

# Public Health Programmes of Work Contributing towards Levelling up.

## Introduction

Levelling Up aims to reduce local disparities and promote equality in economic, social, and health outcomes across the nation. Public health interventions are critical for achieving these goals, as they address the root causes of health inequalities and contribute to overall societal well-being.

Detailed below will be key areas in which public health will contribute to the Levelling Up agenda.

Areas addressed will be:

- Life expectancy: healthy aging app and anticipatory care
- Infant mortality: healthy pregnancy
- Obesity: reception age and year 6 obesity
- Economic wellbeing – Worklessness: preventing and tackling economic inactivity and Sandwell Language network
- Mental wellbeing of children: Wellbeing in vulnerable groups and wellbeing in children with SEND

## Life expectancy:

In 2021, the life expectancy in Sandwell was lower than the national average. For men, the life expectancy was 75.5 years in Sandwell, compared to 78.7 years in England. For women, the life expectancy was 80.4 years in Sandwell, compared to 82.8 years in England. This represents a gap of 3.2 years for men and 2.4 years for women in 2021.

When considering healthy life expectancy (HLE), which measures the average number of years a person is expected to live in good health, the figures are as follows: In Sandwell, HLE for men is 61.6 years, and for women, it's 60.5 years. In comparison, the HLE for men in England is 63.1 years, and for women, it's 63.9 years. This results in a gap of 2.1 years for men and 3.4 years for women, highlighting the difference in healthy years of life between Sandwell and the national average (2018-2020 data).

Upon reviewing Table 1 and Table 2, it becomes evident that the Rowley Regis and Wednesbury have the higher number of wards which exhibit the poorest self-reported health status among residents and the highest proportion of individuals registered as disabled in these wards report high limitations in their daily activities.

**Table 1: Life expectancy by town (ONS Data 2016-2020)**

Town	Men	Women
Oldbury	77.9	82.0
Rowley Regis	77.2	81.9
Smethwick	76.0	80.9
Tipton	74.3	78.7
Wednesbury	75.2	80.3
West Bromwich	77.1	81.9
England	79.5	83.2

**Table 2: Census data on disability and level of health (ONS 2021)**

		Disabled under the Equality Act		Level of Health			% Long-term Sick/
		% with Day-to-day activities limited a lot	% with Day-to-day activities limited a little	% Good or Very Good	% Fair	% Bad or Very Bad	Disabled <sup>1</sup>
West Brom	Charlemont with Grove Vale	7.8	9.7	80.3	14.2	5.5	22.9
	Great Barr with Yew Tree	7.6	8.6	81.4	13.3	5.4	21.4
	Greets Green & Lyng	9.2	8.1	78.7	13.9	7.5	21
	Newton	7.2	8.7	80.9	13.9	5.3	21.5
	Hateley Heath	10.1	9.5	77.8	14.7	7.5	24.1
	West Bromwich Central	9	8.3	77.9	15	7.1	22
Oldbury	Bristnall	9.4	9.7	78.1	14.8	7.1	24.2
	Langley	9.5	10.1	78	14.8	7.1	24.7
	Old Warley	8	10.4	80.1	13.7	6.1	24.4
	Oldbury	7.1	7.6	81.5	13	5.5	19.1
RowleyRegis	Cradley Heath & Old Hill	9.5	10.8	77.3	15.1	7.6	26.6
	Blackheath	10.2	11.1	75.7	17	7.2	28.1
	Tividale	8	9.2	80.4	14	5.6	22.7
	Rowley	8.7	10.6	78.7	14.6	6.7	25.4
Tipton	Great Bridge	9.2	9.4	77.7	14.9	7.4	23.2
	Princes End	9.8	9.8	77.1	15.2	7.7	24.4
	Tipton Green	9.7	9.5	77.8	14.9	7.3	24.1
Smetwick	Abbey	6	9.4	83.4	11.8	4.7	22.3
	Smethwick	8.8	8.4	78.6	14.3	7.1	21
	Soho & Victoria	6.4	6.6	82.4	12	5.6	16
	St. Pauls	7.1	6.9	81.3	13.2	5.6	16.9
Wednesbury	Friar Park	10.4	10.6	76.4	15.6	8.1	26
	Wednesbury North	10.4	9.9	76.9	15.8	7.3	25.7
	Wednesbury South	9.6	9.9	77	15.6	7.4	24.2
OLDBURY		8.5	9.3	79.5	14	6.4	22.9
ROWLEY REGIS		9.1	10.4	78.1	15.1	6.8	25.7
SMETHWICK		7.1	7.6	81.3	12.9	5.8	18.6
TIPTON		9.6	9.6	77.6	15	7.5	23.9
WEDNESBURY		10.1	10.1	76.8	15.7	7.5	25.3
WEST BROMWICH		8.5	8.8	79.3	14.2	6.4	22.2
SANDWELL		8.7	9.2	79.1	14.3	6.6	22.8

**Levelling up work to tackle premature death:**

Public health is progressing two programmes of work, a voluntary sector lead anticipatory care programme and will soon release the healthy Aging app.

**1) Anticipatory care programme:**

SCVO will work with local partners to create an environment where residents have the confidence, capability and support for their health needs within the community this will include:

Holistic Programmes:

1. Wellness programs: Good nutrition and regular exercise can help prevent or manage many health conditions. Programs that promote healthy eating and physical activity, such as community-based fitness classes and healthy meal delivery services, can help older adults stay healthy and reduce the need for medical care.

2. Nutritional support: Proper nutrition is essential to maintaining good health, but some older adults may struggle with preparing meals or accessing healthy food options. The voluntary sector can provide nutrition education, meal delivery, or assistance with grocery shopping to help older adults maintain a healthy diet.
3. Community-building and cultural activities: Social connectedness and a sense of belonging are important for the mental and physical health of older adults. The voluntary sector can provide cultural activities, recreational programs, and community-building events to help older adults stay engaged and connected with others.
4. Respite care and caregiver support: Many older adults are cared for by family members or other unpaid caregivers, who may experience significant stress and burnout. The voluntary sector can provide respite care, counselling, and other support services to help caregivers manage their responsibilities and maintain their own health and well-being.
5. Mental health services: Mental health issues such as depression, anxiety, and dementia can have a significant impact on the quality of life of older adults. The voluntary sector can provide counselling, therapy, and support groups to help older adults manage their mental health.

#### Skilled Voluntary sector

6. Technology training and support: Many older adults may struggle with using technology, which can make it difficult for them to stay connected with family and friends or access online services. The voluntary sector can provide training and support to help older adults become more comfortable with using technology.
7. Advocacy and information services: Navigating the healthcare system can be challenging for older adults and their families. Advocacy and information services can help older adults understand their healthcare options, access the resources they need, and advocate for their rights.

## **2) Healthy aging App**

Health fabric and Sandwell Public health put forward a bid for the Innovate UK fund to build a new platform which is AI enabled self-management app to address health inequalities. This is a multilingual self-management platform, that supports BAME communities as well as the wider Sandwell population to self-manage multiple long-term conditions such as diabetes and hypertension.

Due to launch in the next 6 months, the platform was created as the next iteration of the previous platform from Health Fabric, which won several awards, including those from the HSJ and EHI digital in 2017. The previous app was also fully accredited by the NHS and was available on the NHS apps library.

This platform is being co-created between Sandwell Public health and GP Practices, tested with members of the community from different ethnicities, with support from their families. Initial outcomes included an increase in patient activation measures with 50 patients managing Hypertension, Asthma, Diabetes, COPD, depression, and anxiety. The intent is now to scale this across more than 1000 patients over 2 years with a focus on additional health and wellness themes such as stopping smoking, mental health, ageing well and run alongside health check.

This app has further potential to expand and add other functionality to support residents of sandwell in the longer term once proven to support the health of the community.

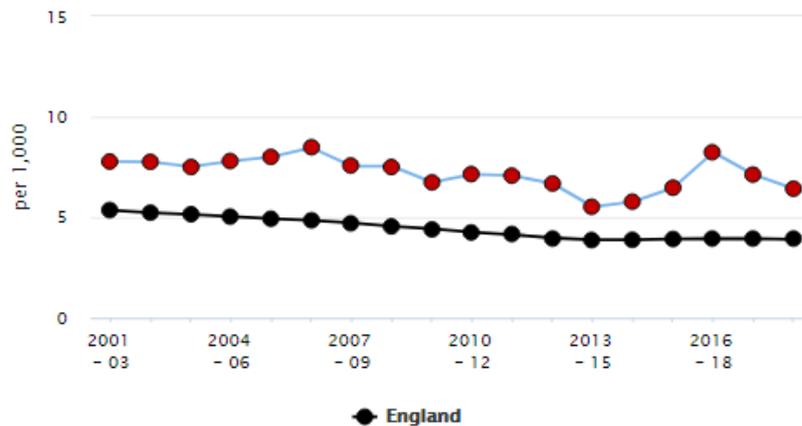
## **Infant mortality**

Infant mortality (Infant deaths under 1 year of age per 1000 live births) is significantly higher for Sandwell than England. Sandwell death are 5.7 per 1,000 live births;

England 3.9; West Midlands 5.6. Deaths during the neonatal period (first 28 days) are the largest contributors to the infant mortality rate.

We currently do not have these data broken down by town.

**Figure 1: Infant Mortality 2001-2021 – two year rolling average (ONS data)**



The Midlands NHS recently completed a report on neonatal mortality stating that the high rates of infant mortality (which includes neonatal mortality), highlighting the modifiable factors of smoking, lack of breast feeding, prematurity, low birth weight, extremes of maternal age at delivery, domestic abuse, congenital anomalies, ethnicity, social deprivation, lack of maternal education, sudden infant death syndrome and infection.

### **Levelling up work to tackle infant mortality**

#### **Healthy Pregnancy service**

The overarching aim of this service is to improve the health and wellbeing of women who are pregnant, helping them enter into and maintain healthier pregnancies and give their children the best possible start in life.

Note that Healthy Start Vitamins are already being distributed universally in sandwell.

The overarching objectives for this services are to;

- Increase the number of women having a smokefree pregnancy
- Increase women being supported by alcohol and substance misuse services.
- Increase initiation of breastfeeding and the number of babies breastfed at 6-8 weeks
- Support women to gain only the appropriate amount of weight during pregnancy
- Increase uptake of Healthy Start Vitamins
- Embed public health and prevention across the maternity pathway – including enhanced support for maternal heart conditions, preeclampsia, diabetes and high risk placental issues.
- Improve planning and preparation for pregnancy
- Improve the transition from midwifery to health visiting
- Reduction in low birth weight babies, preterm, still births and infant mortality.
- Reduce the burden of perinatal mental illness

## Infant mortality deep dive for Sandwell:

In Sandwell, we want to develop an Infant Mortality Reduction Strategy which will explore patterns of need, services available and any gaps/opportunities to do more, the best evidence for programmes for our populations and system-wide recommendations for action.

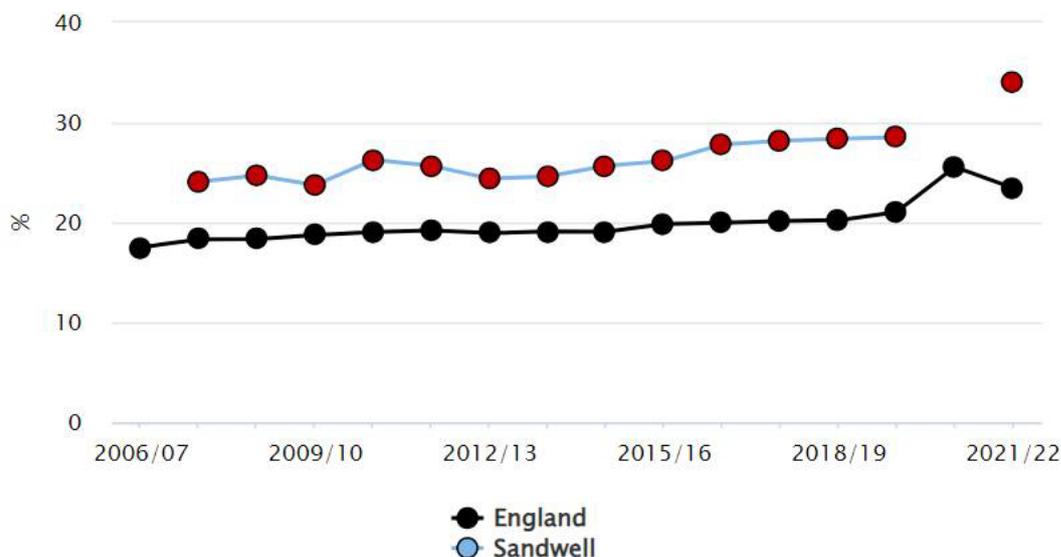
The first part of this work will be to explore patterns of need and service use, drawing on comparable Hospital Episode Data to review where the most need is, and mapping the demographics of when Infant mortality is highest in Sandwell.

This work is being commissioned with the Health Economics Unit and will support our understanding of needs in Sandwell.

## Obesity

Sandwell has the worst childhood obesity in the country at 34% compared to a national average of 23.4. This means we need to bring the number of children who are obesity down by 10%. Children who are obese having a tenfold risk of being an obese adult, there is national concern about the rise of childhood obesity. The risk of obesity in adulthood increases with age, an obese child at 13 is more likely to become an obese adult than an obese 5 year old. The health consequences of childhood obesity include; glucose intolerance, Type 2 diabetes, hypertension, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

**Figure 2: Year 6 Obesity 2006-2022 (NCMP data)**



## Levelling up work to tackle childhood obesity

### Weight loss programme for families.

There are also a number of funded activity programmes across schools encouraging healthy lifestyles including healthy food choices, increasing physical activities such as free swimming and many sporting events to encourage children and young people into sports and activities.

On top of the intensifying of the public health programmes to support those schools which are reporting the highest proportion of overweight children we will embark on a pilot a small programme similar to that of the Better Health pilot programme in Wolverhampton, where by families will be financially incentivised to cook healthy meals, eat healthy meals, take

exercise as a family. the small trial will evaluate what type of nudges families need to remain healthy and what types of incentivisation works.

Birmingham University have offered to evaluate based on their priority to generate evidence into economic impacts on obesity. Plan to interlink with the HDRC bid (should we be successful) for long term evaluation.

## **Economic wellbeing**

There are approximately 216,203 working age adults in Sandwell which is 63.3% of the population (16-64yrs in 2021 – Nomis data) this is the similar to Regional and National proportion at 61.9% and 62.9% respectively. The occupation, health and lifestyles of working age adults impacts their health going into old age, impacting healthy life and life expectancy. These will also influence the lifestyles, habits and occupations of their children.

Of these 68% are economically active (147,400 people), which is lower than the regional and national figures of 77.5% and 78.5% respectively. Of these 63.9% (138,600 people) in Sandwell are in employment, again lower that regional and national figures.

These figures have massively decreased from a peak in March 2021 dropping down to figures seen in 2017 and some of the lowest in 15 years. This does not follow the regional or national trend. This is likely linked to post COVID Furlough measures reducing from July 2021 and coming to an end in September 2021. This could be highlighting that the types of employment in Sandwell were disproportionately affected by COVID due to health, caring needs or employment types.

Economically active decreased by 10% 16,400 over this period and of those economically active, those in employment decreased by 10% 15,500.

The numbers of people who are self employed have increased to just short of the highest rates seen in 2019, but is the highest number on record at 17,900 people, increasing by over 1500 between its low in 2021.

There are a number of benefits to supporting people with long-term conditions and carers responsibilities to work. These benefits include:

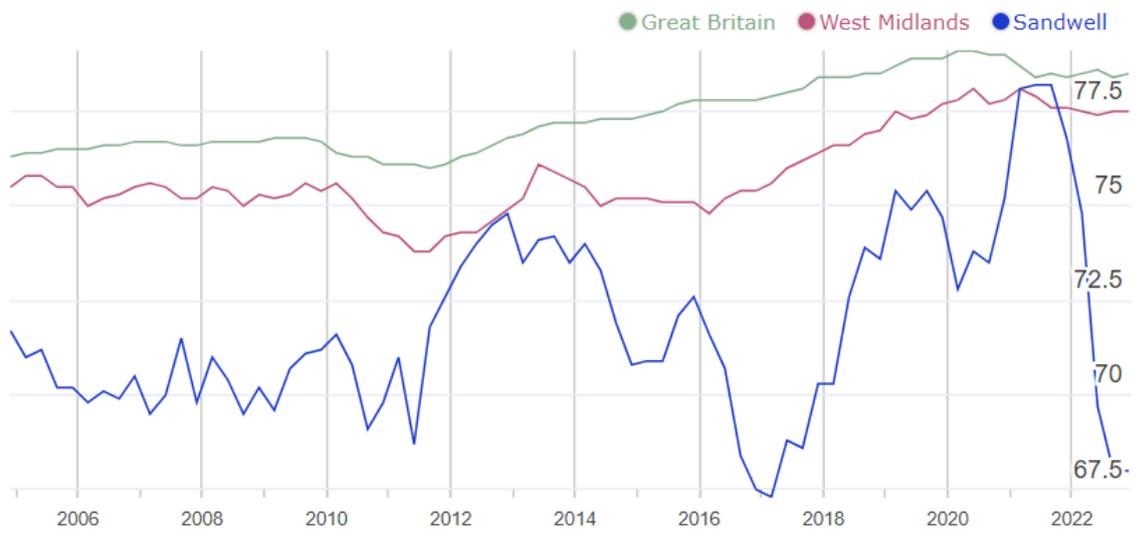
- Increased financial security for individuals and families
- Improved health and well-being for individuals and families
- Reduced social isolation
- Increased productivity in the workplace
- Reduced costs for the healthcare system

There are several challenges to supporting people with long-term conditions and carers responsibilities to work. These challenges include:

- Lack of awareness of the challenges that these people face
- Lack of access to flexible working arrangements
- Unable to flex their universal credit or work and improve their circumstances
- Lack of training and support
- Lack of an inclusive workplace culture

Despite these challenges, there are a number of things that can be done to support people with long-term conditions and carers responsibilities to work. By supporting them to access flexible working arrangements, training and support, and an inclusive workplace culture, we can help these people to achieve their full potential

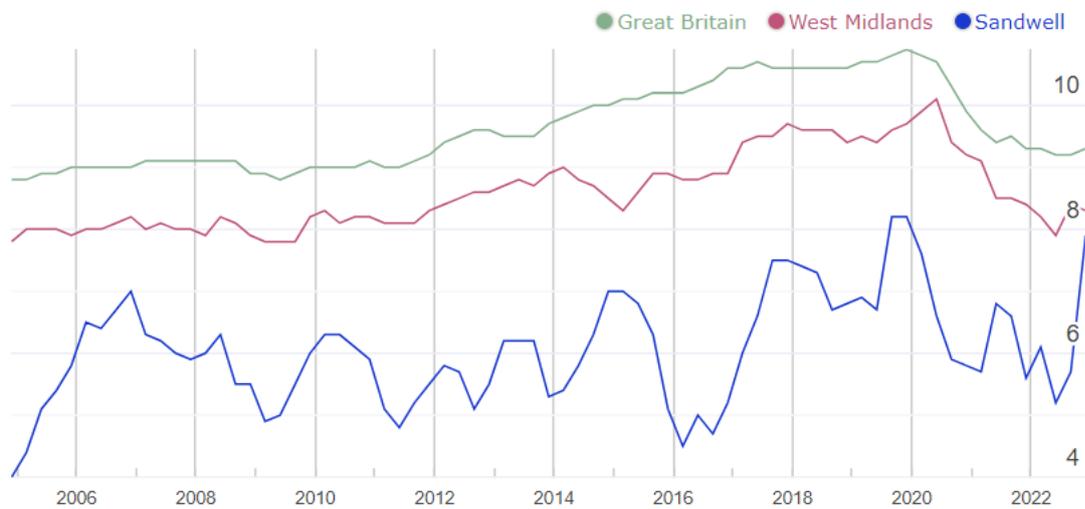
**Figure 3 – Economically active population in employment Dec 2004 – Dec 2022 (Nomis data)**



**Figure 4 –Population in employment Dec 2004 – Dec 2022 (Nomis data)**



**Figure 5 –Population self-employed Dec 2004 – Dec 2022 (Nomis data)**



### **Barriers to work**

Sandwell is home to vibrant, diverse communities and offers a place of welcome for new migrants. In the 2021 Census, almost one in four (23.6%) Sandwell residents were born outside the UK, compared with 1 in 6 nationally. The 2021 Census identified the challenges facing our new migrant communities and established ethnic minority communities with 88% of Sandwell residents who speak English as their main language compared to 92.3% nationally. Of those residents who do not have English as their main language, 24.8% cannot speak English well and 5.5% cannot speak English at all. In 5 wards of Sandwell less than 70% of residents speak English as their main language.

**Table 3: Census data on Country of birth and Household language (ONS 2021)**

		Country of Birth						Household Language			
		UK		EU		Other		All in HH have English as main language		None in HH have English as main language	
				(incl. Ireland)							
		No.	%	No.	%	No.	%	No.	%	No.	%
West Brom	Charlemont with Grove Vale	10,237	80.5	652	5.1	1,823	14.4	4,332	84.6	337	6.6
	Great Barr with Yew Tree	11,088	82.1	439	3.2	1,981	14.6	4,376	85.4	232	4.5
	Greets Green & Lyng	9,422	64	1,270	8.6	4,028	27.5	3,536	67.4	822	15.7
	Newton	9,504	78.3	654	5.4	1,987	16.3	4,124	84.9	295	6.1
	Hateley Heath	11,444	75.7	1,150	7.6	2,526	16.7	4,478	80.3	537	9.6
	West Bromwich Central	9,168	59.4	1,556	10.1	4,702	30.5	3,946	65.4	1,104	18.3
Oldbury	Bristnall	10,261	82	458	3.7	1,790	14.3	4,091	85.9	240	5
	Langley	11,271	80	722	5.1	2,095	14.8	5,036	85.8	394	6.7
	Old Warley	10,699	84.1	590	4.6	1,432	11.3	4,563	89.1	189	3.7
	Oldbury	11,054	70.8	1,064	6.8	3,500	22.4	4,425	75.5	628	10.7
Rowley	Cradley Heath & Old Hill	13,420	89.7	344	2.3	1,202	7.9	5,803	93	153	2.5
	Blackheath	10,818	89.7	362	3	884	7.3	4,791	93	138	2.7
	Tividale	11,223	85.8	567	4.3	1,294	9.8	4,507	88.7	265	5.2
	Rowley	12,414	90.8	375	2.7	888	6.5	5,135	93.7	131	2.4
Tipton	Great Bridge	11,467	79.5	984	6.8	1,974	13.6	4,556	83.5	450	8.2
	Princes End	12,497	88.3	689	4.9	960	6.7	5,122	91.3	252	4.5
	Tipton Green	12,390	79.6	898	5.8	2,272	14.6	4,942	82.3	481	8
Smetwick	Abbey	9,256	75.9	1,166	9.6	1,766	14.5	4,275	83.2	409	8
	Smethwick	9,818	63.5	1,039	6.7	4,607	29.8	3,529	66.1	879	16.5
	Soho & Victoria	9,840	50.1	1,909	9.7	7,886	40.1	3,386	54	1,256	20
	St. Pauls	9,424	56.3	1,021	6.1	6,286	37.6	2,558	51	1,037	20.7
Wednesbury	Friar Park	11,512	90	461	3.6	821	6.5	4,571	92.2	168	3.4
	Wednesbury North	11,469	86.1	523	3.9	1,326	10.2	4,383	87.5	247	4.9
	Wednesbury South	11,515	75.6	916	6	2,796	18.4	4,780	81	519	8.8
<b>OLDBURY</b>		43,285	78.8	2,834	5.2	8,817	16.1	18,115	83.8	1,451	6.7
<b>ROWLEY REGIS</b>		47,875	89	1,648	3.1	4,268	7.8	20,236	92.2	687	3.1
<b>SMETHWICK</b>		38,338	59.9	5,135	8	20,545	32.1	13,748	63.1	3,581	16.4
<b>TIPTON</b>		36,354	82.4	2,571	5.8	5,206	11.8	14,620	85.6	1,183	6.9
<b>WEDNESBURY</b>		34,496	83.4	1,900	4.6	4,943	11.9	13,734	86.6	934	5.9
<b>WEST BROMWICH</b>		60,863	72.8	5,721	6.8	17,047	20.4	24,792	77.6	3,327	10.4
<b>SANDWELL</b>		261,213	76.4	19,806	5.8	60,814	17.7	105,246	80.8	11,164	8.6

### Levelling up work to tackle economic inactivity

#### Worklessness review:

Sandwell really need to understand what has happened since COVID regarding the workforce. There has been a massive number who have become economically inactive as a council we need to understand why and how to best support these resident either to ensure they have the full support to understand what they are eligible for or to help them return to work.

As part of a Health Determinants Research collaboration, we intend to undertake a series of research consultation to better understand what happened between summer 2021 up to now and what has happened within our economically inactive population.

### **Sandwell Language Network:**

The need to improve health literacy within our ethnic minority communities and the demand for community language learning is increasing. To prevent a gap in this provision Public Health Commission the Sandwell Language Network (SLN).

SLN aims to tackle health and economic inequalities, reduce isolation, and promote community cohesion through language learning. SLN contributes to achieving our strategic outcomes, building resilient communities in which people live well and children have the best start to life. SLN works in partnership with our community and wider health system to build resilience in our ethnic minority communities and deliver a positive impact on health outcomes.

The current 2022-23 programme has seen great achievement and we look to increase these as the programme grows.

- 524 learners on the programme, representing 19 ethnicities, 53 nationalities and 39 different main languages
- 75 local volunteers recruited and trained
- 64% of participants in receipt of benefits, unemployed, or from low socio-economic backgrounds
- 88% of learners achieved progression and/or take up of additional support services
- 92 learners into formal education
- 184 moved into other informal learning such as digital
- 26 SLN learners into work

### **Mental wellbeing of children**

The mental health of children and young people has been an area of focus for some time, however since the COVID pandemic, there have been numerous studies and reports of the general mental health of most children and young people further declining and numbers of children missing school, needing intensive support or reaching crisis is the highest it has ever been<sup>1, 2, 3</sup>.

Children being mentally unwell in childhood, will likely impact school attainment and has the potential to impact their life trajectory, affecting wellbeing and productivity of the resident population of Sandwell as a whole. Anxious and mentally unwell children will become the anxious and mentally unwell adult population; our anxious and unwell parents and workforce.

For Sandwell to become prosperous, the children who become young adults need to achieve in school or work placement, and be supported to develop wider skills and aspirations, leading to being healthy both physically and mentally. To enable Sandwell as a community to nurture these aspiring young adults, there needs to be good quality support and enabling environments against risk factors

**Estimated probable mental disorders:** Mental health of children were measured in 2021 and compared to 2017 (table 4). It was found that probable mental disorders (such as Depression, anxiety disorders, obsessive compulsive disorders, bipolar disorders, PTSD, personality disorders and schizophrenia) had increased from 1 in 9 to 1 in 6. When applied

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<sup>1</sup> <https://www.childrensociety.org.uk/what-we-do/our-work/well-being/mental-health-statistics>

<sup>2</sup> <https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/>

<sup>3</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/children-and-young-people-s-mental-health>

to the population of Sandwell, we would expect to see 10,905 children in Sandwell with probable mental disorders (8913 aged 6-16yrs and 1992 aged 17-19 years)

**Reported decline in mental health:** The experience of mental health decline was measured with 39.2% of 6-16yr olds reporting a decline, 52.5% of 17-23yr olds (table 3). However, 21.8% and 15.2% also reported an improvement respectively. From this we can project that 36,657 children experienced a decline in mental health.

**Crude estimates of levels of need:** Based on the thrive model, Image 1, we can create some crude estimates, therefore that 42,000 children are within “Thriving”, 36,657 may be “Getting Advice” around the decline in mental health or moving all children within this group is moving between thriving and getting advice. A total of 10,905 children maybe moving between the levels of “Getting help”, “Getting more help” and “Risk support”.

**Possible eating problems:** The mental health of children report also estimated that around 10,167 have possible eating problems (table 4).

#### Probable Mental Disorders

Assessed against completion of the Strengths and Difficulties Questionnaire (SDQ), the rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021<sup>4</sup>.

**Table 4: Projected numbers of children with mental disorders**

	2017 pop'n	2017%	Est No. with probable mental disorder	2020 pop'n	2020 %	Est No. with probable mental disorder	Change
<b>6-16yrs old</b>	77,485	11.6	6139.2	78,179	17.4	8913.3	2774.1
<b>17-19yrs</b>	11,383	10.1	1149.7	11,449	17.4	1992.1	842.4
<b>Total</b>	88,868		7288.9	89,628		10,905	3616.5

#### Reported decline in mental health

39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 to 23 year olds, 52.5% experienced deterioration, and 15.2% experienced improvement.

**Table 5: Projected numbers of children experiencing deterioration in mental health**

	2020 pop'n	2020 %	Est No. experiencing deterioration
<b>6-16yrs</b>	78,179	39.2	30,646
<b>17-19yrs</b>	11,449	52.5	6,011
<b>Total</b>	89,628		36,657

#### Possible eating problems

<sup>4</sup> Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey, Sept 2021

The proportion of children and young people with possible eating problems increased since 2017; from 6.7% to 13.0% in 11 to 16 year olds, and from 44.6% to 58.2% in 17 to 19 year olds.

**Table 6: Projected numbers of children with eating problems**

	2017 pop'n	2017 %	Est No. with eating problem	2020 pop'n	2020 %	Est No. with eating problem	Change
<b>11-16yrs old</b>	24,561	6.7	1645.6	26,953	13.0	3503.9	1858.3
<b>17-19yrs</b>	11,383	44.6	5076.8	11,449	58.2	6663.3	1586.5
<b>Total</b>	35,944		6722.4	38,402		10167.2	3444.8

**Levelling up work to tackle poor mental wellbeing:**

**Grants to support Mental wellbeing of children with highest need.**

The aim is to target groups not covered in wider CYP mental health programmes. in Sandwell to access support that enables them to address challenges with their emotional well-being and mental health which develop personal strategies that build confidence and resilience. To target those children and young people who are identified as requiring the additional support or access to specialist services where such support is currently not provided

This is in four areas;

- Black Boys (linking in with the Youth Justice),
- 16-25-year olds
- Family support – supporting and understanding emotional wellbeing and Mental health (Pilot)
- Children with SEND Needs

This programme, led by SCVO, on behalf of the wider Early Help Partnership (EHP), Public Health and the ICB, will focus on engagement with children, young people and families targeted primarily through education settings, however, this also includes those who are not within education such as on roll, home educated or access alternative provision or the Justice system.

**For special schools** - grants have been awarded for supporting children in these settings and to create training packages. These are being launched in Westminster school in 2022/23.