11 March 2026

Subject:	Critical Six for 2026: Regional Directors of Public Health Midlands Report
Presenting Officer and Organisation	*Dr Frances Howie, Director of Public Health Sandwell Metropolitan Borough Council.* *On behalf of* *Professor Mike Wade, Regional Director of Public Health Midlands Department of Health & Social Care and NHS England.*
Purpose of Report	Information

1. Executive Summary

1.1   This paper provides a summary of the Critical Six for 2026 RDPH Midlands report, which identifies six priority areas requiring coordinated, system-wide action to improve population health outcomes and reduce inequalities. It is presented for information, and to invite discussion on opportunities to strengthen dissemination, alignment and implementation across partners. The Board is also asked to support strategic engagement to ensure adoption of the Critical Six priorities in Sandwell, alongside the Midlands.

2. Recommendations

2.1   That the Board notes the contents of the Critical Six for 2026 report and the evidence underpinning the identified priority areas.

2.2   That the Board supports the recommendations for systems to strengthen delivery across the Critical Six priorities.

2.3   That the Board supports ongoing engagement with local systems and partners to embed the Critical Six priorities, including identifying the next opportunity to maximise impacts.

3. Context and Key Issues

3.1   **Background**

3.2   The Midlands continues to experience significant and often intersecting public health challenges, many of which disproportionately affect the most disadvantaged communities. Addressing these issues requires coordinated action across the public health system.

3.3   To support this system-wide approach, the Critical Six for 2026 provides a focused set of priorities where collective effort can have the greatest impact. It aligns directly with the strategic objective to prevent ill health and narrow health inequalities in access, outcomes and experience.

3.4   The six priorities were informed by:

- regional epidemiological insights
- system level intelligence
- evidence of interventions with strong population level impact,
- engagement with Directors of Public Health, Public Health Leads at DHSC and NHSE, and wider partners

3.5 **Current Position**

3.6 The Critical Six for 2026 sets out the priority areas where coordinated, system-level action will have the greatest impact on population health outcomes across the Midlands. Although substantial work is already underway, progress remains variable and there are clear opportunities to strengthen alignment, reduce unwarranted variation and enhance system effectiveness. A concise summary of each priority is presented below, accompanied by a single recommended action to support greater consistency and impact.

3.7 **Reduce Infant Mortality**

3.7.1 Infant mortality rates remain high in several parts of the Midlands. There are marked inequalities affecting the most disadvantaged communities and minority ethnic groups, particularly those of Black ethnicity. Additionally, infant mortality is driven by factors including preterm birth, high maternal weight, smoking, unsafe living conditions, and structural barriers to accessing maternity services. Strengthening coordination across maternity, neonatal and preventative services offers an opportunity to improve outcomes and reduce these disparities.

3.7.2 Summary of recommended actions:
- Expand and strengthen coordinated, evidence-based pathways across maternity, neonatal and preventative services to better meet the needs of those at greatest risk, reducing variation and accelerating improvements in infant outcomes and inequalities.

3.8 **Improve Early Years Outcomes** (Good Level of Development at Reception)

3.8.1 Achieving a Good Level of Development at Reception is one of the strongest early predictors of later educational attainment and lifelong mental and physical health. Poor school readiness is closely linked to factors such as poor maternal health, low income, parental employment insecurity, and speech, language and communication needs. Improving school readiness requires early identification of needs and timely, integrated support across maternity services, early child health, parenting support and high-quality childcare.

3.8.2 Summary of recommended actions:
- Strengthen alignment between health visiting, early years, health and education services to reduce fragmentation and support more consistent identification of need and pathways to support children and their families.

3.9 **Reduce the Prevalence of Smoking**

3.9.1 Smoking is the leading cause of preventable illness and death and a major contributor to health inequalities. Prevalence is particularly high in routine/manual occupations and among pregnant women in several areas of the Midlands. Reducing smoking requires a coordinated system-wide approach and while progress is being made, more work is needed.

3.9.2 Summary of recommended actions:
- Improve availability, consistency and reach of evidence based smoking cessation services to ensure all priority groups are offered full and appropriate support, in both community and NHS settings.

3.10 **Reduce Preventable Cardiovascular Disease Morbidity and Mortality**

3.10.1 Cardiovascular disease (CVD) remains one of the biggest drivers of premature mortality in the Midlands. To meet the national ambition of a 25% reduction in CVD-related premature mortality, systems should strengthen both primary prevention (tackling smoking, obesity, diet and physical inactivity) and secondary prevention (improving detection and management of hypertension, raised cholesterol, atrial fibrillation, and chronic kidney disease).

3.10.2 Summary of recommended actions:
- Strengthen the delivery of high-impact CVD prevention interventions, ensuring those at greatest risk are targeted and that impact from NHS Health Checks is both being achieved and captured. Additionally, all areas should have a systems approach to primary prevention of CVD.

3.11 **Address the Mental Health Needs of Children and Young People**

3.11.1 Mental health strongly shapes children and young people's life chances, influencing educational attainment, employment and long-term health. Demand for children and young people's mental health support continues to rise, with variation in access to early intervention and community based services, yet we know that early intervention is critical

3.11.2 Summary of recommendations:
- Undertake a regional health needs assessment to support system strategies. Improve early intervention pathways and strengthen joint working across health, education and voluntary sectors to reduce variation and achieve more equitable mental health outcomes for children and young people.

3.12 **Reduce the Incidence of Tuberculosis**

3.12.1 TB incidence remains higher in parts of the Midlands compared to national averages. The majority of cases in the Midlands are born outside of the UK. Those experiencing social risk factors face higher risk, delayed diagnosis and difficulties completing treatment. TB is also strongly associated with deprivation. TB is preventable and treatable but controlling it requires coordinated system-wide action. Variation in local pathways has led to inconsistent access to outreach, case management and treatment support increasing the risk of onward transmission and outbreaks.

3.12.2 Summary of recommended actions:
- Improve awareness raising, screening, contact tracing and treatment completion through coordinated, intelligence-led system action, with a focus on communities at highest risk.

3.13 **Risks:**

3.13.1 If the Critical Six recommendations are not acted on by systems this may lead to the following risks:
- Widening inequalities if targeted action is not accelerated
- Increased system demand from preventable conditions

- Delayed identification leading to worse outcomes and higher costs

3.14 **Conclusion**

3.15 The report is a call to action on the critical areas listed above. The intention is not to replace local priorities; rather, they represent opportunities for collective focus, adding value, reduce duplication and support improvement.

3.16 This call to action is about building on what we have already achieved and learnt together so we can avoid previous pitfalls and barriers to effective delivery, amplify what works and use regional coordination to support improvement.

3.17 Board members are asked to consider how the recommendations align with your local context, where they add value, and what further levers can be used to progress faster on the six. The ask is to work collectively across the west Midlands to take the recommendations forward. Not every priority will be equally relevant everywhere and local judgement remains paramount.

4. Implications & Considerations

Resources:	*Impact identified due to increased demand on the systems if the priorities identified in the report are not acted upon.*
Legal and Governance:	*No direct implications arising from this report.*
Risk:	*Widening inequalities if targeted action is not accelerated.* *Delayed identification leading to worse outcomes and higher costs*
Equality:	*Equality should be considered as part of action for all local activity as part of the super six.*
Health and Wellbeing:	*Contributing towards the six action areas will support the prevention of ill health and narrow health inequalities in access, outcomes and experience.*
Social Value:	*No direct implications arising from this report.*
Climate Change:	*No direct implications arising from this report.*
Corporate Parenting:	*No direct implications arising from this report.*

5. Appendices

The Critical Six for 2026: A Regional Director of Public Health Midlands Report

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