Keep The Faith!

Adrian Phillips

A very young city

Average age in Birmingham

39 England & Wales

Of Birmingham population U18

Significantly higher than other core cities

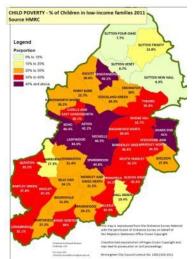
Under 4s in Birmingham

17% increase 2011 Vs 2001

Birth rate per 1,000 population

England Average

17% increase 2011 Vs 2001



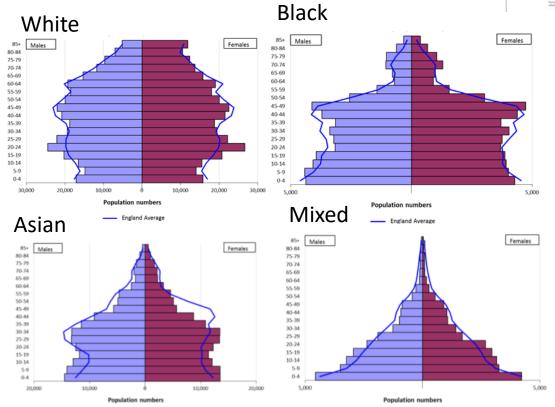
Children living in poverty



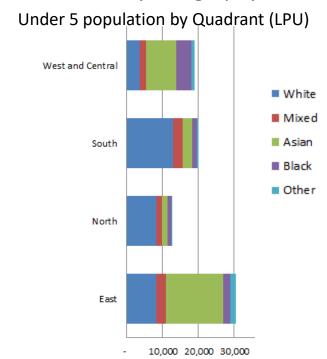


Variation by Ethnicity

England Average



Variation by Geography



Ageing population

19k Aged 85+
in Birmingham
1.8% of Birmingham population

Aged 85+ 2011 Vs 2001



-3% Aged 65-85 2011 Vs 2001

11.1% of Birmingham population

For the 10 most deprived wards Reduced life expectancy -10.8 years Vs city average 76.1 life expectancy -5.9 years Vs city average Source: DoH Health profile 2012

Birmingham

A caring population (UK survey)



There are 6.5m carers in Britain (9m by 2037)

(1 in 9 also work)

Increase in carers since 2001

Given up work to care

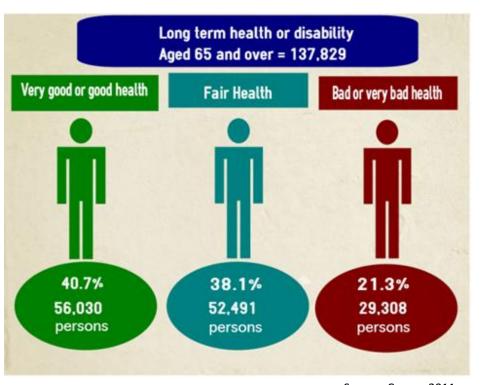
3m Reduced their working hours

£119bn Value of unpaid carers a year

Source: Carers UK

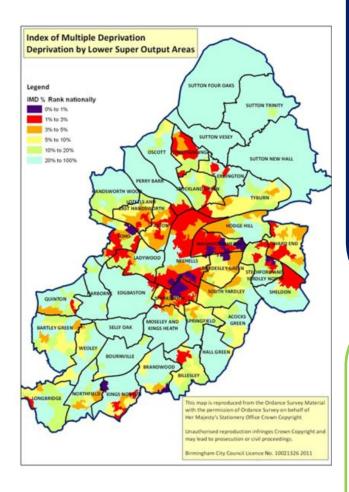
Elderly, infirm & living alone 21% of households with someone with a long term health problem/ disability are one person households aged 65 and over. These are vulnerable older people who are more likely to require support from services such as Social Care/Health.

Source: Census 2011



Source: Census 2011

Deprivation



Deprivation is concentrated in the inner city and east of the city with pockets elsewhere

Prevalence of Birmingham's deprivation

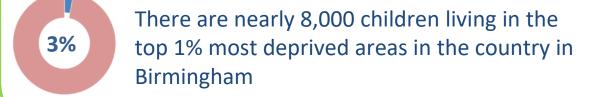




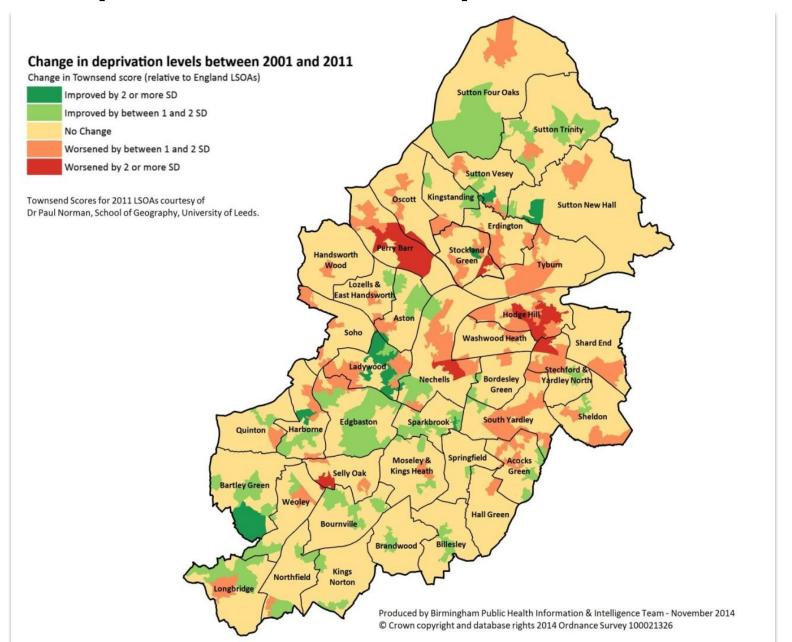


Deprivation and children

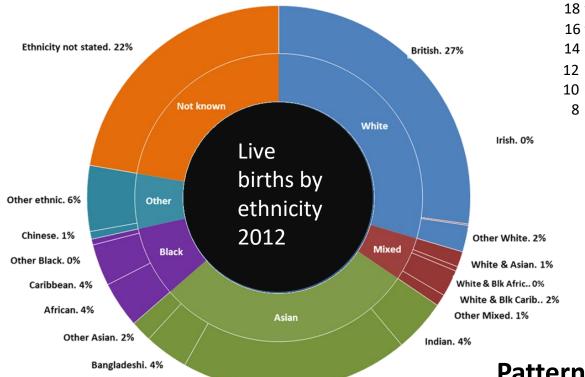




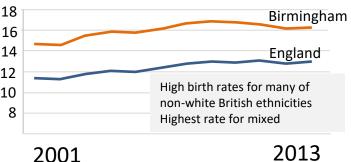
Deprivation Comparison



Increasingly superdiverse.....



Birth rate (per 1,000 population)

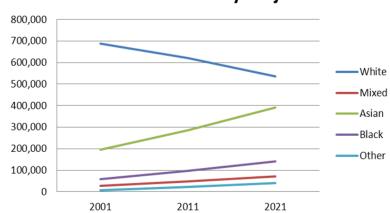


9.6% (103,682) of Birmingham's residents were born outside of the UK and arrived in the UK since 2001.

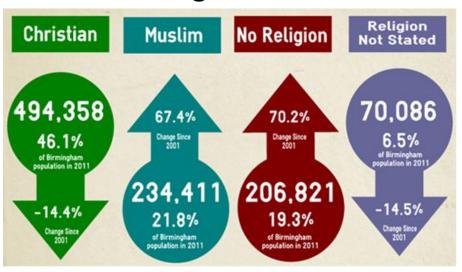
5.1% arrived from outside the UK in the past 5 years. This is significantly higher than regional average (2.9%)

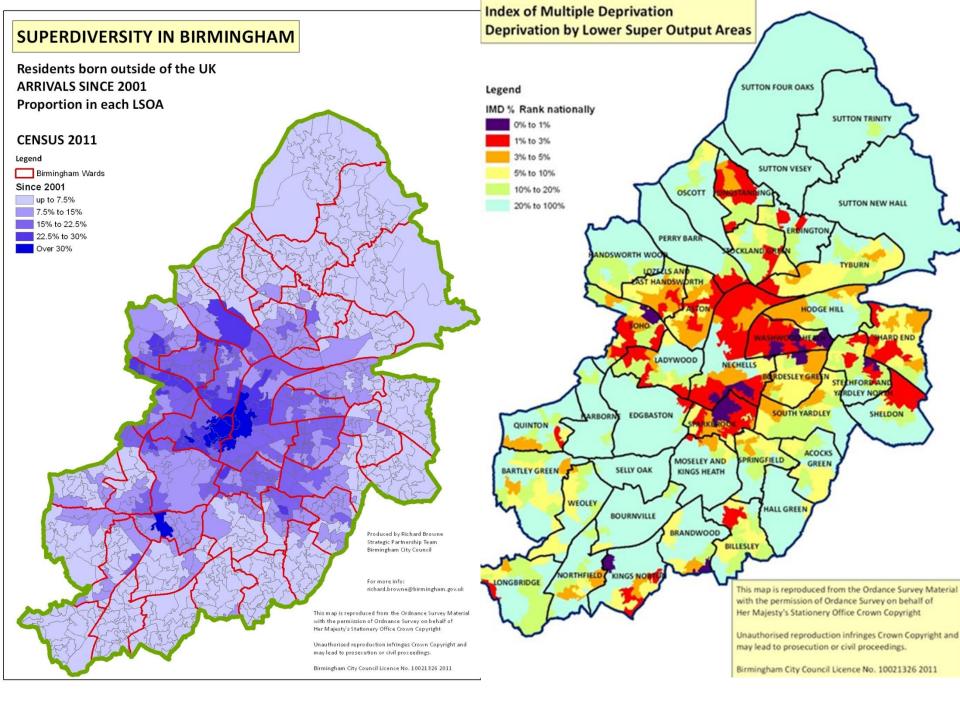
Pakistani. 19%

Census 2021 Ethnicity Projections



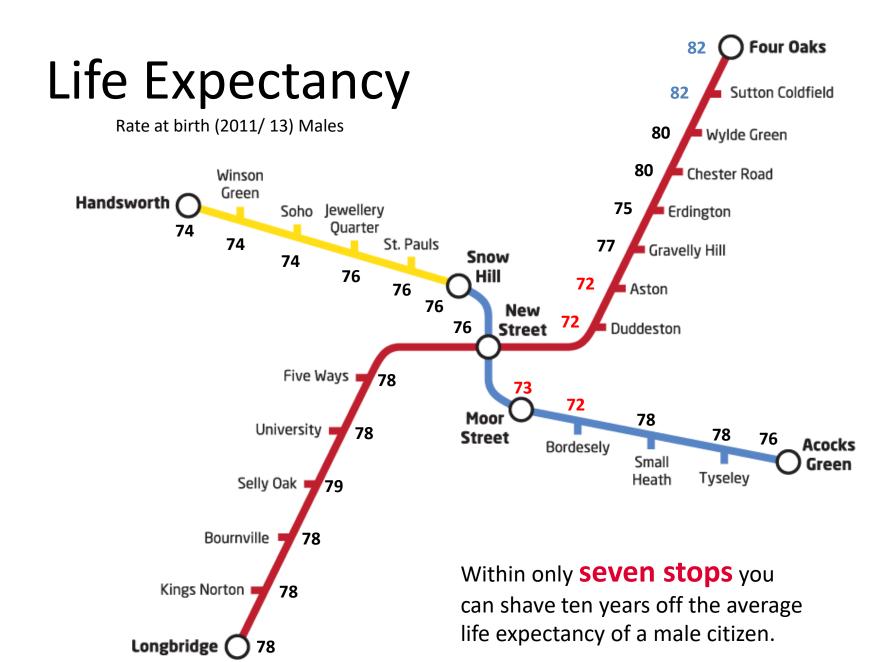
Patterns of Religion





Four Oaks Life Expectancy 83 Sutton Coldfield Rate at birth (2011/13) All Persons **82** Wylde Green 82 Chester Road Winson Green Handsworth **77** Soho Jewellery **Erdington** Quarter **77 77** St. Pauls **79 Gravelly Hill** Snow 77 **78** Hill **76 78** Aston **78** New **76 78** Duddeston Street Five Ways 80 **76 76** Moor **79** University 80 **79** Street 78 Acocks Bordesely Small Green Tyseley Heath Selly Oak 80 Bournville 80 Within only **seven stops** you Kings Norton 80 can shave nine years off the average life expectancy of a citizen.

Longbridge



Life Expectancy Rate at birth (2011/13) Females

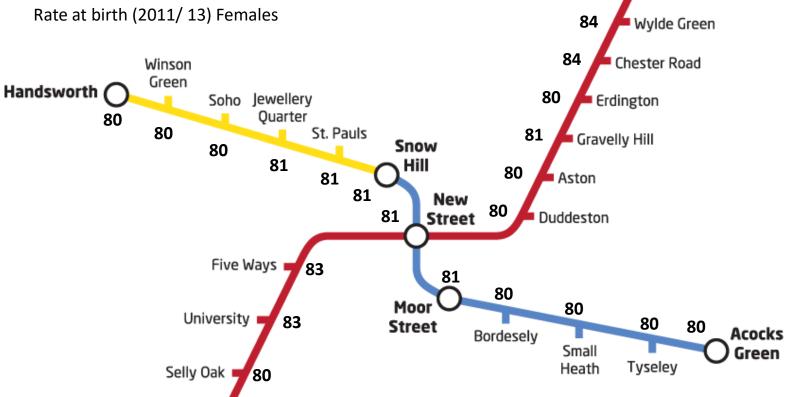
Bournville

Kings Norton

Longbridge

82

82

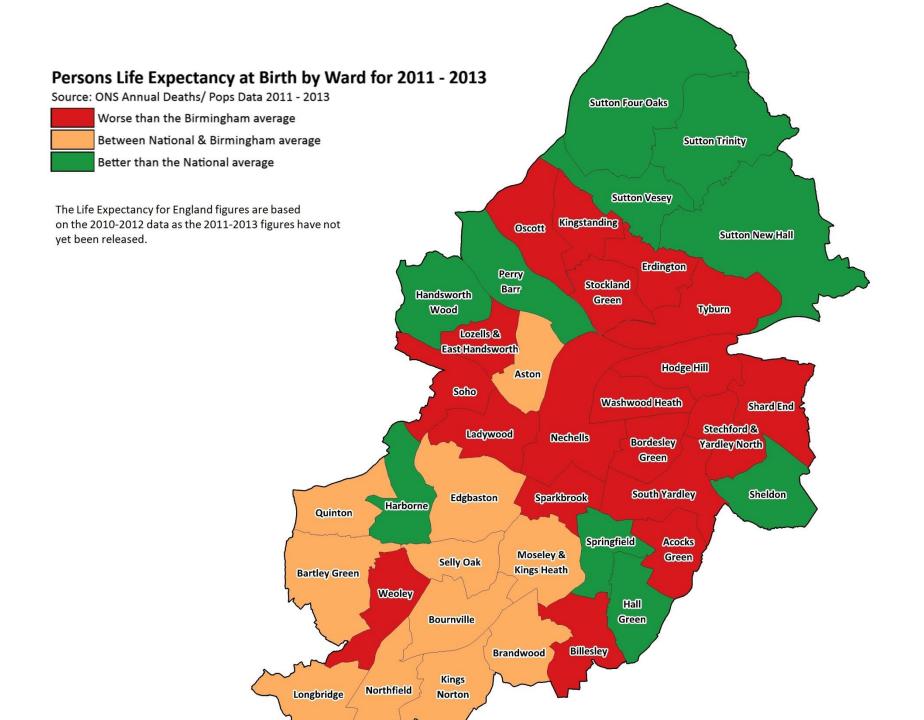


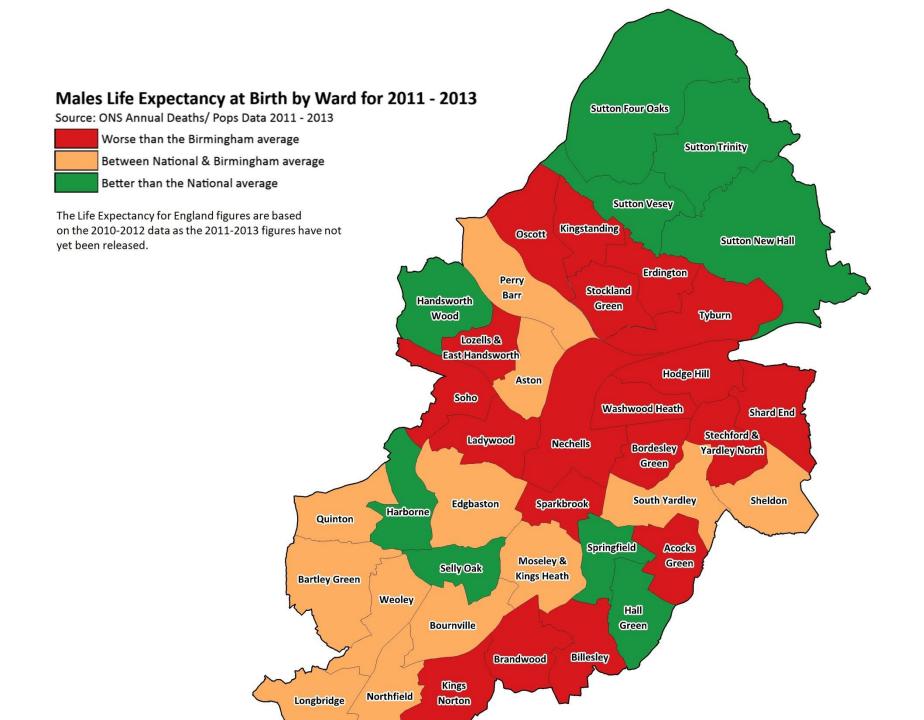
Within **seven stops** you can shave seven years off the average life expectancy of a female citizen.

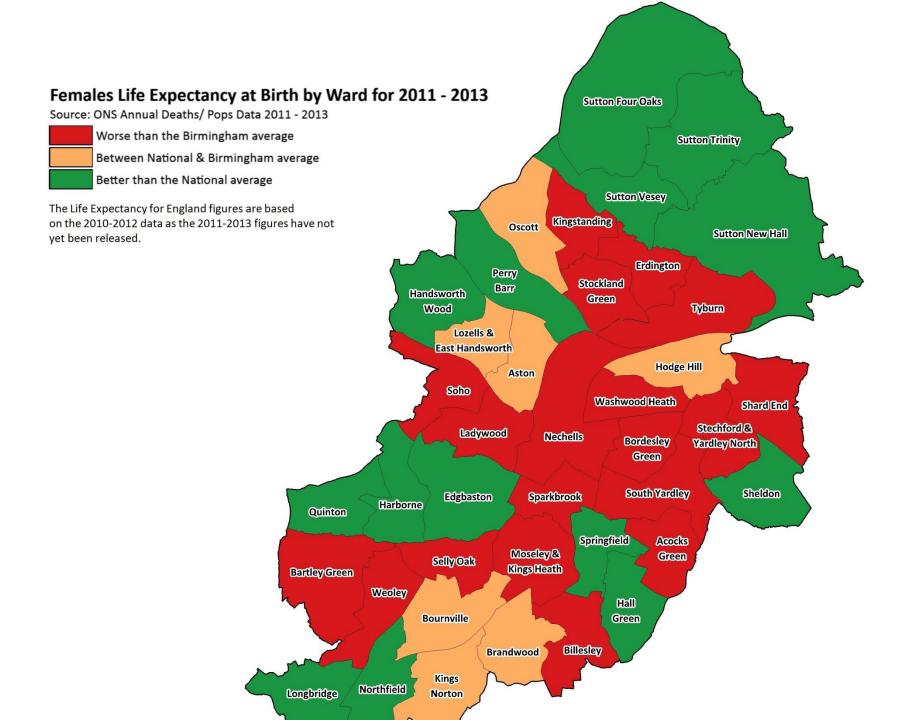
Four Oaks

Sutton Coldfield

84







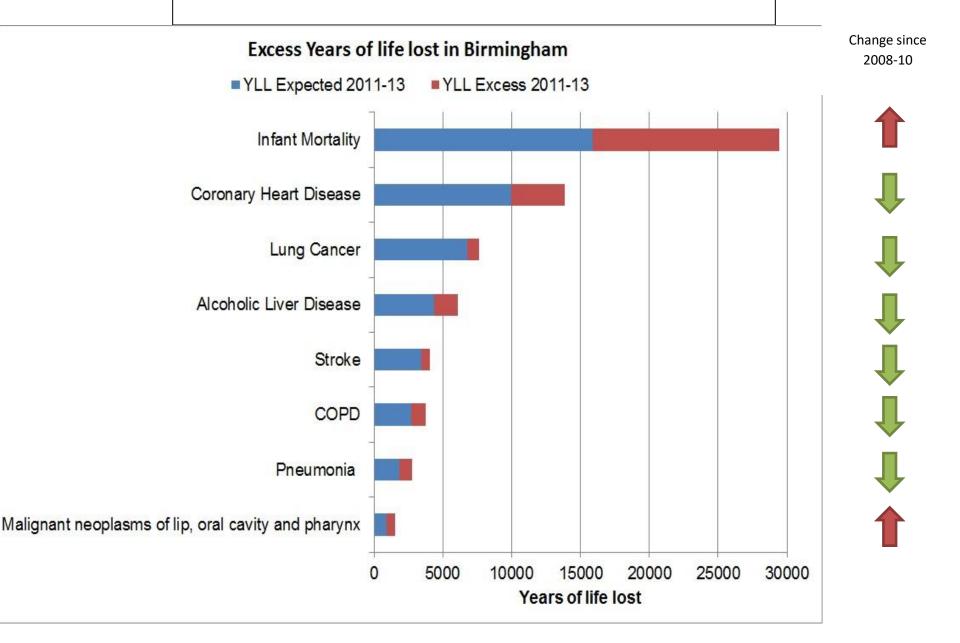
Male Life Expectancy Change by Deprivation Quintile over the Last Decade



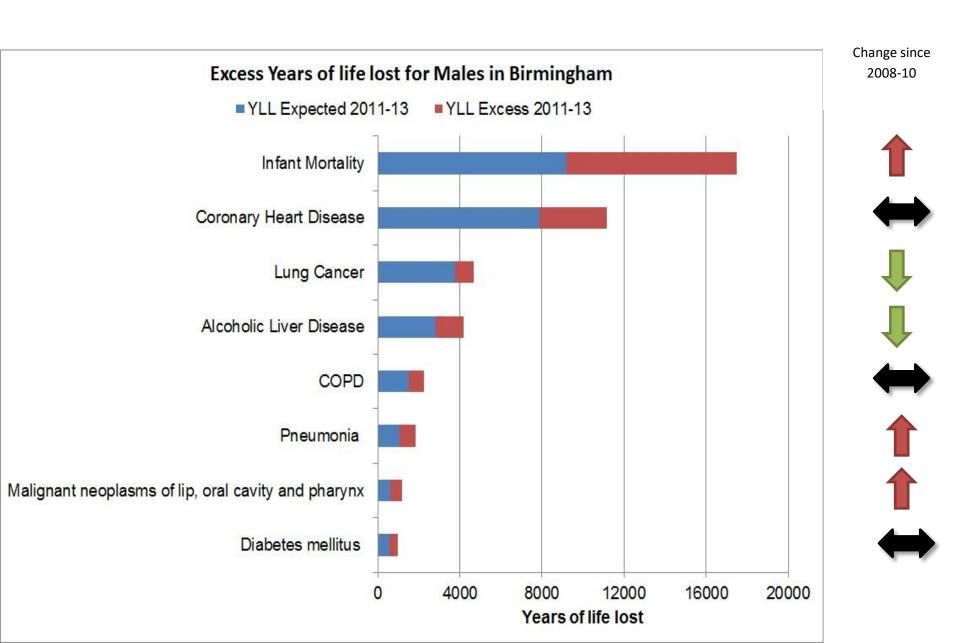
Female Life Expectancy Change by Deprivation Quintile over the Last Decade



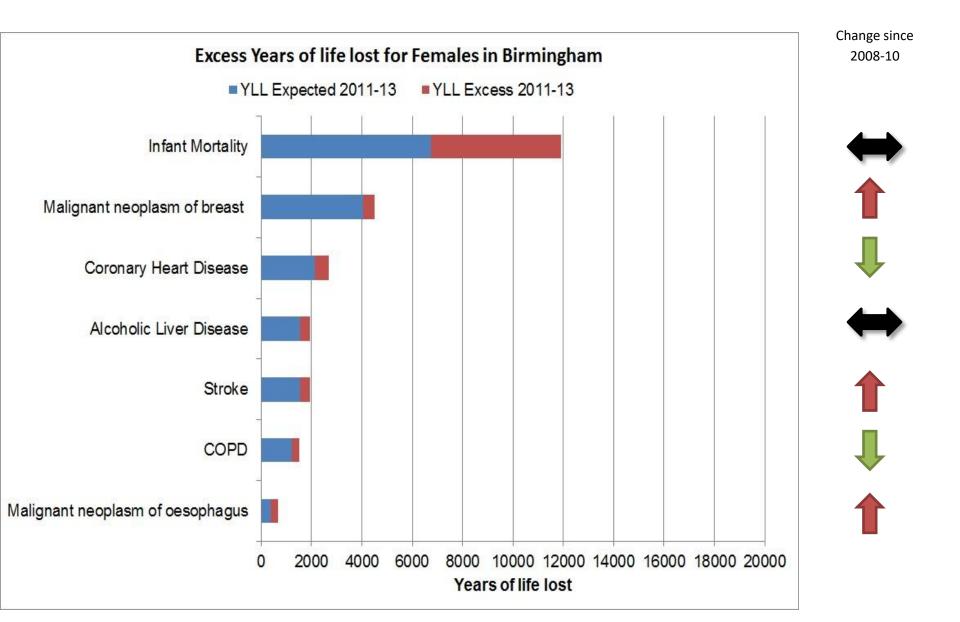
Excess years of life lost in Birmingham



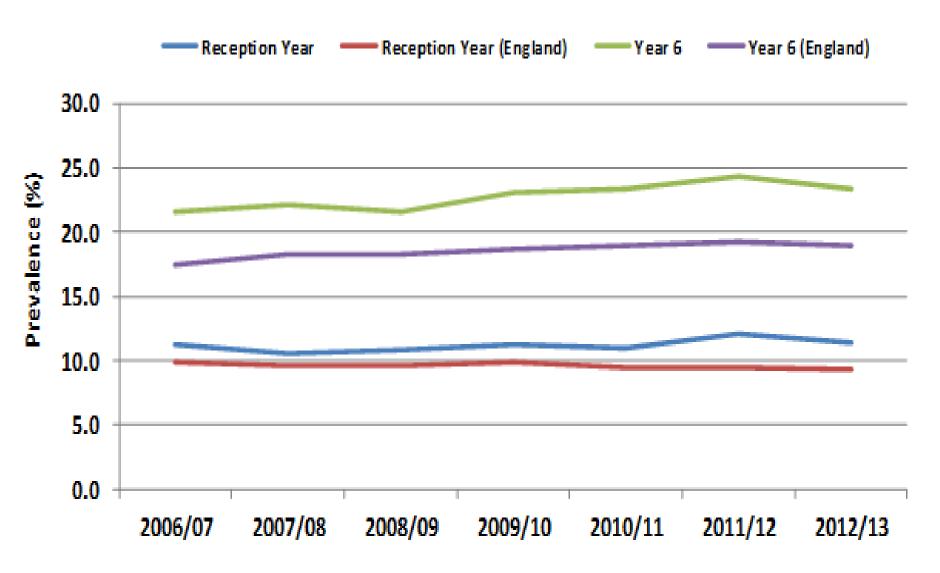
Excess years of life lost for Males in Birmingham



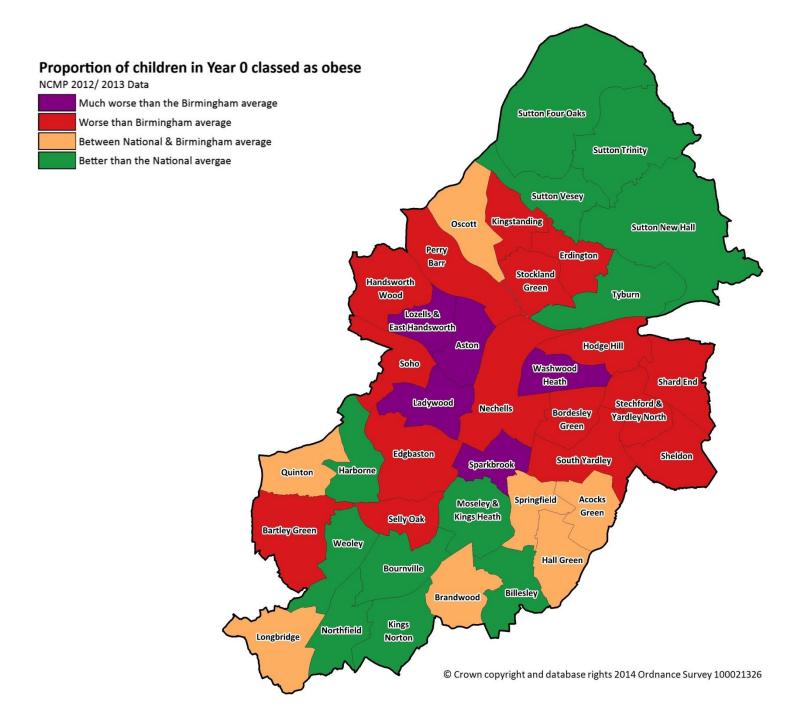
Excess years of life lost for Females in Birmingham

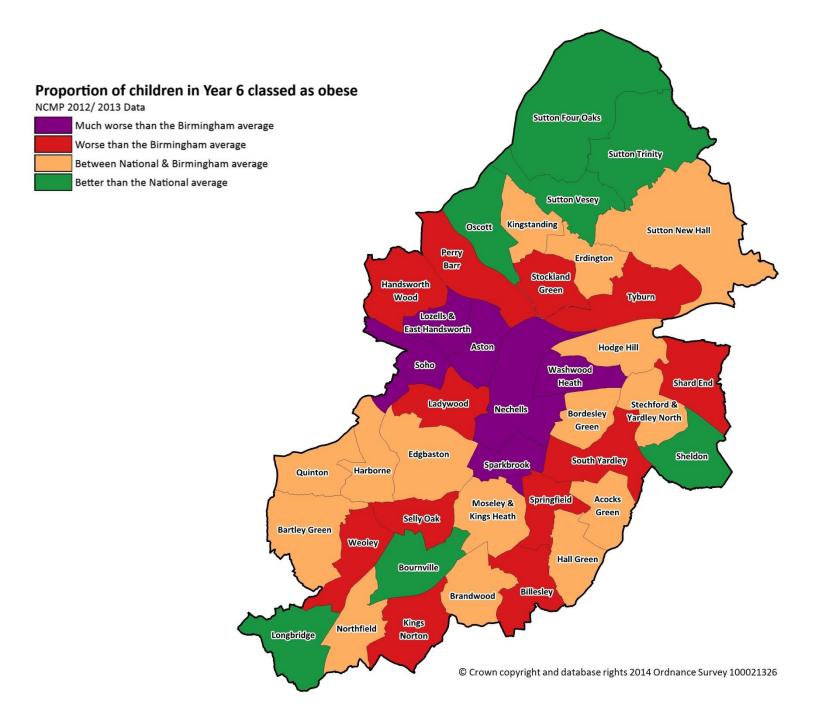


Childhood Obesity Prevalence in Birmingham & England

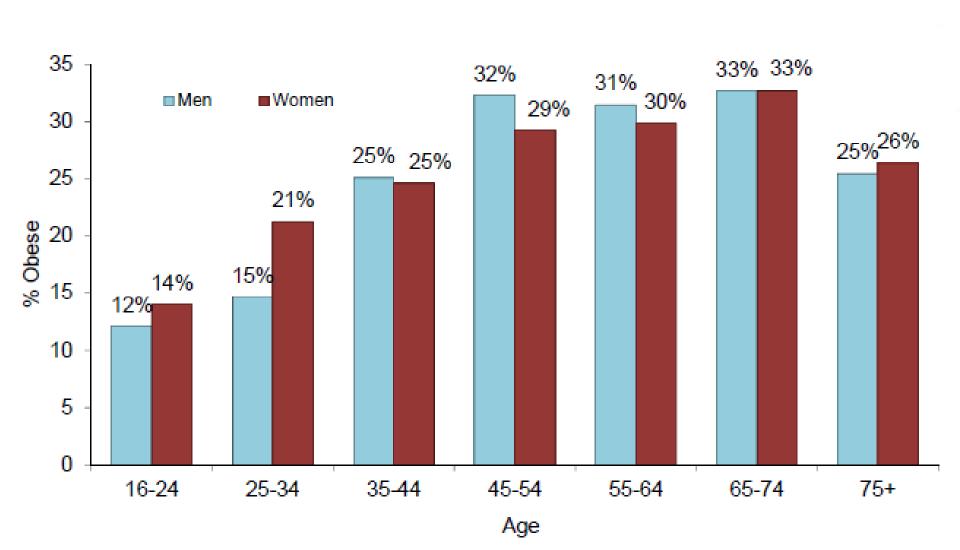


Source: NCMP2006/07 - 2012/13

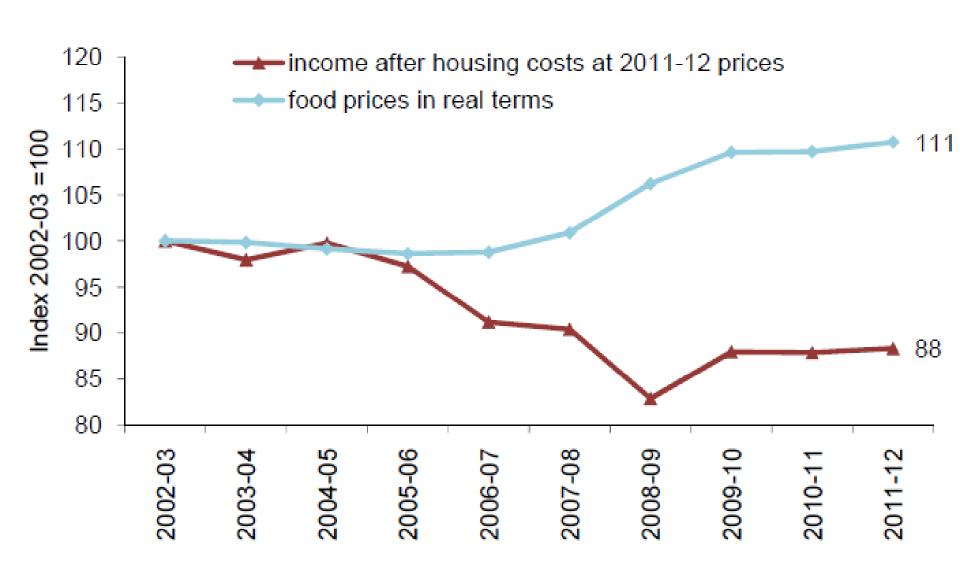




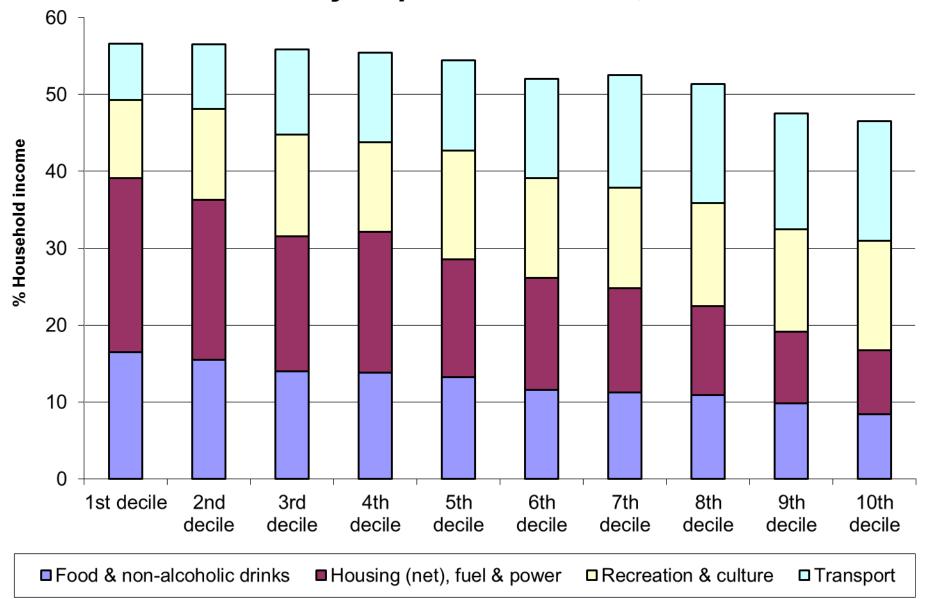
Adult Obesity by Age Group, England 2012



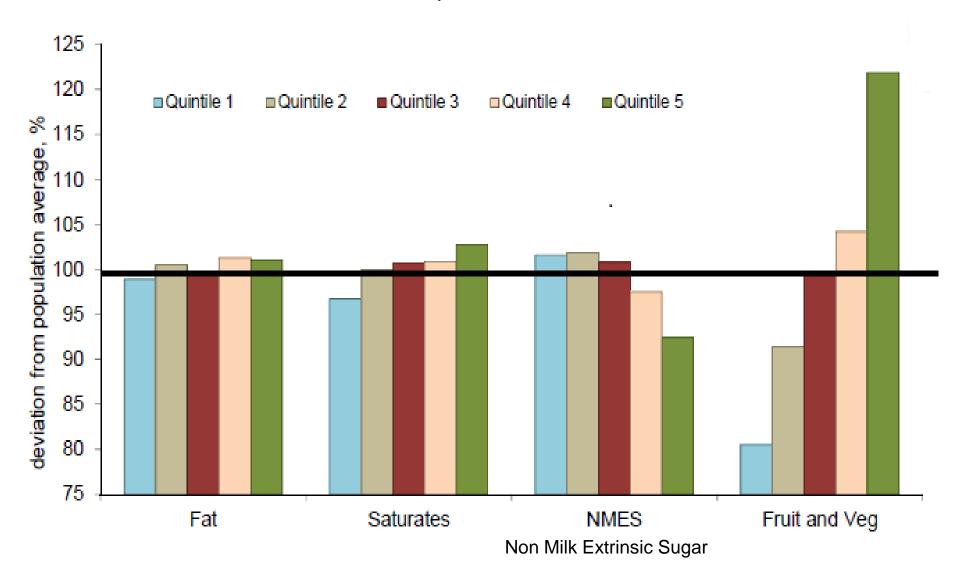
Income and Food Prices 2002 - 2012



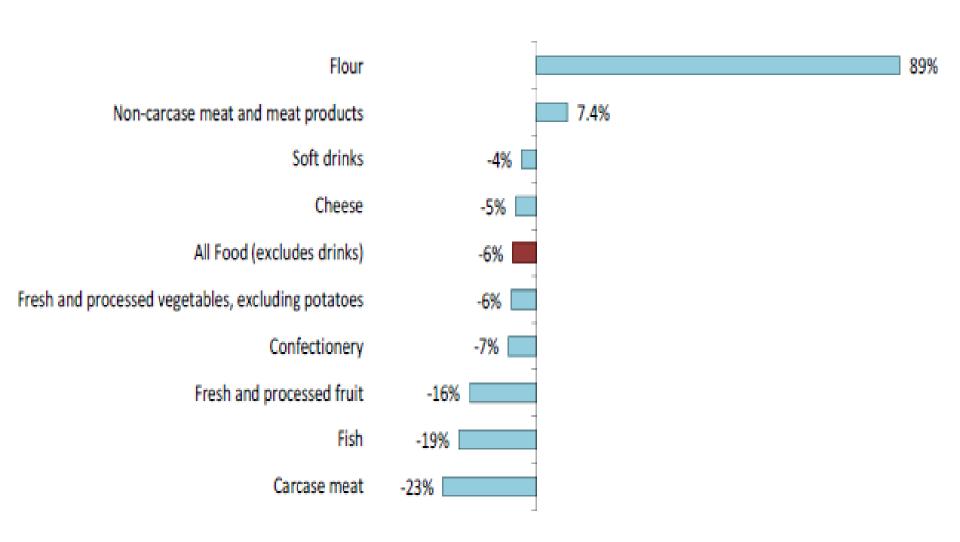




Change in Food Type Intake by Deprivation Quintile



Change in Food Purchases by the Most Disadvantaged Decile 2007 - 2012



Observations

- Obesity increases with age and a third of those over 65 are obese
- Women gain weight earlier than men
- Our diet is over-rich in foods high in fat and sugar
- Food is increasingly expensive
- Food costs account for over 16% of the income of the most disadvantaged but less than 9% of the most advantaged







So..

- Who is your audience?
 - Young, old, specific, general
- Do you look at their problems or what they want to achieve?
 - Deficit or asset
- Local or city and beyond?
 - The audience, energy, and synergy
- Beware unbridled singular growth
- How do you define your "army"?
 - By faith, by deficit, by achievement, by colour, by creed, by geography?

And..

- Be clear on the outcome, what you want to achieve
- Local influence
 - Grow the coalition (around what?) Direct (do yourself) or indirect (getting others to do)
- Maximise the skills within the faith
- Think outside the box (new technology, crowd funding etc)
- Role model, develop new norms

So What Does That Mean?

- Few forces for positive change at the macro level
 - Mobilisation of local assets is key
- "Normal" behaviour is important
 - Food, Activity (5 steps...)
- Key advocates locally and at city level (and beyond)
- Join health and care services and wider social life

And Also...

- Improve Independence
 - Falls, dementia, just getting older...
- Diabetes, Hi BP etc.
- TB
- Combined Authority
 - Troubled Individuals
 - Mental Health

Summary

- Major disadvantage across the city
- Large numbers of (very) vulnerable people
- Heady mix of young, diverse populations, migration
- Significant health challenges (linked to disadvantage)
- Obesity and poverty a major conundrum
 - 1 in 4 children obese at 11
 - Large numbers of free school meals
 - Increasing reliance on food banks
- Role of profit in driving behaviour