FAIRER FUTURES FUND: SOUTH LOCALITY BUSINESS PLAN

Transforming Health and Wellbeing in South Birmingham

June 2025

gateway Family Services CIC

Birmingham ageUK

Birmingham and Solihull Integrated Care System
Caring about healthier lives

NORTHFIELD Community Partnership

Birmingham City Council

EXECUTIVE SUMMARY

Who We Are: This business plan is a collaborative effort by Age UK Birmingham and Sandwell, Gateway Family Services, and Northfield Community Partnership—three trusted community anchors in South Birmingham. Together, we lead preventative health and wellbeing initiatives across the Edgbaston and Northfield constituencies, serving over 208,000 residents.

What We Do: With a proven track record in delivering impactful programs—like Early Help, Neighbourhood Network Schemes, and digital literacy projects—we've united to tackle health inequalities through the Fairer Futures Fund (FFF).

Our Vision: By targeting four key health priorities—Smoking, Mental Health, Ageing Better, and Cardiovascular Health—we aim to reduce disparities, empower communities, and improve lives across South Birmingham.

Why It Matters: Backed by public health data, community insights, and professional expertise, this plan ensures relevant, high-impact investments that align with Birmingham's broader health goals.

1. INTRODUCTION

Alignment with FFF Goals

This plan outlines the strategic health priorities of the South Birmingham Delivery Partnership (LDP) under the Fairer Futures Fund. Developed by our three Voluntary, Community, and Faith Sector (VCFSE) leads—Age UK, Gateway, and NCP—and approved by the LDP and FFF Programme Board, it sets the stage for transformative interventions in South Birmingham.

Alignment with FFF Goals

Our work supports the FFF's overarching priorities:

- Children & Young People (5+)
- Mental Health & Wellbeing
- Healthy Ageing (e.g., reducing falls in adults 65+)
- Cardiovascular Health
- Respiratory Health

Through data-driven analysis and community co-production, we've tailored these priorities to the unique needs of South Birmingham.

2. LOCALITY BACKGROUND

Setting the Scene

Locality	Population in 10% Most Deprived	% of Locality Population
Central	68,484	30.6%
East	148,639	61.2%
North	65,887	33.6%
South	67,976	32.0%
West	136,078	51.2%

To establish priorities, we analysed data from Public Health, the Birmingham Observatory, and ward plans, revealing:

- **Socio-Economic Inequalities: Most health issues in the South Locality stem from deprivation. Birmingham ranks as England's third most deprived city, with 43% of its population in high-deprivation zones. The South Locality reflects this, with 32% in the 10% most deprived decile nationally (see table above).**

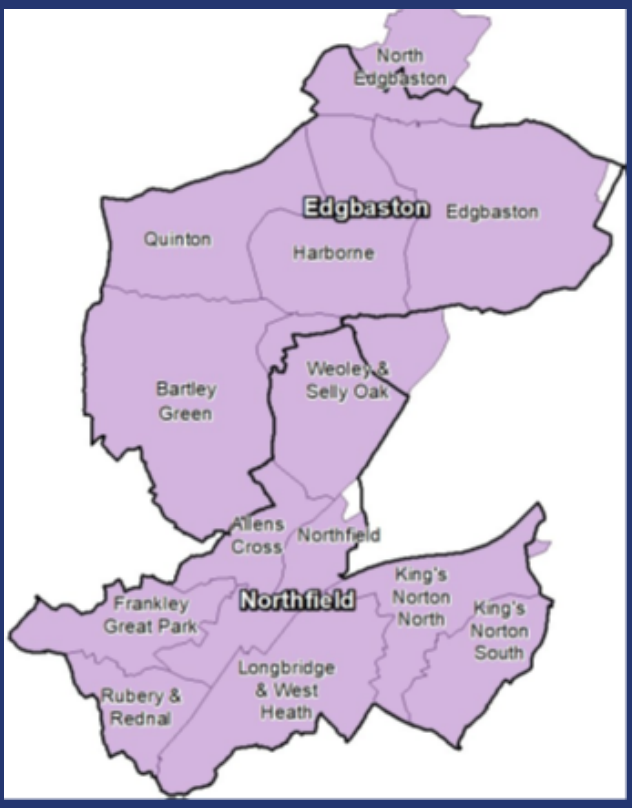
- **Pockets of Need: Two Northfield wards rank in the top 25% most deprived in the UK, and 33% of Northfield children live in poverty.**

- **Ethnic Inequalities: Birmingham's diversity (22.5% global majority in South Locality vs. 42% city-wide) is set to make it a majority-minority city within a decade, influencing health disparities.**

- **Geographical Disparities: Health varies by ward—e.g., breast cancer incidence in Rubery and Rednal is 2.8x higher than in Lozells. The South Locality has some of Birmingham's widest geographical inequalities.**

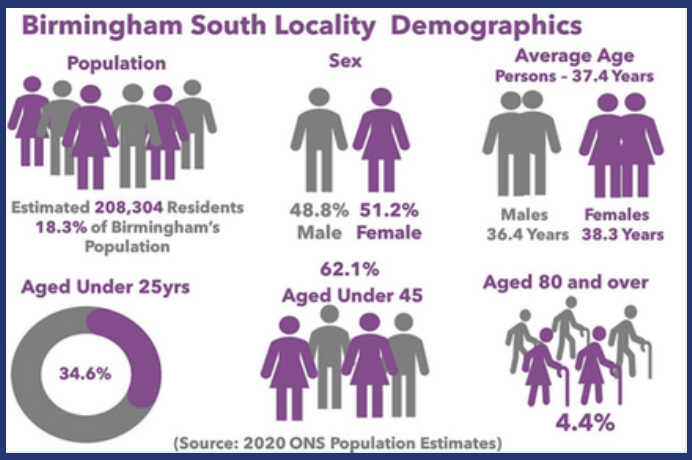
3. LOCALITY PROFILE

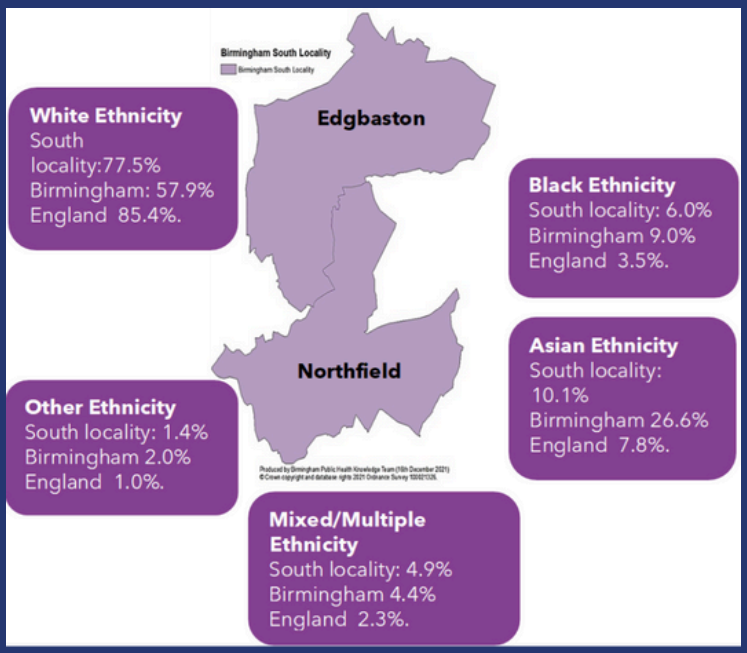
South Birmingham at a Glance



- Population: 208,000 (~18% of Birmingham's 1.15M, 2022 Health Profiles)
- Area: Edgbaston and Northfield constituencies, 13 wards
- Age: Nearly two-thirds under 45
- Ethnicity: 22.5% from global majority backgrounds (2011 Census); 16% of Birmingham's migrant population registered at South Locality GP practices
- Employment: Post-pandemic drop below Birmingham's 64% average—Northfield at 13.9% unemployment, Edgbaston at 7.2%
- Education: 26% of South Locality residents have no qualifications (vs. 28% city-wide)

3. LOCALITY PROFILE





Key Challenges

- Deprivation: Birmingham ranks as England's third most deprived city, with South Locality hotspots like Northfield in the top 25% nationally.
- Health Inequalities: Socio-economic gaps drive poorer health outcomes, e.g., breast cancer rates in Rubery and Rednal are 2.8x higher than in Lozells.
- Employment: Post-pandemic rates dropped below Birmingham's 64% average, with Northfield at 13.9% unemployment.

4.HEALTH NEEDS ANALYSIS

Life Expectancy

- Birmingham: 77.8 years (men), 82.3 years (women)—below England's average
- South Locality: Slightly higher than city average but with 217 preventable deaths per 100,000 (2017-2019), ranking third among localities

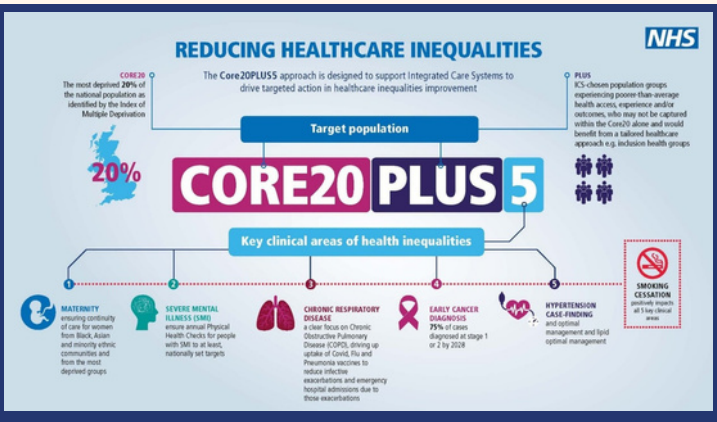
Causes of Mortality

- Edgbaston: Infant mortality drives 46% of excess life years lost
- Northfield: Cardiovascular disease is the leading cause (5.5% excess life years lost)

Health Profile Data

Using BCC 2022 South Locality Profiles, BSol ICB's 10-Year Strategy, and NHS England's Core20Plus5 framework, we identified:

- Cardiovascular Disease: High prevalence and emergency admissions
- Smoking: High rates, linked to COPD and cancer mortality
- Mental Health: Elevated self-harm and suicide rates
- Ageing Well: High falls and low dementia diagnosis rates in 65+



along with the Core 20 Plus5 Framework, an approach devised by NHS England to reduce Health Inequalities. This approach allowed the LDP and wider partnership within the South Locality to examine health data linked to the above key clinical areas as well as reviewing qualitative data and feedback obtained through consultative and co-production processes to agree final priorities (as detailed in Section 5 and 6)

4.1 CARDIOVASCULAR DISEASE

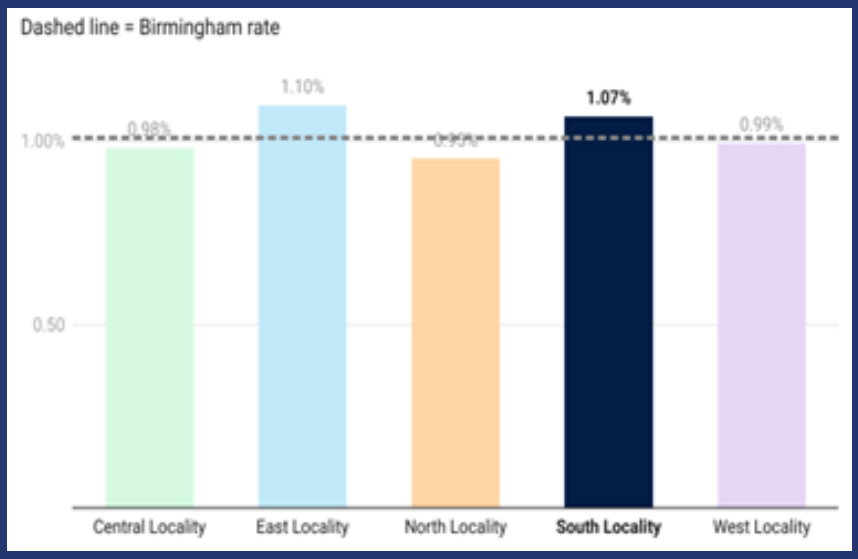


Table 1 - Prevalence of Cardiovascular Disease in South Locality

Prevalence of Cardiovascular Disease stands at one of the highest levels across the city, only surpassed by rates in the East Locality.

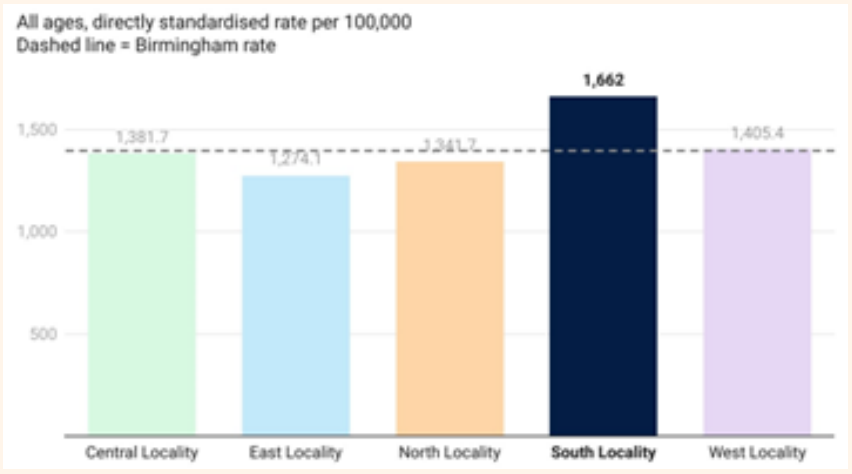


Table 2 – Emergency Hospital Admissions for Cardiovascular disease

Whilst CVD rates stand at a similar rate to those within the East Locality, emergebcy admissions for CVD related issues are much higher within the South Locality. The only locality that stands above the Birmingham average.

4.2 SMOKING AND SMOKING RELATED ISSUES

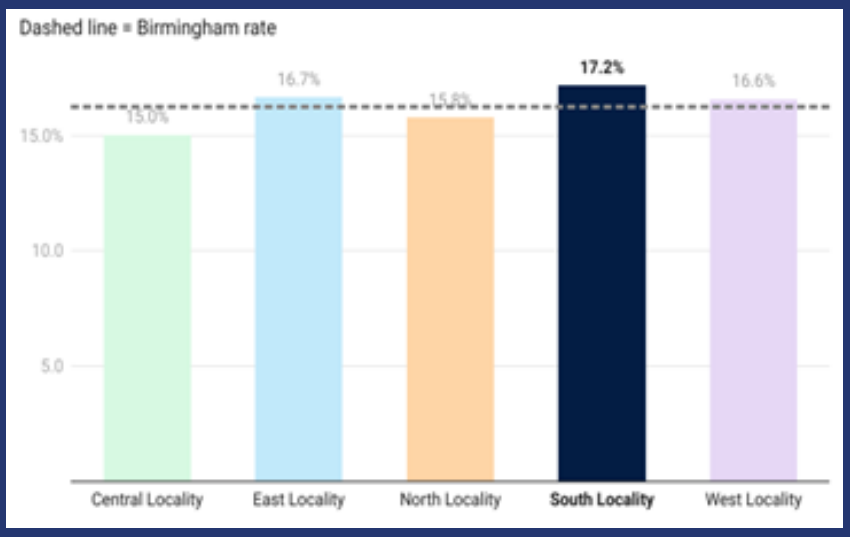


Table 3 – Smoking rates in the South Locality

Smoking has been linked to many illnesses including COPD, CVD and asthma as well as many forms of cancer. The South locality has the highest level of prevalence in Birmingham with 17.2% of the population estimated to be smokers.

Table 4 – emergency hospital admissions for COPD

Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) are second highest for the South Locality and above the Birmingham average. COPD is closely linked with smoking.

Table 5 – Cancer Mortality (all causes)

During 2019/2020, the South locality was estimated to have around 2.4% of it's population on the cancer register. Whilst this figure accounts for all cancers, it is worth noting the link to high rates of smoking.

4.3 – MENTAL HEALTH

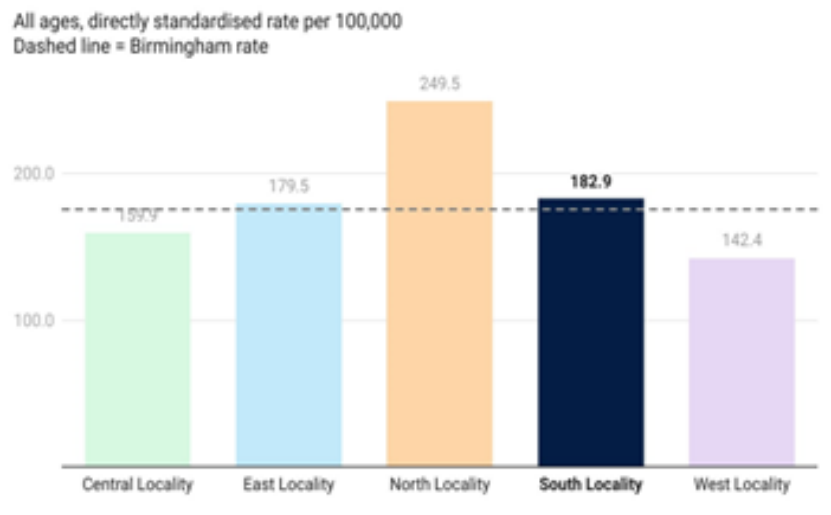


Table 6 – Emergency hospital admissions for intentional self-harm

Whilst considerably lower than rates per 100,000 in the North locality, emergency hospital admissions for intentional self-harm are higher than the Birmingham average and second highest across the city.

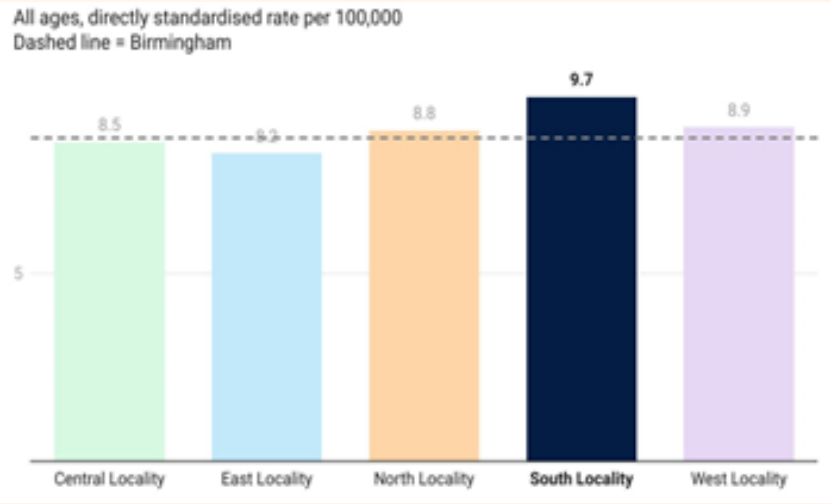
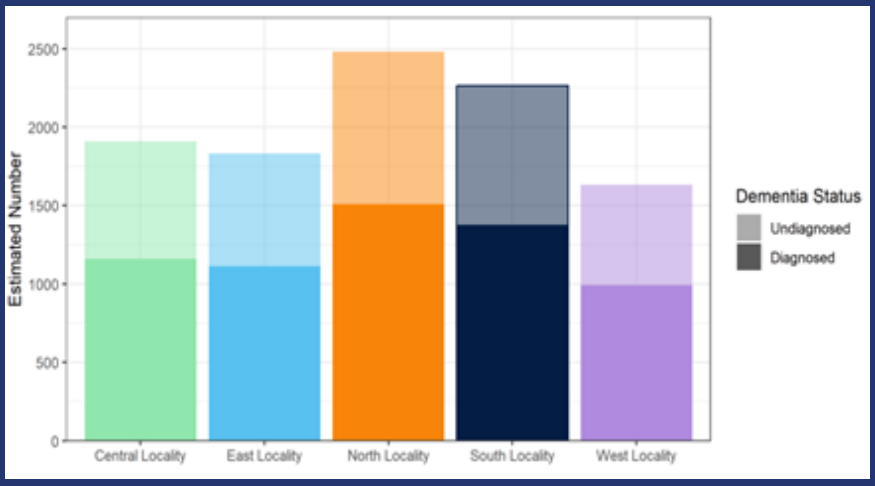


Table 7 – Mortality from suicide and undetermined injury

Whilst this table also includes undetermined injury, it is worth noting that the South locality has the highest rates within the city for this indicator, with suicide rates clearly linked to mental health.

4.4 – AGEING WELL (FALLS AND DEMENTIA)



Both diagnosed and undiagnosed dementia rates are high within the South locality, surpassed only by rates in the North.

Table 8 – Estimate Dementia Diagnosis Rates (65 and over)

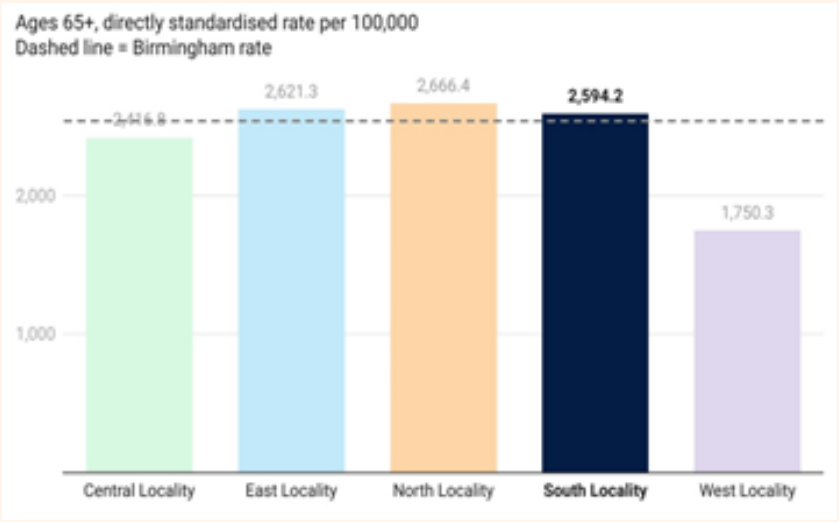


Table 9 – Emergency hospital admissions due to a fall (65+)

A fall in the previous 12 months is the biggest risk factor for predicting further falls with approx. 30% of adults over 65 and half os those over 80 having a fall at least once per year.

Rates are high across Birmingham with East, North and South localities above the Birmingham average

Qualitative Insights

Two community lunches, plus ongoing partnerships (e.g., NNS, Early Help), highlighted these priorities and added local context.

4.1 Smoking

Key Issues:

- Smoking is tied to deeper issues like poverty, loneliness, and domestic violence—cannot be treated in isolation.
- Concerns about weight gain deter quitting efforts.
- Rising vaping among youth and adults needs targeted prevention.

Solutions:

- Link services to stop-smoking support and healthy eating programs to address weight gain fears.
- Develop vaping prevention tailored for young people (YP) and adults separately.
- Co-produce services with smokers and vapers to ensure relevance.

4.2 Mental Health

Key Issues:

- Isolation and economic factors drive poor mental health.
- Lack of support for families, adults, and YP with additional needs (often lumped under "additional needs").
- Limited support for wider networks (e.g., families).

Solutions:

- Link mental and physical health services for holistic care.
- Increase training for staff and community assets on mental health basics.
- Launch a campaign to normalize mental health discussions.
- Offer specific support for men and diverse communities of need.
- Connect services to home- and family-wide support to tackle isolation early.
- Combine volunteer and professional-led services for broader reach.

4.3 Ageing Well (Dementia and Falls)

Dementia - Key Issues:

- Slow diagnosis (up to 26 weeks) in clinical settings delays support.
- Lack of support for carers and patients awaiting diagnosis.
- Practical needs (e.g., hearing aids, stimulation) are overlooked.

Dementia - Solutions:

- Educate communities on signs, symptoms, and early diagnosis benefits, paired with support info.
- Shift diagnosis to community settings for faster access.
- Train staff and volunteers as Dementia Champions, with forums for professionals.
- Support wider networks (carers) and provide wraparound care (e.g., reducing isolation).

Falls - Key Issues:

- Support focuses post-fall, not prevention.
- Slow OT referrals and poor links to dementia or nutrition issues.
- Falls seen as the problem, not a symptom of broader factors (e.g., balance, eyesight).

Falls - Solutions:

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- Develop preventative, non-reactionary services addressing balance, strength, housing, and eyesight.
- Integrate balance testing into general health assessments.
- Educate carers on fall prevention (e.g., chair-based exercises).

4.4 Cardiovascular Health

Key Issues:

- Lack of preventative services for diet, exercise, and risk factors.
- Poverty limits access to affordable healthy foods; poor uptake of NHS Health Checks.
- No universal weight management or family-wide support in the city.
- Concerns about inaccessible exercise options (e.g., open spaces).

Solutions:

- Offer community “Health MOTs” linked to NHS Health Checks and GP support.
- Provide cooking-on-a-budget sessions tied to weight management and healthy eating.
- Link mental and physical health services.
- Raise awareness of symptoms across ages, genders, and those with additional needs.
- Train staff to boost service uptake and symptom recognition.

Bringing It Together

These insights confirm and expand our quantitative findings, ensuring our priorities—Smoking, Mental Health, Ageing Better (Dementia/Falls), and Cardiovascular Health—address both data-driven trends and lived experiences. They’ve shaped the outputs and outcomes in Section 6, reflecting community needs and actionable solutions.

OTHER ISSUES FLAGGED

Domestic Abuse

- Impact on children and mental health

Obesity (link to CVD)

- Childhood obesity
- Poverty and processed food
- Psychological/mental health link

Improved Trained Up-ness

- Better training for organisations and assets in issues identified
- Encourage reciprocal or joined up training offer across the locality (facilitation of this)

Support for Carers

- Themes around dementia and falls already mentioned
- Young carers

OTHER ISSUES FLAGGED

Isolation

- Isolation still a key theme impacting on lots of areas (smoking, poor health generally, mental health, caring, dementia)

Language

- Language and literacy stills key barriers in accessing information

SEND Support

- More support for parents and carers of SEND children

5. OUR APPROACH

How We Built This

01

Data Analysis

Public Health, Observatory, and ward plans

03

Community Input

Two co-production events with citizens and stakeholders

02

Expert Validation

Consulted Public Health seniors

04

Task Force

LDP, health professionals, and VCFSE partners finalized priorities

6. KEY THEMES, PRIORITIES & INTERVENTIONS

From the data, feedback and information collated, the following key themes and interventions have therefore been identified, mapped against the Fairer Futures Fund Key Themes:

Theme	Theme Detail	South Locality Priority Areas	Intervention Type
Children and Young People	• Improve mental health of young people & reduce risk of suicide and self-harm in highest risk groups e.g. LGBT youth	Mental Health	• services that link mental and physical health • training and awareness for staff and community assets • specific support for men and diverse communities of need • combined volunteer and professional service
Mental Health and Wellbeing	• Improving mental health & resilience in higher risk communities such as LGBT+ communities,Carers, Gypsy, Roma & Traveller communities, Ex-Offenders and People with long term health conditions esp. MSK, CVD	Mental Health	• services that link mental and physical health • training and awareness for staff and community assets • specific support for men and diverse communities of need • combined volunteer and professional service

Theme	Theme Detail	South Locality Priority Areas	Intervention Type
Healthy Ageing	• Reducing emergency hospital admissions due to a fall in adults >65yrs • Reducing unmet need by increasing diagnosis of dementia in >65yrs	Ageing Well (Dementia and Falls)	• Education for communities and professionals • Support for wider networks (carers) • Shift diagnosis to community settings for wider reach and include information and support • Preventative services for falls – balance, strength, household checks, eyesight • Education for carers and families on falls prevention
Cardiovascular Health	• Increasing early identification of high blood pressure in middle aged men and women in specific ethnic communities. • Reducing emergency admissions for cardiovascular disease, especially for stroke & heart attack. • Increasing the proportion of people with learning disabilities receiving annual health checks	Cardiovascular Health	• Community Health MOTs outside of Primary Care • Healthy eating and cooking on a budget sessions to support healthy eating and weight management • Lenk mental and physical health services • Awareness raising of symptoms across age, gender and those with additional needs • Staff training to boost uptake and awareness

Theme	Theme Detail	South Locality Priority Areas	Intervention Type
Respiratory Health	• Reducing prevalence of smoking in people with long term conditions, including mental health conditions. • Reducing emergency admissions for chronic obstructive pulmonary disease (COPD) or Asthma	Smoking	• services that link to stop smoking support and healthy eating programmes • development of vaping prevention programmes for young people • services co-produced with smokers and vapers

The table below outlines our four key priorities, their specific issues, anticipated outputs, and expected outcomes. These are mapped to the Fairer Futures Fund (FFF) themes and informed by data analysis, community co-production, and LDP input.

FFF Priority	Locality Health Issues	Anticipated Outputs	Outcomes
Mental Health & Wellbeing	- High rates of admissions due to self-harm - High rates of mortality due to suicide - Isolation and economic factors driving poor mental health	- Increased 18-25-year-olds seeking self-harm support - More men from target groups accessing help - More staff trained in mental health basics - Expanded out-of-hours and drop-in services - More Primary Care clinicians trained in self-harm referrals	- Improved mental health scores (18-25) via recognized tools - Better access for target groups - Empowered clinicians to discuss and signpost mental health support
Healthy Ageing	- Dementia: High rates, low early diagnosis - Falls: High emergency admissions in 65+ - Lack of support for carers and slow diagnosis times	- Community dementia awareness programs - Training for early detection - Accessible support tools - Preventative fall services addressing balance, strength, housing	- Higher early dementia diagnoses - Improved care access for patients and carers - Reduced falls, better quality of life - Reduced stigma via education

FFF Priority	Locality Health Issues	Anticipated Outputs	Outcomes
Respiratory Health	- High prevalence of smoking - High hospital admission rates for COPD - Rising vaping among youth	- More smokers accessing quit services - Increased asthma/COPD clinic uptake - Anti-vaping education for youth - Co-produced services with smokers/vapers	- 4-week and 12-week quit rate improvements - Fewer asthma emergencies - Increased youth awareness of vaping risks - More diagnostics/treatment for COPD/asthma
Cardiovascular Health	- High prevalence of CVD - High rates of emergency admissions for CVD and stroke - High prevalence of obese/overweight adults - Poverty limiting healthy food access	- More weight management program participants - Increased CVD checks (BP, lipids, diabetes) - Higher physical activity levels - Community Health MOTs linked to GPs - Budget cooking sessions	- Reduced obesity (5%+ BMI drop) - Lower CVD admissions - Improved heart health metrics (e.g., GPPAQ readings) - Decreased obesity levels in target groups

7. TIMELINE FOR THE EXPRESSION OF INTEREST STAGE

EOI Process

EOI Opens	Promotion via partnerships Engagement Events Engagement via social media and partner promotion (BVSC etc)	9th June 2025
Q and A Session for potential bidders	This will be held online and advertised with joining instructions in due course	Friday 20th June (time tbc) – online
EOI Close	Collate EOI's by area of interest Identify any areas that have not been met	20th July 2025 (midnight)
EOI Due Dilligence	Initial shortlisting against FFF criteria Contact any organisations who have submitted EOI that don't fit criteria Signposting to other funds where appropriate Exercise to ensure lead organisations have confirmed minimum criteria is met (Accounts, policies etc)	Mid July
Unsuccessful Applications informed	Organisations and bid that do not meet the criteria will be contacted and supported where possible to access alternative funding streams	Late July/Early August
Partnership Development and Finalising of bids	Assess cost of applications against financial envelope Bring full partnership together to agree next steps and any support needs In the case of over-subscription, bring groups of partners together to understand if collaborative approach is possible	Early August 2025 (Date tbc)
Locality Partnership Decision	Final shortlisted bids will be reviewed and agreed by Locality Partnership prior to final approval from Place Committee	End of August 2025
Commencement of Delivery	Commencement of active delivery Monitoring meetings set up (min quarterly) Ongoing Partnership work	September 2025

8. RISK & SUSTAINABILITY

Risk Management

- Risks: Funding shortfalls, low uptake
- Mitigation: Diverse funding, strong engagement

Governance

- Budget: Detailed post-EOI allocation
- Oversight: LDP decides, VCFSE advises

Sustainability

- Plan: Transition to alternative funds by Year 3
- Engagement: Bi-annual stakeholder forums