

## Where we are

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Birmingham aspires to be a healthy city, but for many residents poor health is a daily problem, with 20 per cent of the population suffering from a limiting long-term illness. Life expectancy for the city as a whole is below the national average – for women the gap is a year, for men more than two years. Birmingham is one of just seven places in England with significantly high infant mortality.

Health inequalities within Birmingham are even more stark. There is a difference of eight years in life expectancy between the best and worst wards in the city. Death rates for some diseases are higher for certain minority ethnic groups. There are concerns that rising levels of obesity, especially among children and young people, will make worse the general health and health inequalities of the city. There are strong links between poverty and physical and mental ill-health.

Birmingham's acute hospitals are of a high standard – four out of the six hospital trusts serving the city have the highest performance ratings. Most are based in modern and up-to-date buildings – while University Hospital Birmingham is about to undergo major re-development. But improvements in health in the city require a stronger focus on community-based services and on initiatives in public health – for example, action to reduce smoking. This new approach requires changes. People can live healthier lives if helped and encouraged to adopt new lifestyles. Opportunities for healthier living will come through schools and leisure services as well as the NHS. Investment is needed in community-based services to ensure they are up to date and people have good access to services in all parts of the city.

In Birmingham, as elsewhere in the country, approaches to the care of adults need to be modernised, and for those with chronic illnesses, services need to focus on better support and care in their home – not emergency treatment in hospital. Older people and adults with special needs, such as those with mental health problems, need opportunities to stay active and healthy. Assessments of need, when these are required, should enable to people to have more say in their care. To provide more choice, the city needs a wider range of options - from extra support in the home through to specialist services for those needing complex care – than currently exists. More must be done to help the many people – in particular older people – who provide unpaid care for others, and greater recognition given to the role for voluntary organisations in providing support within communities.

Birmingham is an important centre for health and social care. The city has major dental and medical schools, and is the location of the new Institute of Biological Research and the National Medical Research facility. The new University Hospital Birmingham will be the centre of the largest academic and medical complex in Europe, and Birmingham has advantages in medical trials. Research, health service practice and industry can work together to develop new technologies and new business opportunities.

Health and care services in Birmingham also face long-term challenges. Thirty per cent of those working in health and care are over 45, and over the next ten years many will retire. People expect those working in health and care to have up-to-date professional skills, but employers find it difficult to recruit and retain well-qualified staff. A number of initiatives are piloting new ways to recruit and train staff, helping them develop high-level skills.

## Where we want to be

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We see Birmingham as a city where people live longer and enjoy healthy, active and fulfilling lives. We see Birmingham as a place where everyone has a choice and can receive appropriate

and up-to-date care in hospital or close to home from well-trained staff. We see Birmingham as a place where health and care services make major contributions to prosperity and employment.

## **What we will do – Key Actions**

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### **H 1 - Promoting healthy lifestyles**

We will reduce smoking by actions to make Birmingham a smoke-free city. We will encourage people to become more active by making it easier to take exercise. We will encourage healthy eating by promoting better access to balanced diets. Schools in the city will provide healthy meals and structured exercise for all pupils.

### **H 2 - Reducing health inequalities**

Reducing inequalities in health will be a key strand of *Neighbourhood renewal* (see page 14). We will ensure that deprived communities benefit from the promotion of healthy living by customising our approach to their needs. We will extend programmes aimed at tackling specific problems, building on successful community-based models for improving local health.

### **H 3 - A healthy start**

We will reduce infant mortality and improve children's early development by helping parents during and after pregnancy. We will improve access to services across the city for parents and young children and bring together where appropriate the different services that support children and young people to make these more effective in meeting needs (see also *Support for children and parents*, page 25). An early priority will be child and adolescent mental health services. We will continue to reduce the number of teenage pregnancies and to improve support for teenage mothers.

### **H 4 - Modernising adult care and the management of long-term illness**

We will modernise approaches to the care of adults and the management of long-term illnesses. We will ensure that older people and adults with special needs can access the mainstream services that enable them to stay active and healthy. Health and social care services will make joined-up assessments of need based on national good practice. We will enable people to make choices about their care by providing a choice of options - from informed self-management through extra support in the home to integrated services for those with complex needs. There will be help in local communities through voluntary groups to promote the well-being of those with special needs and those who care for them. We will expand the range of suitably designed housing for those needing specific support in their home (see *Supporting vulnerable people*, page 30).

### **H 5 - A centre for health**

We will develop new approaches to recruiting and training health and social care staff, especially among the unemployed. Service providers will work with the city's universities and colleges to modernise working practices and to raise levels of skill in health and social care. Higher education and other research establishments, health service providers and industry will work together to develop new medical technologies and new business opportunities (*Exploiting our knowledge*, page 11).

## **How we will get there**

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The separate implementation framework for this Community Strategy will set out how we will take these actions forward. The Birmingham Health Partnership, which includes all the major health service providers in the city and Birmingham City Council, will oversee the implementation of all aspects of this programme, except aspects of children's health and development which fall within the responsibilities of the Children and Young People's Board. Support from the higher education sector will be led by the University of Birmingham.