

Key Messages:

1. The Community Strategy identified 5 key actions in relation to health and care:
 - Promoting healthy lifestyles – minimising smoking and promoting exercise and healthy eating
 - Reducing health inequalities – community-based interventions to promote engagement in healthy lifestyles by deprived communities
 - A healthy start – reducing infant mortality and teenage pregnancy and improving early development and child and adolescent mental health support
 - Managing long-term illness – improving day to day life experience through better information and support to look after oneself; better collaboration between agencies and in the provision of more local services
 - A centre for health – building the capacity and profile of local health and care services through a strategic approach to skills development, recruitment and retention; including increasing job opportunities for people from most disadvantaged communities.

These themes have provided a framework for activity over the last year, and will be refreshed and developed for the next three year community strategy due for completion autumn 2007.

2. Significant progress has been made in developing our approach on these themes, with the Local Area Agreement providing a stimulus to the development of action plans and a framework for mainstream and NRF investment in tackling infant mortality and improving male life expectancy in particular. The full Local Area Agreement is structured against the following broad priorities:
 - To give more babies a healthy start to life and reduce the number who die in the first year of life;
 - To enable more people to enjoy healthier lives and to live longer;
 - To improve the quality of life, independence and wellbeing of older people and vulnerable adults;
 - To improve health outcomes of people living with long term conditions and prevent institutionalisation
3. In parallel, the arrangements for the key agencies to work more effectively together have developed into a formal family of partnerships with the Birmingham Health and Well-being partnership playing a key role in the development and delivery of the LAA and NRF floor target action plans (NRFTAPs) and the development of an Executive meeting to deliver the Healthier Communities and Older People block (HCOP block) and further develop a system of collaborative planning and commissioning working across mainstream service delivery for adults. The Children's Board is also now well-established as a forum for the planning and commissioning of activity for children and young people, bringing health and care issues into consideration with education, safety and future employment.
4. The 6 month self-assessment process for the Healthier Communities and Older People block proved to be positive with GOWM noting the importance of the strategic leadership of the Health and Wellbeing Executive as well as good progress against the FTAP. Overall across the HCOP block of the LAA, 4 were on target, 4 were above target and 5 targets were under-performing;. Robust action plans are being developed to address under-performing targets. Performance management against some targets – such as male life expectancy and infant mortality – is hindered by infrequent data (often only annual) and time lags (data for 2006 might not become available until the end of 2007 for example) but changes to indicators and the development of proxy indicators should allow for more robust performance management and reporting from 2007.
5. The main achievements are summarised here, with the appendix giving some more detail on key activities.
 - Promoting healthy lifestyles – as part of national developments, Birmingham will become a smoke-free city in July 2007, we have established a single Smoking Quitline and used social marketing techniques to ensure that services reach and are attractive to men who have not historically engaged with services but are at high risk of early mortality; we have also extended a national innovation in active phone-based case management to men at high risk in target wards and offering free health checks to men over 40 through pharmacies.
 - Reducing health inequalities – Much of this work is concentrated within wards with the worst health inequalities across the city with clear targets to close the gap between the most disadvantaged and the most affluent wards as well as between Birmingham and the rest of the country. Further achievements include the production of a reducing health inequalities toolkit which provides ward by ward assessment of actions to support constituency strategic partnerships to develop effective local interventions; and progress against longer term actions such as affordable warmth, joint needs assessments and information provision.
 - A healthy start – the NRFTAP is focused on reducing infant mortality, early interventions include commissioning of team of lay health workers to support midwives in target wards, specification of requirements for GP attached midwifery and the delivery of community-based services in target wards; good progress is being made on reducing teenage pregnancy compared to other core cities and the PCTs have invested in extending and enhancing child and adolescent mental health

services with a focus on community support but including dedicated access to beds in the Woodbourne Priory.

- Managing long-term illness – all three PCTs are actively supporting expert patient programmes and group sessions targeted to helping people understand their condition and make best use of services, adults and communities have started building the first phase of 4 special care centres, each of which has elements of integration with health services and are working on developing a network of information centres with the Information Hub now open on Victoria Square. The Executive have now signed off a structure to support joint work across a range of client groups, including expanding the use of Health Act Flexibilities to minimise duplication and integrate aspects of both commissioning and provision (Appendix 2).
- A centre for health – the city's health services enjoy a national profile and in the case of BENPCT and Heart of England Foundation trust have received international recognition as an economy demonstrating excellence in clinical service improvement and delivery. The Health HuB, based at University Hospital Foundation Trust supports access to jobs in a range of health and care settings, in addition to recruitment into the building work of the new hospital. HoBtPCT and Sandwell and west Birmingham Hospital are engaged in a consultation on the future pattern of provision for health services in the West of the City which is a blueprint for how NHS services are likely to develop across Birmingham over the next five years. Increasingly, people using services require care and treatment over many years, rather than as one off acute episodes and despite relatively low life expectancy, the majority of people are living into their 80s with long term conditions requiring systematic care and support from both NHS, social care and housing organisations. These health needs, and a shift to preventing illness rather than treating its consequences require a greater proportion of activity taking place in local settings, readily accessible at convenient times. Hospitals will increasingly offer highly specialised episodic care, responding to emergencies which require 24 hour medical supervision. The newly reconfigured health and care taskforce will focus on ensuring we have a workforce with the right skills to deliver this care, with generic management and support roles being developed through participation in the public service compact. The Local Improvement Finance trust has delivered 2 new primary care centres in the last twelve months, with 5 more currently being built and land negotiations in progress with the City Council on a further 6. This investment in community buildings will provide the infrastructure for a service which can better meet the needs of the most disadvantaged communities.

A Summary of Where We Are

1. Premature deaths citywide from circulatory diseases have been cut by 54% and from cancer by 19% in the last eight years. Significant reductions have occurred in wards with the worst starting positions. For example, in Bordesley Green, where the premature mortality rate * from heart disease has decreased by 131%. In Aston, the premature mortality rate from cancer has decreased by 75%.
* People under 75 years (per 100,000 popn.) against 1995-1997 baseline data.
2. Life expectancy has increased by about 1.6% over the last six years, with the biggest increases in the wards where people have the lowest life expectancy. Life expectancy is now around the average for similar cities at 74.8 years for men and 80.7 years for women. The most significant progress has been made in: Lozells and East Handsworth, where male life expectancy has increased by over three years (4.2%); and Aston, where female life expectancy has increased by over four years (5.1%) (against 1995-1999 baseline data).
3. Reductions in teenage pregnancy have been significantly better than the national and core city average, with a 12% overall reduction since 1998 and an accelerating trend (almost 5% reduction in 2004 compared to a 1.4% reduction nationally). Our teenage pregnancy assessment by the DfES was an 'amber/green' (good) rating.
4. We are working towards all Birmingham schools achieving the Healthy Schools Standard, with 320 schools participating. To date 44% of schools have Birmingham Healthy School standard and 57% of schools are working towards national healthy schools status.

Sophia R Christie
Chair – Birmingham Health and Well-being Executive

Sean Connolly
Performance Manager
Birmingham Health and Well-being Partnership

Key Achievements and Work in Progress 2005-7

The following table aims to summarise some of the key achievements from 2005/06, along with examples of planned and achieved activities for 2006/07. Clearly this is only a limited sample of information for this wide-ranging theme.

Key action	Key achievements 2005/06	Planned activities 2006/07	Links to LAA targets
H 1 - Promoting healthy lifestyles	<ul style="list-style-type: none"> The Health Exchange was established at nine places across the City. The central "hub" is on the 5th floor of Central Library. Smoke Free Birmingham Coalition established and has made public commitments to spend £0.7 million a year on the stop-smoking initiative in the Kings Norton New Deal for Communities area. 44% of schools have Birmingham Healthy School standard and 57% of schools working towards national healthy schools status The Nutrition and Health Task Force set up the 'Brummie Kitchen Project' for Children and Young People. Process begun of engaging with larger supermarkets (to information gather and identify opportunities for partnership working) 	<ul style="list-style-type: none"> All NHS and public sector agencies to be smoke-free by end of 2006 Increase the number of smokers who access NHS Smoking cessation Services and the number who quit at 4 weeks and 1 year by establishing city wide smoking cessation service with single number access Walk 2000 routes completed in all wards by 2007 Implement the Birmingham sports entitlement including free swimming for all under 16 year olds Ascertaining levels of physical literacy by the end of school key stage 2 Achieve LPSA target of over 115,000 children achieving stage 2 swimming standard by 11th birthday" Work with young people to develop school food policies that enable children and young people to have the confidence, skills and understanding to make healthy food choices, and have the opportunity to exercise these choices (Transforming school food standards fund). Double the number of Health Exchange nodes by end 2007 Establish a Health Exchange health supporter service in all nodes 	<ul style="list-style-type: none"> Difference between Birmingham and England in average male life expectancy Closing the gap for male life expectancy between Birmingham and those men who live in the most deprived areas of the city Closing the gap for female life expectancy between Birmingham and those females who live in the most deprived areas of the city Deaths from Circulatory Disease per 100,000 under 75 years Deaths from Cancers per 100,000 under 75 years Smoking: No. of 4 Week Quitters Numbers from BME communities who are BCC Leisure Card holders

<p>H 2 - Reducing health inequalities</p>	<ul style="list-style-type: none"> The regional office's assessment of our health partnership arrangements (which had been 'amber-red' – poor) has, this year, moved to 'amber-green' (good) in recognition of the strong and positive nature of these arrangements. Our 'Swim for Free' and "Watch It" (specialist weight management in schools) initiatives have been particularly successful in encouraging young people to exercise, especially in BME communities and our most deprived neighbourhoods. Our Health Exchange portal is being accessed on public access terminals by 500 people per week 	<ul style="list-style-type: none"> Use QOF data to assess variation in levels of care geographically across the city mapped against the most deprived quintile. Carry out equity audits of Cardiac Rehabilitation services and Stroke rehabilitation services across the system to establish commissioning requirements for post event care Expand the expert patient programme across the city but focusing recruitment on the most deprived quintile. Expand active Care Management Services for specified target groups Look at the contribution of literacy to health inequalities 30 health supporters working from Health Exchange nodes 	<ul style="list-style-type: none"> Difference between Birmingham and England in average male life expectancy Closing the gap for male life expectancy between Birmingham and those men who live in the most deprived areas of the city Closing the gap for female life expectancy between Birmingham and those females who live in the most deprived areas of the city Deaths from Circulatory Disease per 100,000 under 75 years Deaths from Cancers per 100,000 under 75 years Smoking: No. of 4 Week Quitters Numbers from BME communities who are BCC Leisure Card holders
<p>H 3 – A healthy start</p>	<ul style="list-style-type: none"> Single Point of Access for child and adolescent mental health services (CAMHS) is up and running. Each CAMHS locality has a locality manager in post and a locality management team functioning Birmingham has achieved an 11.7% reduction in under 18 conceptions between 1998 and 2004. 8% of schools have at least 1 certified PSHE teacher. 6% of schools have a teacher working towards certification in PSHE 6 out of 14 target wards have basic sexual health advice services in youth settings. Tailored midwifery care for young parents is now provided in all four midwifery units LSC have reviewed provision for lone and teenage parents. Uptake of the Care2Learn Scheme has improved 	<ul style="list-style-type: none"> The FTAP focuses upon 13 wards across Birmingham which were assessed using 7 years of the most recent data as having the worst outcomes in terms of infant mortality and indices of multiple deprivation. The FTAP has a specific target of ensuring that none of the wards within Birmingham has an infant mortality rate of 10 or more per thousand live births by 2008. Early progress has been notable in the following areas: relocation of midwifery services to community settings (Children's Centres) in high risk areas; recruitment of new maternity support workers; improved data around key indicators – early booking, continuity of carer, smoking cessation, foetal growth restriction 	<ul style="list-style-type: none"> Difference in Infant Mortality between Birmingham and the rest of the country Closing the gap target within Birmingham in target priority wards

<p>H 4 - Modernising adult care and managing long-term illness</p>	<ul style="list-style-type: none"> • Corporate funding strategy and commissioning framework under development as BCC mainstream response to the 3rd sector Compact • Draft corporate third sector funding strategy developed; major consultation exercise held March to May 2006. • Launch of the Carers Centre in Victoria Square, recognising the support and contribution made by informal carers. The centre will improve access to information and self-help, and enable carers to use information to help other carers. 	<ul style="list-style-type: none"> • Corporate third sector commissioning framework will be operational from April 2007 • Create a single information point on Council funding opportunities for not-for-profit and community groups by March 2007 (this is underway with EMT approval) • Four Special Care Centres and two Extra Care Sheltered Housing schemes to be operational by April 2008' • Outline strategy for long term conditions (March 2007) • Staywell 75 health assessment and self review will be piloted in the City 	<ul style="list-style-type: none"> • Number of people Over 60 taking up <i>attendance</i> allowance • Number of people Over 60 taking up <i>pension</i> credit • Number of people Over 60 taking up council tax benefit • Number of people with learning disability 18-64 moving permanently into residential care • Number of people with physical disability 18-64 moving permanently into residential care • Number of people with learning disability 18-64 moving out of residential care • Percentage of older people where standards are met for waiting time for social care assessment. • Percentage of equipment delivered in 7 days
<p>H 5 - A centre for health</p>	<ul style="list-style-type: none"> • Recruitment of Directors and Business Development Manager by end of April 2006 to provide commercial and technical expertise in advanced material and medical technologies • Technology transfer fund/CTB Launch Conference completed June 05 and celebration event March 06 	<ul style="list-style-type: none"> • Develop recruitment strategy to fill gaps identified through annual LDP process - end 06 • UHB Learning HUB open Autumn 2006 • Evaluate pilot schemes for Apprentices • Through public service compact collaborate with partners to create new access points to employment • Development of TTF website completed May 2006 • Quarterly reporting to all partners on progress against key PIs, Annual report to AWM • Publicity event scheduled for Oct 06 • Establish Investment panel • Development of HE&FE partnership with HoB tPCT, UCE, UoB, MBC and LSC to develop educational and employment strategies. • To measure recruitment in the sector by postcode, ethnicity and gender • Birmingham Care Development Agency supporting the private/not for profit market in social care by acting as an infrastructure for basic training needed to ensure quality and meeting regulatory requirements. • Gateway - originally sponsored by SBPCT but now an independent Community Interest Company - easing the way for people to move into health and care jobs and careers with training programmes, placements, para-professional roles etc. • Hodge Hill pilot between BENPCT and JobCentre Plus to support employment for people claiming incapacity benefit 	<ul style="list-style-type: none"> • Not captured in current LAA

Community Safety Partnership

**Health and Wellbeing Executive
Sophia Christie**

Childrens Services Board

**Prison Partnership Board
Sandy Bradbrook**

**Drugs Action Team
Andy Donald**

Directors of Public Health

Health & Care Skills Taskforce (TBC)

**Directors of Commissioning
Rita Simmons**

**HCOP LAA Block
Malcolm Vede**

Joint Info Group (revised BGN)

NRF Male Life Expectancy

NRF Infant Mortality

Safeguarding Adults
(Chris Fearn)
•Single policy
•Process Development
•Training
•Performance Review

Mental Health
(Andy Donald)
• 3 year LDP
•EIS Implementation
•Interface 1^o /2^o
•Interface Health to Social Care
•BEMS
•Local Secure Services
•Joint Commissioning + S31
•3rd Sector

Learning Disabilities
(Lesley Heale)
8 Workstreams
•Assessment Process
•Joint Commissioning Team
•Develop HAF
•Performance Management
•HCC Audit
•Pooled Budget
•SBPCT Residential
•Health Day & Respite services
•Benchmarking of provider models
•Market Development

Older People
(Jon Tomlinson)
•Intermediate Care/ S31
•SAP
•Specialist Care Centres
•Mental Health Strategy Delivery
•Community Equipment / OT
•Assistive Technology
•Reimbursement Grant
•RNCC
•Wellbeing
•Redesign and Enablement
•3rd Sector

Sexual Health
(Tony Ruffell)
•Teenage Pregnancy
•STDs
•PSHE
•HIV
•Primary Care Sexual Health
•Family Planning
•3rd Sector

Children's Commissioning
(Sarah Thomson / Cheryl Hopkins)
•Delivery of CYPP
•OOA Placements
•Specialist Disability Services
•Long term care
•Behaviour Support
•CAMHS level 1&2
•Childrens Fund Migration
•Childrens Centres Sure Start
•3rd Sector