening message

Offenders

Although there are intelligence gaps in understanding the profile of offenders who commit crime in Birmingham, the Strategic Assessment tells us that of the 12,436 detected offences, which were attributable to 7,589 offenders, male defendants (offenders) made up 84% of these. The peak age group for offending is 26-35 years old. Of the 12,436 detected offences, repeat offenders accounted for 7,045 of them (56%).

Domestic violence

In the strategic assessment reporting period, the year up to Sept. 2018, domestic violence accounted for 11% of total recorded crime. This is equal to 11,992 crimes and 5,540 incidents of domestic violence. This is equivalent to 16 incidents and crimes per 1,000 population in the city – compared to 19/1,000 for the West Midlands Police force area [116] Females who are aged 26-35 are particularly vulnerable – accounting for 28% of domestic violence victims.

Diversity and inclusion

Robust analysis is limited due to categories in which defendants are characterised. 53.9% of defendants were classed as 'White North European', 17.82% as 'Black', 17.15% as 'Asian', 8.94% were 'Unknown/Other/blank', 1.14% as 'White south European', 0.83% as 'Middle Eastern', 0.21% 'Chinese/Japanese/South East Asian' and 0.02% as Bangladeshi.

70% of homophobic hate crime victims were White North European. Equally LGBT Birmingham estimated in 2017 that 41% of their community had been the subject of hate crime but less likely to report it.

Service Model

Each local authority has a statutory duty to have a Community Safety Partnership. The partnership is made up of the host, Birmingham City Council, and four other authorities: Police, Fire Service, Probation Trust and Birmingham and Solihull Clinical Commissioning Group.

The Birmingham Community Safety Partnership (BCSP) has the follow statutory duties,

116 ONS data, Year ending March 2018 – Domestic Abuse in England and Wales data tool

- To set up a strategic group to direct the work of the partnership and produce a delivery plan
- To consult and engage with the community about their priorities
- Set up information sharing protocols
- Analyse a wide range of data and produce an annual strategic assessment
- Produce a strategy to reduce reoffending
- Commission Domestic Homicide Reviews
- Community Trigger Process
- Reduce serious violence

To ensure that all the BCSP obligations are met, the following strategic themes have been established,

- Violence and reoffending theme
- Victims and vulnerability theme
- Place theme (which include anti-social behaviour and crime and the community)

Working Age Adults Facing Additional Challenges

Disabled Working Age Adults

Background

The Equality Act 2010 defines a disability as 'a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.

Often such disabilities are split into two areas; physical and learning disabilities. People with a disability are often vulnerable and can suffer from poorer health than the general population. They can also experience worse outcomes when the wider determinants of health are considered.

The disabilities covered in this chapter include, whether they be from birth, progressive or acquired, physical disabilities, mental disabilities, learning disabilities (distinct from learning difficulties), and autism. Long term health conditions are discussed in detail elsewhere in more detail.

Key statistics summary

On average, the life expectancy of people with a learning disability is shorter than the general population (women 18 years, men 14 years less). People with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability [117]

A substantially higher proportion of individuals who live in families with disabled members live in poverty, compared to individuals who live in families where no one is disabled. Although disabled people are now more likely to be employed than they were in 2002, disabled people remain significantly less likely to be in employment than non-disabled people. Disabled people are around 3 times as likely not to hold any qualifications compared to non-disabled people, and around half as likely to hold a degree-level qualification. Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people and remain significantly less likely to participate in cultural, leisure and sporting activities. Disabled people are half as likely as non-disabled people to be active [118] Only one in four people with learning difficulties take part in physical activity each month compared to over half of those without a disability' [119]

The latest family resources survey [120] reports that 18% of working age adults in Great Britain reported a disability. This would equate to 131,660 of the Birmingham population. The top 4 specific impairments reported by all ages were mobility, stamina/breathing/fatigue, dexterity and mental health.

Learning disabilities (LD)

[117] Learning Disabilities Mortality Review (LeDeR)
[118] Sports England (2014) Active People Survey 8 (2013/14)
[119] Sport England Active People Survey December 2013 (sport once a month, any sport, any duration)
[120] Family Resources Survey 2017/18

Baseline estimates of the prevalence of people with LD in Birmingham in 2019 put the figure at 2.5% (17,556) which is projected to remain the same up to 2035. The prevalence of those with *moderate or severe* LD was 0.6% [121]

Physical disabilities

It is estimated that in 2019 around 50,860 adults aged 18-64 in Birmingham have a moderate disability and a further 14,287 have a serious physical disability, representing 7.1% and 2% respectively of the age group. The number of adults with a moderate or serious physical disability is expected to increase by around 7% between 2019 and 2035 (4,736 individuals). It is estimated that of the 65,147 adults with either a moderate or serious physical disability around 29,300 have a personal care disability (45% of all with a physical disability). These are adults who require assistance to undertake personal care tasks such as getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and using the toilet [122]

Service model & data

Learning disabilities services are provided by BCC Adult Social Care and Health (ASC&H) under a Section 75 agreement. The latter is a mechanism designed to enable integrated commissioning for health and social care, in this case between Birmingham City Council and Birmingham and Solihull CCG. The service includes placements, home support and supported living, provision of day services and direct payments. In 2017/18 ASC&H spent £103,860,000 on care for adults with learning disabilities. Services commissioned included day services; direct payments / home support and supported living and placements through third parties. £28,690,000 was spent on adults with physical disabilities. [123]

BCC supports the use of 'blue badges' which help with parking - in 2018 32,600 individual valid blue badges were held by Birmingham citizens, 2.9% of the population (England 4.2%) [124]

Birmingham Community Healthcare Trust teams provide healthcare for people with learning disabilities living in the community. The service aims to provide high quality care through multidisciplinary working and close collaboration with other agencies. People aged 19 and over with a learning disability can access specialist support to help with complex needs such as epilepsy, challenging behaviour, forensic needs and mental health conditions.

[121] Institute of Public Care: Projecting adult need and service information
[122] Institute of Public Care: Projecting Adult Needs and Service Information (PANSI)
[123] The Local Account for Adult Social Care Services 1 April 2017 – 31 March 2018
[124] National Statistics: Blue badge scheme statistics: 2018

Lesbian, Gay, Bisexual and Trans Adults

Background

There is strong international[125] and UK evidence[126] that lesbian, gay, bisexual and trans adult face significant health inequalities including:

- Increased risk of suicide and self-harm
- Increased depression and anxiety – the community has higher rates than their heterosexual and cisgender counterparts
- Increased rates of smoking
- Increased rates of sexually transmitted diseases
- A risk of domestic violence and injury but on a par with heterosexual females
- Less likely to report crimes because of reaction of services involved
- Eating disorders and substance misuse

The evidence base suggests that there are also inequalities within the LGBT population and bisexual and trans people experience poorer health outcomes than their lesbian and gay counterparts, and LGBT people who are from ethnic minorities or disabled also experience higher levels of inequalities, but all four groups face significantly worse health than their heterosexual and cis-gender counterparts. Many of the LGBT community have difficulties accessing culturally competent mental health services that meet their needs.

Key statistics summary

Whilst there is no accurate prevalence of the numbers of the LGBT community in either Birmingham or nationally, many official documents produced by Stonewall, Birmingham LGBT, Public Health England (PHE) and ONS (via the Annual Population Surveys) suggest that the numbers are between 2% to 6%.[127] The PHE survey highlighted that older members of the LGBT community are less likely to 'out' based on historical laws that made homosexuality illegal. Based on the various available reports we have estimated the LGBT population of Birmingham to be approximately 45,000 adults. This does not however include practising homosexual men who continue to see themselves as heterosexual whilst having sexual contact with other men.

Over the last few years there have been many surveys done to identify estimated population, demographics and health issues of the LGBT community, alongside many done by Stonewall (LGBT in Britain and Over the Rainbow); these have included a national survey by PHE in 2015 and one by LGBT Birmingham[128] in 2011, that tried to establish health disparities among the LGBT community in Birmingham.

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[125] https://fra.europa.eu/en/publication/2013/eu-lgbt-survey-european-union-lesbian-gay-bisexual-and-transgender-survey-results downloaded 7th November 2019

[126] https://fra.europa.eu/en/publication/2013/eu-lgbt-survey-european-union-lesbian-gay-bisexual-and-transgender-survey-results downloaded 7th November 2019

[127] [1] https://www.stonewall.org.uk/ Downloaded 8th November 2019

[128] https://blgbt.org/about/ (accessed 7th November 2019)

The Birmingham survey was produced following a systematic review in 2011. Stonewall's report tends to show what it's like to be LGBT and particularly Trans in society whilst the LGBT Birmingham concentrates on the key issues such as the demographics, health issues and ability to access services. Importantly, all the reports highlight a need for change and the lack of sustained measurements of population and performance indicators around these changes.

Service model & data

Birmingham has a dedicated centre called Birmingham LGBT which is a local charity providing support, information and advice to the local lesbian, gay, bisexual and trans community, and those who identify under a variety of other sexual orientations and genders. In 2015 they produced their strategy document – Strategic Priorities 2015-2020 which includes some specific provision for LGBT adults and young people:

- Sexual health services
- Wellbeing support service
- Counselling and psychotherapy
- Improved health and wellbeing amongst its community

Further approaches could be modelled on existing practice in contracts, such as Umbrella Health Sexual Health Service & Support that make specific provision for LGBT groups within their services delivered through Umbrella, and the Birmingham LGBT are actively involved in recruitment to the PrEP Impact Trial. PrEP (Pre-exposure Prophylaxis) is a precautionary drug to limit the risk of contracting HIV / AIDs during unprotected sex, and as such would address a health inequality that impacts in reference to men who have sex with men.

Across the NHS and other large employers within the city there is a commitment to mandatory equality and diversity training which includes awareness of LGBT inclusion , however this tends to be via e-learning, and not revisited, therefore there is a need for a more consistent approach to targeted LGBT awareness training such as intersectionality and health inequalities that should be regularly updated.

Headline Analysis

There is insufficient routine data collection on sexual orientation and gender identity in adults service data to identify whether there are different inequalities affecting those living in Birmingham from the national and international evidence.

There is a growing body of best practice work to support LGBT adults:

- Preventing Suicide: LGB youth and trans youth and extending this to adults
- Promising Practice model and RCGP LGBT Care guidelines
- Improving Health and Wellbeing of Gay and Bisexual Men and other Men who Have Sex with Men
- Improving the Health and Wellbeing of Lesbian and Bisexual Women and other Women who have sex with women

The published evidence would suggest that LGBT adults will experience significant health inequalities that may underpin the wider inequalities in the city; however their

smoking prevalence and suicide rates are higher; as are the rates of mental health in general, one example is eating disorders particularly amongst the male population.

Migrant and Refugee Adults

There is evidence that many migrants are relatively healthy upon arrival compared with the native population, but good health can deteriorate over time in the receiving society[129] , with rates of morbidity and mortality becoming worse than those of the UK born population. The health of migrants is influenced by many complex factors. A PHE report into migrant health in the West Midlands[130] grouped factors affecting migrant health into 4 categories:

- Country of origin – factors around disease epidemiology, socioeconomic and environmental conditions, healthcare. These factors influence outcomes such as infection (for example tuberculosis), nutritional deficiency and toxic exposures.
- Migration – the reason and circumstances for migrating and the legal status in the receiving country. Influence on mental health, access to healthcare and health inequalities.
- Ethnicity – disease susceptibility and genetic disorders. Linked to diseases such as cardiovascular disease, diabetes and haemoglobinopathies (for instance sickle cell)
- Culture – practices such as female genital mutilation.

Health issues specifically identified as affecting working age migrants include poor working conditions and inadequate safety practices in some industries employing migrants.

Key statistics summary

In 2018 ONS estimate that 25.5% (approximately 290,000) of the Birmingham population were born overseas. Net long-term international migration[131] in Birmingham is estimated to have increased from approximately 13,000 in 2009 to approximately 16,000 in 2018.

GP registration data shows 15,970 new registrations in Birmingham by people aged between 18 and 64 and born overseas in 2017. This was an increase from 13,556 in 2014 but a decrease from 17,341 in 2016. Of the new registrations in 2017, the majority were for younger people: 53% were by people aged between 20 and 29 and 84% were by people aged between 18 and 39.

The top 10 countries of birth for new GP registrations in 2017 are detailed below.

Table 6 Top 10 countries of birth for new Birmingham GP registrations

Country of Birth	New GP Registrations
Romania	2,477
China	2,010
Pakistan	1,321

[129] Rechel, B., P. Mladowsky et al. “Migration and health in an increasingly diverse Europe.” Lancet 381 (2013)
[130] PHE Migrant Health in the West Midlands
[131] A long-term international migrant, is someone who does not change his or her usual residence for a period of at least a year.

India	955
Poland	646
Bangladesh	455
Italy	334
Spain (Except Canary Islands)	329
Nigeria	293
France	270

Source: NHS Digital Open Exeter GP Registration Data

Service model & data

Birmingham has two Asylum Seeker Initial Accommodation (IA) centres. There are approximately 370 beds for adults and families. Whilst in the IA, people are able to access universal health services, but they are not expected to register with a GP, so separate health services are provided to deal with minor health issues, manage any long-term issues, and refer on to hospital if that is needed.

Current services in Birmingham include the Refugee and Migrant Centre who work to assist "… refugees and migrants through crisis and disadvantage, by removing barriers to their integration and enabling them to become equal citizens." Their services include free welfare and benefits advice and support as well as co-hosting some specific health support services such as latent TB screening for new arrivals.

Birmingham has made commitments to the needs of asylum seekers, refugees and migrants through the Birmingham City of Sanctuary Policy Statement 2018[132] and the Migration Friendly Cites project (2017/18 – 2020/21).[133] In July 2019 Birmingham was also awarded £1.2m of additional government funding towards projects aimed at helping asylum seekers, refugees and migrants integrate into the cities communities.

Headline analysis

A Migrants Health Needs Assessment for Birmingham was completed by Doctors of the World in 2017.[134] The report identified mental health as the single most prevalent health need amongst vulnerable migrants, along with issues around barriers to healthcare and GP registration. Whilst services that support migrants were identified as connected and working collaboratively, gaps were identified in healthcare commissioning to support the specific needs of migrants.

In the immediate future, emerging issues around modern slavery and human trafficking are expected to come to the fore and demand the attention of policy makers. The hidden nature of these problems makes identifying their scale

[132] Birmingham City of Sanctuary Policy Statement 2018-22
[133] MiFriendly Cities – Migration Friendly Cities Birmingham, Coventry and Wolverhampton 2017/18-2020/21
[134] Doctors of the World. Migrant Health Needs Assessment Birmingham 2017

problematic, but the impacts on the mental and physical health of victims of these activities are severe.[135,136,137]

[135] Such Elizabeth, Walton Elizabeth, Bonvoisin Toby, Stoklosa Hanni. Modern slavery: a global public health concern *BMJ* 2019; 364 :l838
[136] European Union Human Trafficking - Medical effects on victims
[137] International Organisation for Migration. Caring for Trafficked Persons: Guidance for Health Providers

Gypsy and Traveller (GT) Adults

Background

GTs face some of the most severe health inequalities and poorer life outcomes when compared to other demographic groups. GTs are estimated to have life expectancies 10 to 25 years shorter than the general population[138] and often face horrific levels of discriminatory attitudes [139]. Qualitative evidence [140] shows this group suffering from misconceptions around health issues along with discrimination and significant barriers when accessing the health service [141].

Key statistics summary

There were 58,000 GT in England and Wales recorded in the 2011 Census. Birmingham had 408 individuals who identified themselves as GT of which 291 were adults. Recent statistics from Birmingham and Solihull's (BSoL) 2018 health inequalities strategy estimates more than 1,000 GT people living in Birmingham with a planned traveller site located in Aston[142].

GT working life shows disturbed working patterns with 40% in employment compared to 70% of the national population with GTs (22%) more likely to work in elementary occupations [143] compared to the national population (11%) [144].

Service model & data

There is a lack of specific data on existing service models for working age GTs. The BSoL CCG inequalities strategy (2018-2021) outlines proposals to work with representatives of "seldom heard" communities such as the GTs. The strategy calls for partner organisations to work jointly across all levels of organisations and to develop a staff culture which fosters inclusion, wellbeing and diversity. The strategy also calls upon local GTs and health providers to jointly develop a locality development plan around the most pressing and unmet health needs for GT groups.

GTs face major barriers when accessing GP services often due to lack of appropriate paperwork. Suggested models [145] will allow GPs to apply for an " enhanced status " when treating GTs and thus ensure appropriate reimbursement for rendered health services[146].

[138] https://www.gypsy-traveller.org/wp-content/uploads/2019/03/No-room-at-the-inn-findings-from-mystery-shopping-GP-practices.pdf
[139] https://travellermovement.org.uk/news/49-new-yougov-poll-finds-shocking-racism-toward-gypsies-and-travellers
[140] http://www.gypsy-traveller.org/wp-content/uploads/health-brief.pdf
[141] https://www.gypsy-traveller.org/wp-content/uploads/2019/07/Experiences-of-Gypsies-and-Travellers-in-primary-care-GP-services-FINAL-1.docx
[142] BSoL CCG: Equality Objectives and Health Inequalities Strategy 2018 - 2021
[143] https://www.ilo.org/public/english/bureau/stat/isco/isco88/9.htm
[144] https://researchbriefings.files.parliament.uk/documents/CBP-8083/CBP-8083.pdf
[145] https://www.birminghamandsolihullccg.nhs.uk/publications/strategic/44-equality-objectives-health-inequalities-strategy-2018-2021/file
[146] https://www.birminghamandsolihullccg.nhs.uk/publications/strategic/44-equality-objectives-health-inequalities-strategy-2018-2021/file

Poor housing has long been associated with poor health outcomes [147] and as part of the Housing Act 2004, Birmingham has completed an accommodation study projecting GT housing needs until 2031 thus meeting its statutory obligations[148].

Headline analysis

More work is required to determine the unmet health needs of GT groups to ensure any obstacles they face, particularly in accessing primary care services are tackled using a systematic approach.

[147] https://www.gov.uk/government/publications/gypsy-and-traveller-health-accommodation-and-living-environment

[148] https://www.birmingham.gov.uk/download/downloads/id/1175/gypsy_and_traveller_accommodation_assessment_2014.pdf

Homeless Adults and Families

The causes of homelessness are typically described as either structural or individual and can be interrelated and reinforced by one another.[149] Structural factors that can contribute include poverty, housing supply and affordability (exacerbated by issues within private rented sector specifically), and insecure employment[150]. Individual factors may include physical or mental health problems, experience or exposure to violence, drug and alcohol misuse, or life crisis points such as bereavement or the breakdown of a key relationship.[151]

Not having a home or stable accommodation can impact on health, work prospects and relationships. It can also lead to the later manifestation of the individual factors that lead to homelessness (as detailed above) and cause a spiral of repeated episodes of homelessness. There is also evidence that the longer the period(s) of homelessness the more difficult it becomes to recover. Because of these amongst other issues it is estimated that nationally homelessness costs the tax payer £1billion per year, with each homeless person costing an average of £26,000.[152]

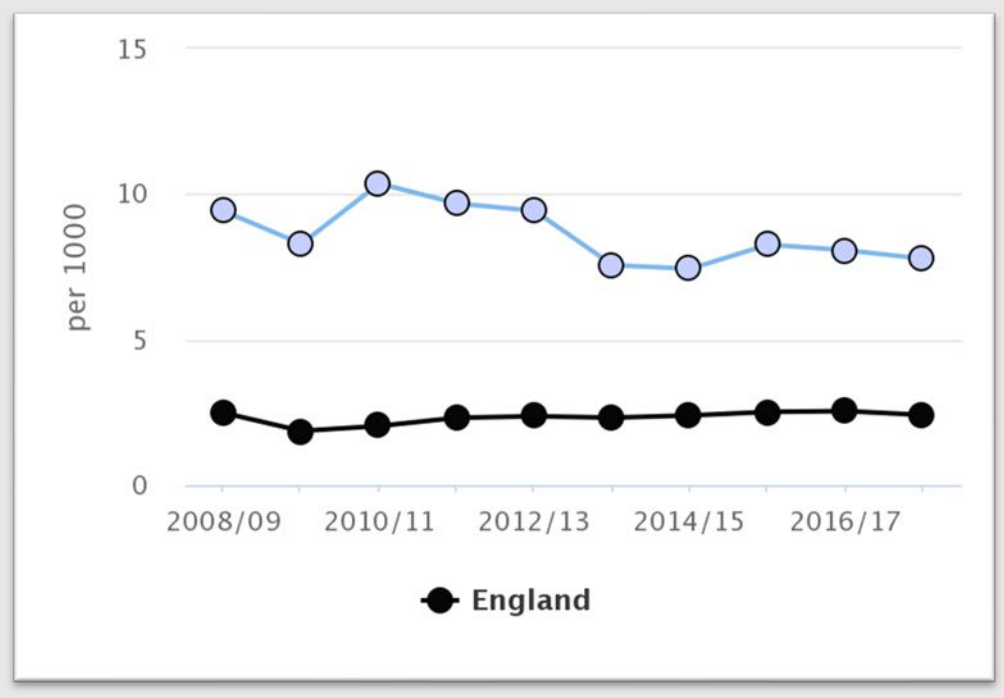
The Homelessness Reduction Act 2017 came into force on 03 April 2018. Some of the key measures within the act are duties to prevent / relieve homelessness for all eligible applicants threatened with homelessness.

Birmingham's 'Homeless Prevention Strategy 2017+' recognises that addressing homelessness necessitates a partnership approach and a change in focus from crisis to upstream prevention, both targeted and universal.

Key statistics summary

Figure 8 Statutory Homeless, rate per 1,000 Households

[149] https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health
[150] https://www.voicemag.uk/blog/4740/how-do-people-end-up-homeless?gclid=CjwKCAiAqqTuBRBAEiwA7B66hcr9v4YEtHTOBPrq01N4BY5YR0YXae3QLH1VF0RQ9HqfVX8QFI15hBoCD0QQAvD_BwE
[151] https://www.dashorg.co.uk/causes-of-homelessness?gclid=CjwKCAiAqqTuBRBAEiwA7B66hf4xE7bGiP0es57B6RrhLhCtn1_Kp2xkWd6TKSonScYXqAftwOjIyBoCybIQAvD_BwE
[152] https://www.homeless.org.uk/facts/understanding-homelessness/impact-of-homelessness



Source: PHE Fingertips

Homeless households are classified as households who are unintentionally homeless and in priority need, and that the local authority accepts as eligible for support into accommodation. In 2017/18 there were 3,386 households in Birmingham who were statutory homeless. As a rate per household, this figure equates to 7.8 per 1000. This is considerably higher than the rate for England (2.4) and West Midlands (3.3) and is the highest out of the Core Cities, which had an average of 3.6 per 1000.[153]

Many homeless adults and families have issues caused by drug-taking and chaotic lifestyles, but homeless patients registered at special GP practices also have issues similar to people seen in mainstream GP practices. These are exacerbated by late presentation to services (often only once crisis or danger point has been reached) which are not as easy to access for this population.

The Homeless Health Exchange, located just outside Birmingham city centre, has just over 1,000 patients on its register, more than double the number it had when it opened 16 years ago. Typically, patients are aged in their 30s or 40s, although they present themselves with symptoms comparable to people in their 70s.[172]

The average age of death for a homeless man is 47 (compared to 77 for general male population in Birmingham). For women, it is 43 (compared to 82).[154] In 2017, over half of all deaths of people experiencing homelessness were due to 3 factors[155]:

- accidents, including drug poisoning, accounted for 40%
- suicides accounted for 13%
- diseases of the liver accounted for 9%

[153] PHE Fingertips
[154] https://www.bbc.co.uk/news/uk-england-birmingham-46946182
[155] https://publichealthmatters.blog.gov.uk/2019/09/30/health-matters-rough-sleeping/

Service model & data

Serious steps have already been taken to address homelessness issues and reduce rough sleeping in the city. The BCC Homelessness Prevention Strategy[156] was launched in 2018 and a strategic partnership board established to take a whole system approach and ownership to its delivery. The strategy promotes the Positive Pathway which is built on collaboration, best practice and service integration. The Positive Pathway was first developed by St Basils and implemented locally with young people at risk of experiencing homelessness. The pathway has seen much success. It comprises of 5 key areas:

- Universal Prevention
- Targeted Prevention
- Crisis Prevention and Relief
- Homeless Recovery
- Sustainable Housing

However, it requires a commitment and collaboration by all partners from across the system of a wide-ranging provision for the most vulnerable citizens and a development of a much more integrated infrastructure that will enable its implementation and application.

In 2018 a cross-sectional analysis was undertaken of 2,300 households in Birmingham City Council funded temporary accommodation. Headline results were:

- The largest populations in terms of Age Band were aged 25-29, 30-34, and 35-39 (18.3%, 18.3%, and 19.5% of temporary accommodated main applicants respectively).
- 58.5% were single applicants as opposed to joint.
- 25.6% did not have children, 24.9% had one child,19.6% had two children, and the remaining 30% had 3 or more children.
- In terms of the three main homeless reasons (excluding Other) these were; Expiry of Assured Short Hold Tenancy (22.0%), Breakdown of Relationship Partner Domestic Violence (10.7%), and Other Relative/Friends Not Accommodate (9.2%).
- White British (19.5%), Black African (18.3%), and Pakistani (12.9%) were the most prevalent ethnicities of the main applicant. No other group accounted for more than 6.3%.
- Over two fifths (42.2%) of applicants were lone female parents, and a further third (28.1%) couples with dependents.

It is immediately obvious that both the persons who present as homeless, their household compositions, and the underlying reasons for presentation are both diverse and complex. However, this issue is most prevalent in those at the lower age end of the working age adults group.

156 https://www.birmingham.gov.uk/downloads/file/2531/birmingham_homelessness_prevention_strategy_2017

Veterans

A veteran is defined as: "*anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve), or Merchant Mariners who have seen duty on legally defined military operations."* Personnel and their families experience unique factors as a result of their time in service, including the risks of injury or death, and the disruption of frequent moves. The 2018 Veterans Strategy[157] and Armed Forces Covenant[158] reinforce our moral obligation to those who serve or have served in the Armed Forces, their families and the bereaved.

Key statistics summary

Armed Forces recruitment in Birmingham is one of the highest in the UK. There is a careers office in the city centre and the Army and Royal Navy have Reserve bases here. Most data on veterans are available only at a national level and are not wholly reliable; the question is not always asked and younger veterans do not always identify as being a veteran, preferring the term 'ex-service'. Using national data we estimate there are 31,800 veterans living in Birmingham.[159] Approximately half of current veterans are aged over 75 but this cohort is decreasing and the percentage of veterans of working age is projected to rise. The percentage of female veterans is projected to increase.[160]

Service model & data

No reliable evidence exists as to the long-term health effects of military service. Ministry Of Defense reviews suggest ex-personnel are likely to suffer the same issues as the general population and most are robust people who make a successful transition to civilian life.[161] However, a minority struggle, experiencing complex mental and physical issues that are often compounded by wider determinants of health such as social isolation, crime, housing and income.

A physically active job, regular balanced meals, and regular health checks mean a healthier lifestyle than many experience in civilian life.[162] However, personnel are exposed to extreme conditions and trauma. The main health issues of veterans relate to the back and neck, cardio-vascular and legs and feet.[163] For elderly veterans, health problems are likely to be age-related. For younger veterans, it is difficult to unpick whether military service has contributed to ill-health. Recruitment is often from those with deprived backgrounds and poor educational achievement. Both these factors are independently associated with poor health.

[157] HM Government, The Strategy for Our Veterans, 2018
[158] Armed Forces Covenant, https://www.armedforcescovenant.gov.uk/
[159] Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016 and Office for National Statistics, 2017 mid-year estimates (APS)
[160] Ministry of Defence UK, Population Projections: UK Armed Forces Veterans residing in Great Britain, 2016-2018 (2019)
[161] NHS Advancing Quality Alliance, North West Military Veterans Mental Health Mapping Project, 2012
[162] House of Lords, Veterans Strategy: Background to the Government Policy Debate on 15 November 2018
[163] APS 2017

The recent Defence Committee on mental health[164] heard that certain groups may be at higher risk of difficulties and called for more evidence to support these claims. The groups were: those that served in Iraq and Afghanistan; early service leavers; younger recruits; those who suffered physical injury; and female personnel. Evidence regarding social isolation amongst veterans is limited and conflicting. A key finding of the Defence Committee was the sense of community within the Armed Forces may have improved mental health or delayed the onset of conditions. However, a 2018 survey found that one in four feel lonely and socially isolated 'always' or 'often'.[165]

A large proportion of personnel join aged 16-19 years[166] and therefore are less likely to have a degree and more likely to obtain qualifications through work. Military service is a unique experience and it can be difficult to translate experiences to civilian employment. Some employers have a limited understanding of the skills that veterans can offer and employment options are sometimes restricted to stereotypical roles e.g. blue light services, security and prison service.

Veterans' support services[167] report that finance is a key area of need. Military life, often starting in very early adulthood, can leave veterans unprepared for balancing the financial demands of civilian life. However, veterans are just as likely to own their own home as the non-veteran population.[168] There is no evidence to suggest that veterans are overrepresented in the homeless population but the public perception is that there is a significant problem with homelessness.

Veterans are 30% less likely to be in prison in England and Wales than the general population.[169] West Midlands Police custody data for 2018-2019 shows a total of 362 Birmingham residents identified as veterans following their arrests. 64% of those arrested served in the British Forces, 30% had served elsewhere. The most common offence was assault (27%). Little is known about veterans of foreign forces living in the city.

[164] House of Commons Defence Committee, Mental Health and the Armed Forces, Part One: The Scale of Mental Health Issues, 25 July 2018, HC 813 of session 2017, p30
[165] Royal British Legion, Loneliness and Isolation in the Armed Forces Community 2018
[166] Royal British Legion, Deployment to Employment 2016, pp12-19
[167] Veterans' Gateway https://www.veteransgateway.org.uk/
[168] APS 2017
[169] Ministry of Justice, Experimental Statistics Ex-service personnel in the prison population, England and Wales (2018)

Unemployed Adults

Employment is a primary determinant of health, impacting both directly and indirectly on the individual, their families and communities. The negative health effects of unemployment can be linked to both psychological factors and the financial problems it brings – especially the consequences of debt and poverty which may affect food choices, quality of housing, lifestyle behaviours and social networks among others. However unemployed people face numerous health challenges beyond loss of income with evidence consistently suggesting a strong association between unemployment and adverse mental and physical health outcomes such as higher rates of overall mortality, common mental disorders, cardiovascular disease and poorer health related quality of life[170]. This effect on health is still demonstrable when social class, poverty, age and pre-existing morbidity are adjusted for[171]. Evidence suggests around 20% of suicides may be linked to unemployment and job insecurity[172].

While becoming unemployed can affect an individual's health, there are others whose worsening health *becomes the cause* of unemployment or restricts the opportunity work. Research suggests that around one third of those leaving work because of ill-health or injury were living in poverty within a year[173].

In today's climate of uncertainty in the economy and labour market, unemployment is becoming a bigger challenge to public health. Measures to support people in financial crisis; and to gain and keep employment are becoming more important to protecting the physical and mental health of our working age population.

Key statistics summary

Both the unemployment rate and economic inactivity rates are higher in Birmingham than the West Midlands Region and England as a whole. Nearly 9% are unemployed, compared to 3.6% in England. Around 47,000 are unemployed in the City with a further 210,000 who are economically inactive[174]. Almost two thirds of people who have a health condition which lasted more than 12 months are unemployed or economically inactive[175] compared to just over a third of the general population.

Service model & data

There are many services which aim to help unemployed adults gain employment or support them when out of work provided by partners such as the Department for Works and Pensions, as well as City Council Services.

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[170] Norström, F., Waenerlund, A., Lindholm, L. *et al.* Does unemployment contribute to poorer health-related quality of life among Swedish adults?. *BMC Public Health* 19, 457 (2019) doi:10.1186/s12889-019-6825-y

[171] Wilson SH, Walker GM. Unemployment and health: a review. Public Health. 1993 May;107(3):153-62.

[172] Nordt C, Warnke I, Seifritz E, Kawohl W. Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. The Lancet Psychiatry. 2015 Mar 1;2(3):239-45.

[174] Birmingham City Council – Labour Market Update Q3 2019

[175] Nomis :- ONS Annual Population Survey

The Birmingham Employment Access Team works with employers and developers to understand their recruitment requirements, then find the right skilled unemployed people, or train people to get them 'fit for the job'. As part of the council, the team is in a unique position to know when certain construction jobs may be available, as they get to know what developers will be building over the coming months as part of the planning application process. It is often made a legal requirement linked to planning permission that developers work with the service to fill vacancies when building in the city. The team is currently delivering two European Union funded projects helping to connect local unemployed citizens into employment: World of Work (WOW) aims to engage with long term unemployed people across Birmingham and provide support with training and linkages to work within key growth sectors. Youth Promise plus provides job support, training, education and mentoring for people under 30.

Schemes such as Project Search, Remploy and Ambition for Autism all provide specific support for employers around placements and job opportunities for people with learning disabilities and mental health conditions. Within the council Shelforce is a supported business dedicated to the assistance of disabled people looking to enter employment. It actively recruits and supports severely disabled people within its own factory, and other businesses in the wider community.

Safeguarding Adults

The Care Act 2014 statutory guidance defines adult safeguarding as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'[176]

Adult safeguarding concerns can be varied and sometimes occur concurrently, such concerns include domestic violence, self-neglect, neglect of others, and financial abuse. Those with dementia, learning disabilities, mental ill-health or substance abuse issues, or care and support needs may be more vulnerable to such abuse or neglect and as such the Council has a statutory responsibility to address these concerns.[177]

In Birmingham this is delivered through the Birmingham Adults Safeguarding Board, which has three core duties; to deliver a strategic plan for the board and partners, publish an annual report on how effective it has been, and the commissioning of Adult Safeguarding Reviews (retrospective reviews of how adult safeguarding processes could have worked better in a given instance).[178]

Referrals for Adults Safeguarding are reviewed in the first instance by Birmingham City Council to understand if the criteria for an enquiry has been met. The Care Act 2014 requires enquiries must be made by Birmingham City Council, or cause others to do so, if they reasonably suspect an adult:

- has needs for care and support (regardless of whether the Council is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

These are known as statutory Safeguarding Adult, or "Section 42" Enquiries.[179]

In addition, the Council and other organisations support people who do not meet the full adult safeguarding criteria, but who may be being abused and are unsure where to go next.

[176] The Care Act 2014 Act
[177] Highlights: Safeguarding Adults - September 2017 (Social Care Institute for Excellence)
[178] Birmingham Safeguarding Adults Board
[179] Guidance for Managing Officers and Enquiry Officers responsible for conducting Adult Safeguarding Enquiries under Section 42 of the Care Act 2014

Wherever someone is being harmed, or at risk if harm, there are agencies that can help, even if a formal adult safeguarding response is not triggered. These include:

- the police
- domestic abuse services
- the National Referral Mechanism[180] for victims of modern slavery
- community and support groups
- other social services teams.[181]

Key statistics summary

In 2018-19 Birmingham had 10,805 adult safeguarding concerns raised (a rate of 1,267 per 100,000 adults) out of a total of 415,050 nationally (943 per 100,000 adults). This seems high however it should be noted that in terms of the percentage of concerns that initiate full enquiries Birmingham has 20% compared to the national average of 39%, meaning that 2,150 enquiries were held in Birmingham, which equate to 252 per 100,000 adults as compared to 368 per 100,000 nationally.[182]

Adult safeguarding rates vary by age and the risk increases as people get older, within Birmingham there are 140 enquiries per 100,000 persons aged 18-64 compared with over 10 times that rate for persons aged 85+, nationally the picture is markedly different with 125 enquiries per 100,000 persons aged 18-64 and over 20 times that rate in persons aged 85+.[183] There is the potential this is an artefact of the unusually young population within Birmingham but could warrant further investigation to understand what is driving these trends.

Additionally, there are two outcome measures that are used as a proxy for levels of potential adult safeguarding concern within the Adult Social Care Outcome Framework. Firstly, the *proportion of people who use services who feel safe*; 65.3% of respondents for Birmingham City Council aged 18-64 indicated that they felt safe using services in 2018-19, which is the fourth highest of the eight Core Cities, and broadly comparable to the England average of 68.3%.[184] Secondly, the *proportion of people who use services who say that those services have made them feel safe and secure*; 88.6% of respondents for Birmingham City Council aged 18-64 indicated that the services provided made them feel safe and secure, the fifth highest amongst the eight Core Cities, and in line with the England average of 88.0%.[185]

Service model and data

Birmingham City Council, in partnership with health, commissioned services, third sector, and others has a clear vision and strategy for Adult Social Care and Health, which includes as one of its eight key elements the need to “make (adult)

[180] National Referral Mechanism
[181] Highlights: Safeguarding Adults - September 2017 (Social Care Institute for Excellence)
[182] NHS Digital Safeguarding Adults, England 2018-19 – Interactive Report
[183] NHS Digital Safeguarding Adults, England 2018-19 – Interactive Report
[184] Adult Social Care Outcomes Framework Measure 4A - Proportion of people who use services who feel safe
[185] Adults Social Care Outcomes Framework Measure 4B - Proportion of people who use services who say that those services have made them feel safe and secure

safeguarding personal". While it is essential that along with ensuring that people of all ages are safe and free from any form of abuse or neglect, that adult safeguarding is undertaken in a person-centred manner that places their desired outcomes as the core of the enquiries and actions that may be undertaken.[186]

This approach seeks to achieve,[187]

- A personalised approach that enables adult safeguarding to be done with, not to, people.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that utilises social work skills rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams and Safeguarding Adults Boards to know what difference has been made.

2017-18 was the second year of "making (adult) safeguarding personal" for Birmingham City Council. Of the 1,663 adult safeguarding enquiries 90% were asked what their desired outcomes were before or during the enquiries, of these 93% expressed that their desired outcomes had been met by the end of the enquiry (64% fully achieved, 29% partially achieved).[188]

In addition, Birmingham City Council Domestic Abuse Prevention Strategy 2018-2023[189] details the Council's commitment to ensuring that stop domestic abusers stop being invisible to services and the need to control and manage them more effectively. Over the 5 years leading up to 2016 there was a 57% increase in reports of domestic abuse to West Midlands Police but only a 19% increase in convictions of abusers through the criminal justice system, despite such abuse leading directly to 21 women being killed.[190]

The vision is that domestic abuse should become everyone's business and concentrates those resources on pro-active preventative measures, while recognising the need for response to acute crisis situations. As the Strategy is jointly monitored by the Health and Wellbeing Board and Community Safety Partnership a true multi-agency response has been adopted and a detailed action plan developed to ensure delivery.

[186] Birmingham City Council – Vision and Strategy for Adult Social Care and Health
[187] Birmingham City Council Adult Social Care and Health Local Performance Account Reports
[188] Birmingham City Council Adult Social Care and Health Local Performance Account Reports
[189] Birmingham City Council Domestic Abuse Prevention Strategy 2018 - 2023
[190] Domestic Abuse Needs Analysis Update 2016