BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 18 JULY 2023 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Public-I microsite (please click this link) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

5 - 8 2 **APPOINTMENT OF HEALTH AND WELLBEING BOARD - FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP**

To note the appointment of the Health and Wellbeing Board with the functions, terms of reference and membership as set out in the schedule.

3 **DECLARATIONS OF INTERESTS**

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

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Information on the Local Government Association's Model Councillor Code of Conduct is set out via http://bit.ly/3WtGQnN. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

4 **APOLOGIES**

To receive any apologies.

5 **DATES OF MEETINGS**

To note dates of formal meetings of the Board commencing at 1000 hours (except where stated)*
26 September, 2023 **(1230 to 1430 hours)***
28 November, 2023
30 January, 2024
26 March, 2024

9 - 16 6 **MINUTES AND MATTERS ARISING**

To confirm and sign the Minutes of the meeting held on the 28 March, 2023.

17 - 18 7 **ACTION LOG**

To review the actions arising from previous meetings.

8 **CHAIR'S UPDATE**

(1005 -1010) To receive an oral update.

9 **PUBLIC QUESTIONS**

(1010-1015) - Members of the Board to consider questions submitted by members of the public.
The deadline for receipt of public questions is 3:00pm on 11 July, 2023.
Questions should be sent to: HealthyBrum@Birmingham.gov.uk.
(No person may (submit more than one question)
Questions will be addressed in correlation to the agenda items and within the timescales allocated. This will be included in the broadcast via the Council's You Tube site: www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw
NB: The questions and answers will not be reproduced in the minutes.

19 - 108 10 **HEALTH AND WELLBEING BOARD DEVELOPMENT 2023-24**

(1015-1035)Dr Justin Varney, (Director of Public Health, Birmingham City Council) will present this item.

109 - 148 11 **CHILDREN AND YOUNG PEOPLE'S PLAN**

(1035-1055) Colin Michel (Interim Director of Strategy and Partnerships, Birmingham City Council) will present this item.

149 - 164 12 **BIRMINGHAM AND SOLIHULL JOINT ICB FORWARD PLAN**

(1055-1110) Rob Checketts (Chief Officer for Policy, BSol ICB) will present this item.

165 - 184 13 **WM POLICE: RIGHT CARE, RIGHT PERSON MODEL**

(1110-1125) Kim Madill (Chief Superintendant, West Midlands Police) will present this item.

185 - 196 14 **BETTER CARE FUND - END OF YEAR RETURN 2022/23**

(1125-1145) Mike Walsh (Adult Social Care, Birmingham City Council) will present this item.

197 - 244 15 **BETTER CARE FUND PLAN 2023/25**

(1135-1145) Mike Walsh (Adult Social Care, Birmingham City Council) will present this item.

245 - 254 16 **HEALTH AND WELLBEING BOARD FORUM UPDATES**

(1145-1150) INFORMATION ITEMS

255 - 270 17 **BIRMINGHAM AND SOLIHULL CHILD DEATH REVIEW TEAM AND CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT 2021-22**

271 - 282 18 **BIRMINGHAM AND SOLIHULL ICB JOINT CAPITAL PLAN 23-24**

19 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

20 **EXCLUSION OF THE PUBLIC**

Chair to Move:-
"That, in view of the nature of the business to be transacted, which includes the following exempt information, the public be now excluded from the meeting:-
'Private' Minutes of the last meeting.

1 **PRIVATE MINUTES**

- Confidential – Other

2 OTHER URGENT BUSINESS (EXEMPT INFORMATION)

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

APPOINTMENT OF HEALTH AND WELLBEING BOARD

FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP 2023/24

In accordance with paragraph 6.9 of Article 6 (The Executive) of the City Council Constitution, the board is constituted as a Committee under the chairmanship of the Cabinet Member for Health and Social Care in order to discharge the functions of the board as set out in the Health and Social Care Act 2012, including the appointment of board members as set out in the schedule of required board members in the Act.

Functions

To discharge the functions of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012, including the appointment of Board Members as set out in the schedule of required Board Members in the Act.

The Health and Wellbeing Board will:

a) promote the reduction in Health Inequalities across the City through the commissioning decisions of member organisations

b) report on progress with reducing health inequalities to the Cabinet and the various Integrated Care Boards (formerly Clinical Commissioning Group Boards)

c) be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)

d) deliver and implement the Joint Health and Wellbeing Strategy for Birmingham

e) participate in the annual assessment process to support Integrated Care Boards (formerly Clinical Commissioning Group authorisation

f) identify opportunities for effective joint commissioning arrangements and pooled budget arrangements

g) provide a forum to promote greater service integration across health and social care.

Terms of Reference

Under the Health and Social Care Act 2012 the composition of Board must include:-

The Leader of the Council or their nominated representative to act as Chair of the Board
The Corporate Director for Adult Social Care and Health Directorate (Director for Adult Services)
The Corporate Director for Children and Young People Directorate (Director for Children's Services)
Nominated Representatives of each Clinical Commissioning Group in Birmingham
The Director of Public Health
Nominated Representative of Healthwatch Birmingham

Each Local Authority may appoint additional Board Members as agreed by the Leader of the Council or their nominated representative. If additional appointments are made, these will be reported to Cabinet by the Chair of the Board.
For the Board to be quorate at least one third of Board Members and at least one Elected Member must be present

Members of the Board will be able to send substitutes with prior agreement of the Chair. Each member is to provide the name of an alternate/substitute member.

Membership

2023/2024
City Council Appointments to the Health and Wellbeing Board

Cabinet Member for Health & Social Care as Chair: Cllr Mariam Khan (Lab)	Cllr Mariam Khan
Cabinet Member for Children, Young People and Families: Cllr Karen McCarthy (Lab)	Cllr Karen McCarthy
Opposition Spokesperson on Health and Social Care – Cllr Matt Bennett (Con)	Cllr Matt Bennett
Vice Chair for 2023/2024 to be an NHS Birmingham and Solihull Integrated Care Board (ICB) representative (to be advised by the ICB) - to reinforce the Board as a joint body rather than a solely LA committee	Dr Clara Day - Chief Medical Officer
Corporate Director for Adult Social Care and Health Directorate	Professor Graeme Betts
Corporate Director for Children and Young People Directorate	Sue Harrison
Director of Public Health	Dr Justin Varney

External Appointments to the Health and Wellbeing Board

Representative of Healthwatch Birmingham	Andy Cave- Chief Executive
2 Representatives of NHS Birmingham and Solihull Integrated Care Board	Dr Clara Day – Chief Medical Officer and David Melbourne – Chief Executive
Representative from Sandwell and West Birmingham NHS Trust	Richard Beeken, Chief Executive Officer

2023/2024

Chair of the Birmingham Community Safety Partnership	Dr Justin Varney as substitute
Representative of the Department of Work and Pensions	Riaz Khan
Member of the Birmingham Social Housing Partnership	Peter Richmond
Chief Executive of Birmingham Children's Trust	Andy Couldrick
Representative of Birmingham Community Healthcare NHS Foundation Trust	Richard Kirby/Douglas Simkiss
Representative from the Education Sector	Professor Catherine Needham
Representative from Acute Care	Mark Garrick
Representative from West Midlands Police	Chief Superintendent Richard North
Representative from the Chamber of Commerce	Vacant

Co-Optees

Birmingham Voluntary Services Council	Stephen Raybould
Birmingham and Solihull Mental Health NHS Foundation Trust	Patrick Nyarumbu
Representative from SIFA FIRESIDE	Natalie Allen

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING TUESDAY, 28 MARCH, 2023

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 28 MARCH, 2023 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM, B1 1BB

PRESENT: -

Councillor Mariam Khan, Cabinet Member for Health and Social Care and Chair for the Birmingham Health and Wellbeing Board in the Chair

Dr Clara Day (Vice-Chair) Chief Medical Officer, NHS Birmingham & Solihull ICB
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Dr Justin Varney, Director of Public Health
David Melbourne, NHS Birmingham and Solihull CCG
Richard Beeken – Sandwell & West Birmingham Hospitals
Andy Cave, Chief Executive Officer, Healthwatch Birmingham
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Natalie Allen Chief Executive SIFA FIRESIDE

ALSO PRESENT:-

Aidan Hall, Service Lead, Programme Senior Officer
Louisa Nisbett, Committee Services
Lisa Stalley-Green, NHS
Ceri Saunders, Cabinet Support Officer
Greg Ward, Levelling up Programme
Jo Tonkin, Assistant Director (KEG), BCC
Sarah Pullen, Street Food Systems
Maria Gavin, Asst Director, Adult Social Care
Dr Joffi
Silvia NePaul

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NOTICE OF RECORDING/WEBCAST

690 The Chair welcomed attendees and advised that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

DECLARATIONS OF INTERESTS

691 The Chair reminded Members that they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

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This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

There were no declarations made.

APOLOGIES

692 Apologies for absence were submitted on behalf of

Councillor Karen McCarthy, Cabinet Member for Children Young People and Families
Richard Kirby, Chief Executive, Bham Community Healthcare
Professor Catherine Needham, Professor of Public Policy, University of Birmingham
Douglas Simkiss BCH, NHS Foundation Trust
Matt Shaer, West Midlands Police
Dr Anne Coufopoulous. University College, Birmingham
Peter Richmond, Birmingham Social Housing Partnership

DATES OF MEETINGS

693 The Board noted the provisional date for the next meeting was on 18 July, 2023 at 1000 hours.

MINUTES AND MATTERS ARISING

694 The Minutes of the meeting held on 31 January, 2023, having been previously circulated, were confirmed and signed by the Chair.

The Chair officially expressed her thanks to Robin Miller for his contribution to the Board and welcomed his replacement Professor Catherine Needham, University of Birmingham.

ACTION LOG

695 Aiden Hall, Programme Senior Officer (Governance) advised that there were no outstanding actions on the Action Log.

CHAIR'S UPDATE

696 Councillor Mariam Khan, Cabinet Member for Health and Social Care updated as follows:-

The Chair reported that she had made a follow-up visit to the east locality on Friday the 24th of March to meet frontline staff and patients to better understand the developments of the BSOL ICB integrated approaches to care to improve outcomes for Citizens and identify opportunities for further collaboration. She had visited the Medical Practice in Bordesley Green East that offered a wide range of routine and specialist services to meet the needs of it's communities focusing on preventative measures, paramedics, Physician Associates and provided a social prescribing service delivering patient-based care through the PCN additional roles scheme.

The team worked together to provide high quality care for their patients who felt the care they received was responsive, compassionate and addressed demand and capacity challenges. The Chair also visited Washwood Heath Health Centre. The PCNs in the East locality worked in partnership with hospitals, community and voluntary services. Some specialist services had been launched on the day of the visit with an aim to reduce hospital admissions.

PUBLIC QUESTIONS

697 The Chair advised that the Board welcomed questions, any questions should be sent to HealthyBrum@Birmingham.gov.uk.

The Board was advised that one question had been received after the deadline relating to item 22 on the agenda – The Integrated Care System Ten Year Strategy. A response had been sent giving re-assurance that the Strategy would be published on the Birmingham and Solihull ICU website.

COST OF LIVING - VERBAL UPDATE ON BIRMINGHAM CITY COUNCIL'S RESPONSE (FOOD PROVISION)

Greg Ward (Levelling Up Programme Lead, Birmingham City Council) gave a detailed verbal update with the use of a presentation which was shown on screen and gave a summary of the document.

The update was to inform the Board how the City Council's emergency response to the cost of living crisis had benefited people across the city in different ways through the various funds and grants that had been made available. He mentioned in particular that there were 197 warm spaces across the City and a network event had taken place, in addition 116 food banks had applied to the emergency food aid, as that fund comes to an end there was a new affordable food infrastructure fund which launched on the 7th of February applications of nearly 70 organizations had been approved. The Chair thanked Greg Ward for his presentation

698 **RESOLVED**:-

That the update be noted.

COST OF LIVING - BIRMINGHAM HEALTHWATCH - VERBAL UPDATE

Andy Cave (Chief Executive of Birmingham Healthwatch) gave a verbal update informing that details of the survey had been shared at the last meeting. They had reduced the number of questions in the survey. He gave an update on progress to date highlighting that the figures were more or less the same as at the previous meeting in January and updated on actions since then giving some examples of cases and highlighting areas that needed more work for example accessibility of the scheme. Comments from the survey would be picked up outside the meeting.

699 **RESOLVED**:-

That the verbal report be noted

LOCAL MATERNITY AND NEONATAL SYSTEM (LMNS) UPDATE

The following report was submitted:-

(See document no. 1)

Lisa Stalley-Green (Deputy CEO and Chief Nurse, NHS BSol ICS) gave a detailed presentation of the report. She was accompanied by Dr Joffi and Sylvia NePaul.

The Board also now incorporated attendance from City Hospital representatives. It was reported that an independent Chair had been appointed for their quality oversight who was establishing a listening families

approach. Lisa Stalley-Green reported on what was going well and ongoing work including how they proportionately applied their commissioning funding.

Dr Joffi spoke about reducing infant mortality rates and the launch of the maternity strategy which they would bring back in the summer. Sylvia NePaul updated on the pilot scheme started in 2019. They had also worked on some safeguarding issues for women. Lisa Stalley-Green informed that their Services had been assessed as safe.

Councillor Bennett referred to the data in the report and noted that City Hospital had red ratings. He said it would be useful to have more information on infant mortality and queried the current position with regard to achieving the target to reduce it by 2025. Lisa Stalley-Green replied that she did not have specific details relating to City Sandwell Hospital however they did attend and contributed to meetings.

Infant mortality had become worse as a consequence of Covid. Prior to the pandemic they had started to see improvement in outcomes. Some up to date figures would be circulated.

Members of the Board and those present spoke about Assessments of standards and progress against them and also accountability. The issue of differing Infant mortality figures was raised and actions that had been taken to make a difference. The issue of access and monitoring progress was also discussed as well as proactive work being undertaken. It was also noted that there were different interpretations of the data

700 **RESOLVED**:-

That the contents of the report be noted.

BSOL INTEGRATED CARE BOARD UPDATE (1045-1055)

David Melbourne (Chief Executive NHS BSol ICS) presented the following report:-

(See document no. 2)

David Melbourne updated the board on the development of the annual operational plan for 2023/24, the 5-year Joint Forward Plan and the 10-year ICP Strategy development.

During the discussion that ensued it was requested that the figures for future reports be more collective. In response to a comment about accessibility issues there was no one locality in Birmingham that was worse than the other. David Melbourne undertook to submit a future report

701 **RESOLVED:-**

i) That the information on a collaborative approach to development and delivery of the Joint Forward Plan be noted;

ii) That there be continued engagement prior to publication in June 2023; and

iii) That links to the annual operational plan and the 10 year ICP Strategy be highlighted.

INTRODUCTION OF CQC ASSURANCE OF ADULT SOCIAL CARE

Maria Gavin (Assistant Director, Adult Social Care, Birmingham City Council) presented this report updating the Health and Wellbeing Board on the proposed introduction of CQC regulation of Adult Social Care Services and also advising the board of their possible inclusion in future CQC Assessment of Adult Social Care.

(See document no. 3)

Maria Gavin gave a presentation with the use of slides and responded to questions.

702 **RESOLVED**:-

i) That the Health and Wellbeing Board notes the content of the presentation; and

ii) That the board has periodic updates on the Assessment of Adult Social Care as the national system develops.

BIRMINGHAM FOOD SYSTEM STRATEGY

Sarah Pullen (Assistant Director, Adult Social Care, Birmingham City Council) presented the report providing insight into the Birmingham Food System Strategy consultation findings and presenting the final Birmingham Food System Strategy documentation.

(See document no. 4)

She sought approval from the HWB for the final Birmingham Food System Strategy, also approval to proceed to Cabinet for final approval and ratification of the Strategy in April 2023. It was noted that an award had been won for the draft Strategy.

703 **RESOLVED**:-

I) That the Health and Well Being Board formally approve the Birmingham Food System Strategy: A Bolder, Healthier, and More Sustainable Birmingham, as set out in this cover report and appended documents.

II) That the HWB endorse immediate implementation of the Birmingham Food System Strategy: A Bolder, Healthier, and More Sustainable Birmingham.

III) That the HWB Enable the Health and Wellbeing Board and its sub forum, Creating a Healthy Food City Forum, to review and provide oversight of the Birmingham Food System Strategy; and

IV) That the HWB approve the Birmingham Food System Strategy progressing to Cabinet in April 2023.

Information items

WRITTEN UPDATES

The following written updates were on the Agenda for information only.

(See document nos. 5 to 9)

Creating A City Without Inequalities Forum Report

Birmingham And Lewisham African Caribbean Health Inequalities Review (Blachir) Progress Update

Dph Annual Report 2022/23 (Digital Technology)

Joint Birmingham And Solihull Pna Final Report

Creating A Bolder Healthier City (2022-2030) - Indicator Updates

704 **RESOLVED**:-

That the written updates be noted.

FORWARD PLAN

705 Aidan Hall presented the Forward Plan which was noted.

(See document no. 10)

OTHER URGENT BUSINESS

706 It was noted that an Away Day would take place on 17 May, 2023 during which the purpose and programme of the HWB will be discussed.

Councillor Matt Bennett commented that the item for the private discussion would be in the public domain in 3 days’ time in any case, and also said that the Board had not been given the ability to have an input. Justin Varney

responded that the principles and framework of the strategy had previously been presented.

EXCLUSION OF THE PUBLIC

707 **RESOLVED**:-

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Private minutes - paragraph 3

The meeting ended at 1155 hours

……..………………………………

CHAIR

BIRMINGHAM HEALTH & WELLBEING BOARD

Birmingham City Council

Action Log 2021

Birmingham Health and Wellbeing Board

DRAFT

Rag rating :
- Overdue
- In progress
- Complete

Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date	Date Completed	Outcome/Output	Comments	RAG

BIRMINGHAM
HEALTH AND WELLBEING
BOARD

	Agenda Item: 10
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18th July 2023**
TITLE:	**HEALTH AND WELLBEING BOARD DEVELOPMENT DAY FEEDBACK AND NEXT STEPS**
Organisation	**Birmingham Health & Wellbeing Board**
Presenting Officer	**Dr Justin Varney, Director of Public Health**

Report Type:	**Approval / Discussion**

1. Purpose:

1.1. To update the Health and Wellbeing Board following its recent Development Day (May 2023) and seek endorsement and approval for the proposed action plan.

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	
	Living, Working and Learning Well	
	Ageing and Dying Well	
Joint Strategic Needs Assessment		

3. Recommendation(s)

That the Health and Wellbeing Board (HWB):

3.1. Receive and note the feedback from the Health and Wellbeing Board (HWB) Development Day (May 2023).

3.2. Note and comment on the proposed action plan and work programme for the year ahead.

4. Report Body

Health and Wellbeing Board Development Day – Summary

4.1. The Health and Wellbeing Board (HWB) is committed to continuous improvement to improve the health and well-being of Birmingham's communities. This includes development sessions in addition to formal meetings.

4.2. The HWB Development Day took place on Wednesday 17th May 2023 at The Exchange (University of Birmingham). The session was attended by twelve HWB members and key partners, including the leads of the HWB's Forums (sub-groups).

4.3. Board members discussed their role and purpose, relationships with partners and the Creating a Bolder Healthier City Strategy. The feedback and insights generated have been collated and summarised (**Appendix 1**) and used to develop a series of actions for the Board to consider (**Appendix 2**).

Key Points and Next Steps

4.4. The draft action plan (**Appendix 2**) outlines several next steps for the Board to consider and endorse. Feedback and actions are categorised by theme (adapted from the following Local Government Association (LGA) report):

- Supporting HWB Members
- Communications and Engagement
- Prioritisation and Work Planning
- Relationships and Accountabilities
- HWB Role
- HWB Culture and Style

4.5. Key actions include:

4.5.1. Develop an **Executive Board (EB)** to undertake the statutory "sign-off" functions of the Board. The aim of the EB will be to provide the whole board membership with more space and time for strategic discussion and thematic agenda items. The EB will also have a role in filtering and organising agenda items. The EB will be made up of a smaller number of existing HWB members and will have representation from the ICB, the Council and others. A Terms of Reference will be drafted for the HWB to consider.

4.5.2. Undertake at least one **HWB development session** annually. Building on the recent Development Day, there was clear agreement that such sessions need to be ongoing, to allow board members to carry on with mutual learning, understand and develop the role of the board, and explore ways to maximise their contribution. While it is important for boards to be transparent about their work and to discuss and make their decisions in public, they also need the time and privacy to explore options freely at an early stage before reaching conclusions about which workable alternatives may achieve the best outcomes.

4.5.3. Clarify the **relationships and accountabilities of the HWB** with sub-groups (HWB Forums) and other statutory and partnership boards.

HWB Forward Plan (Work Programme) 2023-24

4.6. The HWB Forward Plan (**Appendix 4**) has been developed for the Board to consider alongside the Development Day Feedback (**Appendix 1**), Draft Action Plan (**Appendix 2**) and Annual Review of the Joint Health and Wellbeing Strategy (**Appendix 3**).

4.7. The Forward Plan will be presented at each HWB to jointly plan and prioritise future agenda items for the HWB and proposed EB.

5. Compliance Issues

5.1. HWB Forum Responsibility and Board Update

5.1.1. The roles and responsibilities of HWB Forums are outlined in their Terms of Reference (Health and wellbeing board | Birmingham City Council). The relationships and reporting arrangements between the HWB Forums and the HWB will be included in a refreshed HWB Terms of Reference, which will be presented to the Board in September.

5.2. Management Responsibility

5.2.1. The Health and Wellbeing Board is responsible for its continuous improvement and development.

5.2.2. Governance support will be led by the Service Lead (Governance) with oversight from the Director of Public Health.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Lack of engagement and buy-in to the proposed changes	Low	High	The proposed changes are the result of feedback from Board Members. Members are receiving feedback and the proposed action plan for comment and discussion before formal agreement.

Actions in the proposed plan are not completed within the indicative deadline	Medium	Medium	The agreed actions will be closely monitored, and resources will be allocated to deliver.

Appendices
Appendix 1 – HWB Development Day (May 2023) – Feedback **Appendix 2** – HWB Development Day (May 2023) – Draft Action Plan **Appendix 3** – Joint HWB Strategy Annual Review 2022-23 **Appendix 4** – HWB Work Programme 2023-24

The following people have been involved in the preparation of this board paper:

Rebecca Howell-Jones, Assistant Director for Public Health, Birmingham City Council
Aidan Hall, Service Lead (Governance), Public Health, Birmingham City Council
Alex Quarrie-Jones, Senior Officer (Governance), Public Health, Birmingham City Council
Avneet Gharial, Senior Officer (Governance), Public Health, Birmingham City Council

Birmingham City Council

Birmingham Health and Wellbeing Board Development Day - Feedback

The Exchange, 3 Centenary Square

Wednesday 17th May 2023

Background

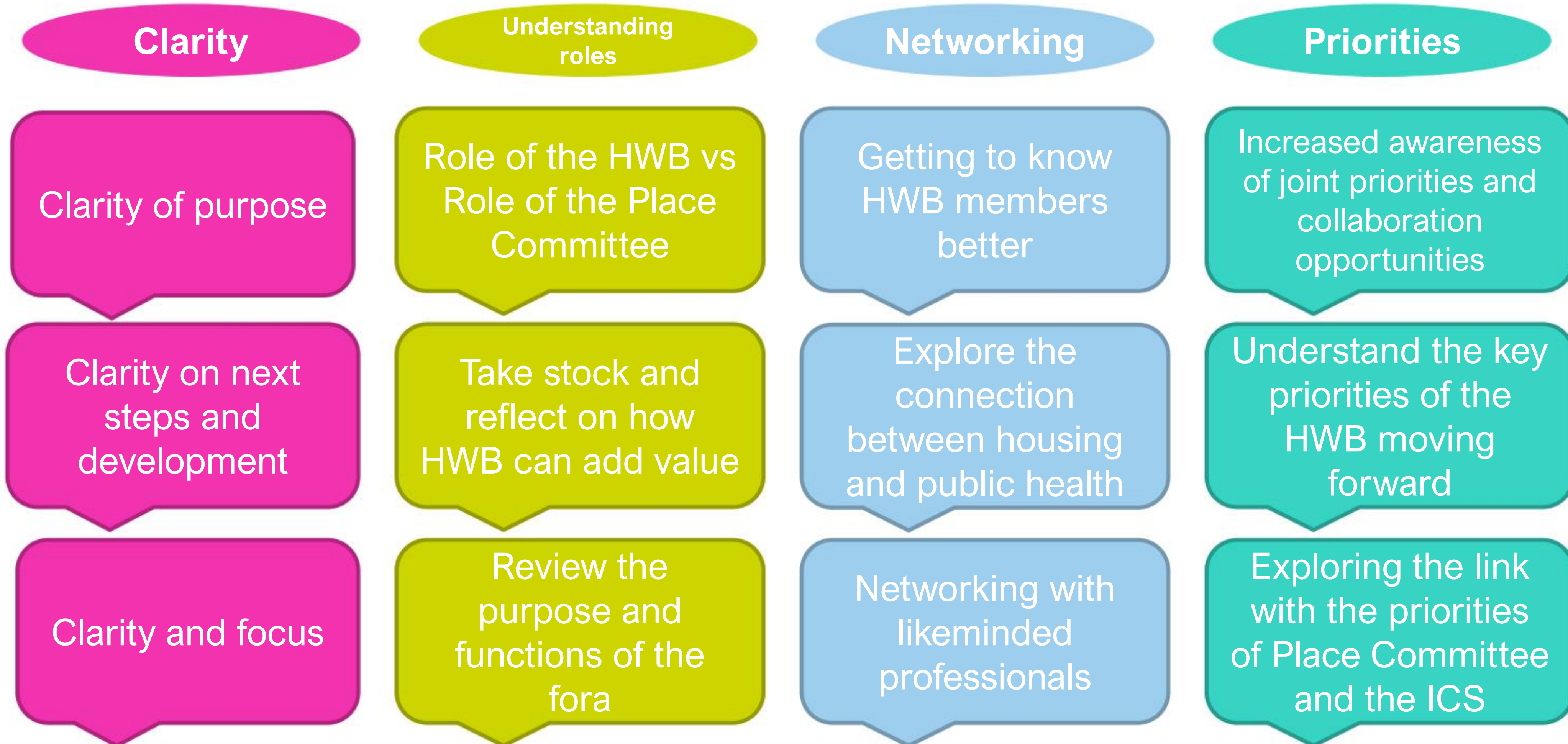
The Health and Wellbeing Board Development Day took place on Wednesday 17th May 2023 at The Exchange (University of Birmingham) building. The Development Day was attended by twelve board members and key partners, including the leads of the Health and Wellbeing Board's Forums.

Board members discussed their role and purpose, relationships with partners and their Creating a Bolder Healthier City Strategy. The ideas generated and feedback provided is summarised on the following sections:

- Role and purpose
- Forums and partners
- Pre-Mortem Exercise (Creating a Bolder, Healthier City Strategy)
- Facing the challenge and actions

The feedback has been used to develop a series of recommendations and proposed actions for the Board to consider.

What did members hope to gain from the day?



A BOLDER HEALTHIER BIRMINGHAM

BIRMINGHAM HEALTH AND WELLBEING BOARD – OUR ROLE, PURPOSE & PARTNERS

BE BOLD BE BIRMINGHAM

Birmingham City Council

Health and Wellbeing Boards - Drivers and Barriers

Committed leaders, both political and managerial

Collaborative plumbing, often reflecting a history of partnership working

Clarity of purpose, being clear about the primary task of the HWB

A geography that works, or has been made to work

The response to budget changes, which can drive either collaboration or a retreat to silos

A focus on place, with local priorities that drive collaboration

A director of public health, who ‘gets it’

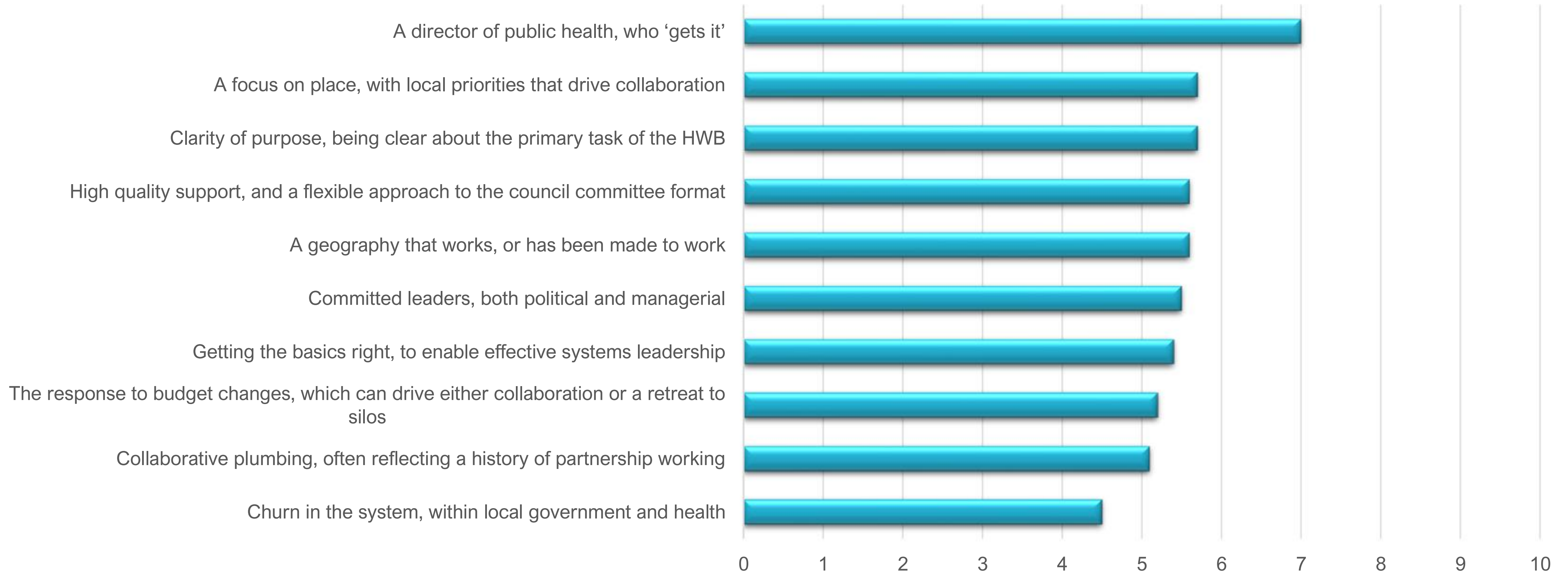
High quality support, and a flexible approach to the council committee format

Churn in the system, within local government and health

Getting the basics right, to enable effective systems leadership

[Effective health and wellbeing boards findings from 10 case studies (local.gov.uk)]

Health and Wellbeing Boards - Drivers and Barriers



A BOLDER HEALTHIER BIRMINGHAM

Breakout groups: Our role and purpose

- What is the role of the Health and Wellbeing Board?
- What aspects of the Health and Wellbeing Board are working well?
- Which aspects could be improved upon?
- What can I contribute to the Health and Wellbeing Board?
- How can I make my contribution effective?

Feedback: Our role and purpose

What is the role of the Health and Wellbeing Board?

- Leadership and direction-setting
- Collectively deliver the priorities in the HWB Strategy
- Create joined-up working across the health and care system
- Improve health and wellbeing and reduce health inequalities
- To provide accountability and governance
- Place to disseminate and reflect knowledge and experience
- Taking a systems approach with partnership working
- Cross-organisational collaboration

Feedback: Our role and purpose

What aspects of the HWB are working well?

- Functioning and adding value during the Covid-19 pandemic
- Strong public health leadership
- Clarity of purpose from the HWB Strategy
- Helping to achieve greater integration
- Alignment of strategic aims between organisations
- Strong partnership working apparatus
- Helping to identify people who may not be known to other organisations (e.g. DWP)

Feedback: Our role and purpose

What aspects of the HWB could be improved?

- Shorter reports/ briefing details
- Infrequent attendance
- More alignment required with the ICS Place Committee
- Limited opportunity to challenge items before sign-off
- Forums could have greater steer from the HWB
- Improve external communication, especially to communities
- Reduce risk of duplicated work
- Better defined link with Adult Social Care
- Greater focus on localities/wards (e.g. West Birmingham)

Feedback: Our role and purpose

What contribution can I make and how can I make it effective?

- Balance capacity of smaller organisations (e.g. Healthwatch)
- Contribute data, evidence and insight
- Provide scrutiny and keep the HWB accountable
- Establish formal link with other partnerships (e.g. Community Safety Partnership)
- Consistent presence of ASC on the HWB
- Accountability
- Problem-solving
- Providing the crucial link into the activity of the forums

Breakout groups: Our forums and partners

- What is working well across the forums and with our wider partners?
- How do we build partnerships whilst holding ourselves and partners to account?
- How can the HWB enable the forums to be more effective?
- Are the forums fit for purpose? If not, what needs to change?
- Where are the gaps?

Feedback: Our forums and partners

What is working well?

- Improving cross-organisational knowledge
- Ensuring better collaboration
- Individual relationships at forums are getting stronger
- Involvement of the community sector at each forum
- Increased partnership working and contact
- Brings together a range of relevant partners
- Knowledge sharing
- Bringing awareness of possible solutions

Feedback: Our forums and partners

How can build partnerships and ensure effective working?

- Forums need to build better links into the HWB and its decision-making
- Lived experience could be considered by individual forums, then fed up to the HWB
- Forums can help the HWB work beyond the confines of statutory requirements
- Forums could have an outcomes framework measured against the HWB Strategy
- Forums need wider organisational commitments so that it doesn't rely on individuals
- Forums could branch out beyond meetings to events/initiatives (e.g. Creative Dinners)
- Build on learning by hosting inter-forum sessions
- Use Community Safety Partnership model of an Executive Group to streamline items at HWB

Feedback: Our forums and partners

Are the forums fit for purpose? Where are the gaps?

Forums should have more themed discussions/ presentations to avoid unstructured discussion	Forums need to move from a passive role to an active one	Governance set-ups could better involve Healthwatch and academic sector	Better communication methods for forums members (i.e. not LinkedIn)	There needs to be better defined accountability between the forums and the HWB	The membership of the forums may need to be reviewed more frequently	Better representation for the forums at HWB meetings

PRE-MORTEM EXERCISE
CREATING A BOLDER HEALTHIER CITY STRATEGY (2022-2030)

BE BOLD BE BIRMINGHAM

Birmingham City Council

Pre-Mortem Exercise

Step One: What went wrong?

a) **Individually** list on post-it notes all of the things that could go wrong. Only list the problems (not the solutions):
   - What went wrong?
   - Why did the indicators not improve/get worse?

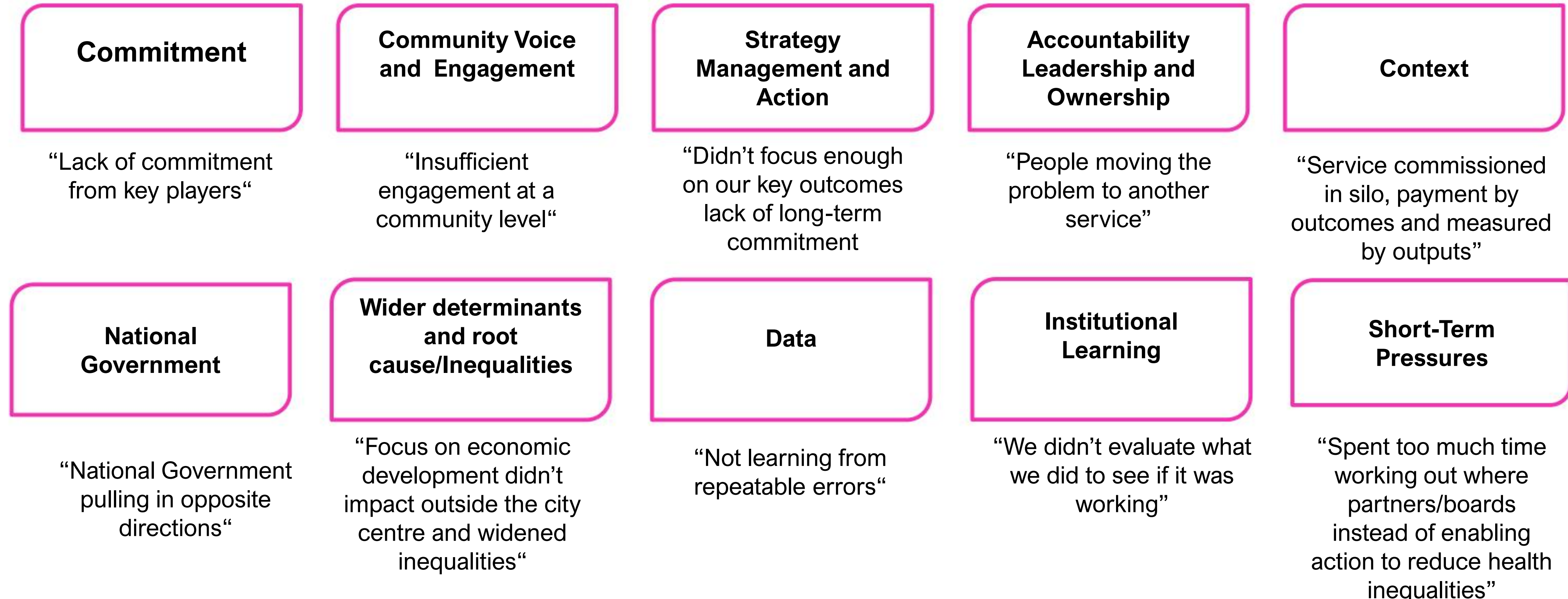
b) Bring together the post-it notes and place into themes.

c) Move around the room with your stickers, vote for the top five potential problems/failures (themes or specific failure).

Step two: Facing the challenge

- Focus on the top problems/failures identified. Write down the top five (most votes) on a new sheet of paper. Start by going further into the problems/failures, asking:
  - What happened to cause that?
  - Keep asking “why has this happened?” to identify logical causes
- Move into solution mode and brainstorm actions needed to avoid/prevent the key problem/failure.

Feedback: (Pre-mortem) - What went wrong?



Why did the strategy fail? (1)

Lack of Accountability/responsibility

5th Why — No one has named an owner (of action)

Solution: Link between HWB and day job

Solution: Robust action plans e.g., names, deadlines

Solution: Clear Governance structure and accountability

Not converting strategy into action

5th Why — Lack of tangible/action because haven't made the time to do the work

Solution: Actions that are owned

Solution: Trust to use resources correctly

Solution: Articulate benefits for individual and organisation

Lack of system leadership

5th Why — Loyalty to organisation, not community

Solution: Change performance culture

Solution: Partnership working with check-points

Solution: Lead from bottom up

External Influences though National Government/Short-term pressures

5th Why — Easier decision than facing bigger problems

Solution: Be explicit about external influences so can see own performances

Solution: Highlight success and failures short and long-term

Solution: Outside expertise on relationships

Why did the strategy fail? (2)

Neglecting/not focusing on the wider determinants

5th Why

Focus on wider determinants that can be controlled

Solution: Focus of wider determinants that can be controlled

Solution: Focus on areas can influence and be creative

Failure to involve/empower communities

5th Why

Skill draw from a certain pool/ culturally does this attracted those with lived experiences

Solution: Work with experts by experience

Solution: Build relationships with communities

Failure to listen and engage with stakeholders

5th Why

Easier not to do

Solution: ToRs to show commitment

Solution: Being understanding and supportive of each other

Lack of/Insufficient use of Capacity/Resources

5th Why

Lack of culture and leadership

Solution: Examine other models e.g., Better Care Fund

Solution: Accepting realistic time constraints

FACING THE CHALLENGE AND MAKING AN IMPACT

BE BOLD BE BIRMINGHAM

Birmingham City Council

Breakout groups: What changes do we need to make?

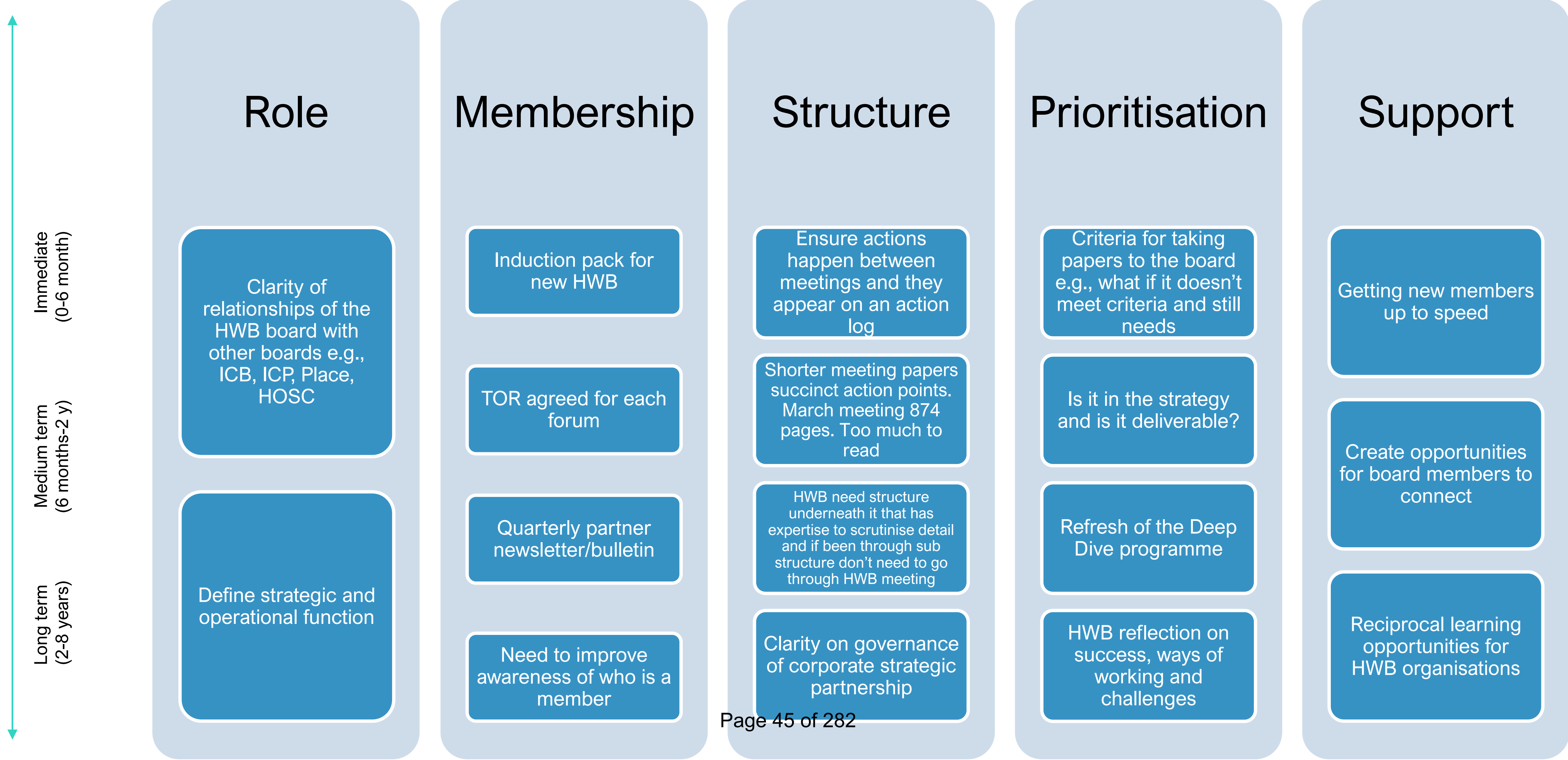
Areas to consider:

1. **Role** - Do we need to change or clarify the role of the Health and Wellbeing Board? Do we all agree?
2. **Membership** – Do we need to change the membership to ensure we have the right people in the room? Who else do we need to bring in? And how will we ensure that each member can contribute?
3. **Structures** – What changes do we need to support our sub-structures and how we work with other partnerships? E.g. HWB Forums, ICS Place Committee, HOSC
4. **Prioritisation** – What changes do we need to make to ensure we consider only the most important issues?
5. **Support** – What changes do we need to make to ensure the Board is supported effectively?

Are these changes:

a) Immediate (0-6 months)
b) Medium term (6 months-2 years)
c) Long term (2-8 years)

Feedback: What changes do we need to make?



Appendix 2 – HWB Development Day (May 2023) Draft Action Plan (presented July 2023)

Feedback/Ideas from Development Day (summarised)	Theme	Proposed Action	Owner	Indicative Deadline (HWB)
Ensure actions happen between meetings and they appear on an action log	Supporting HWB Members	**Refresh and maintain the Action Log**	Public Health (Governance)	Jul 2023
Quarterly partner newsletter/bulletin	Communications and Engagement	**Develop a partner newsletter and post key updates from Health and Wellbeing Board (HWB) meetings on social media via the Healthy Brum account**	Public Health (Governance/ Comms and Engagement)	Nov 2023
Shorter meeting papers succinct action points	Prioritisation and Work Planning			
Induction pack for new HWB	Supporting HWB Members	**Create a HWB Induction Pack for new members**	Public Health (Governance)	Sep 2023
Need to improve awareness of who is a member	Communications and Engagement			
Getting new members up to speed	Communications and Engagement			
Clarity of relationships of the HWB board with other boards e.g., ICB, ICP, Place, HOSC	Relationships and Accountabilities	**Create a 'Ways of Working' document/agreement to highlight relationships, responsibilities and roles the HWB has with other partnership boards**	Public Health (Governance)	Nov 2023
Clarity on governance of corporate strategic partnership	Relationships and Accountabilities			

DRAFT

Feedback/Ideas from Development Day (summarised)	**Theme**	**Proposed Action**	**Owner**	**Indicative Deadline (HWB)**
Define strategic and operational function	HWB Role	**Develop and agree operating principles, and include in updated HWB Terms of Reference**	Public Health (Governance) HWB Members	Nov 2023
Create opportunities for board members to connect	HWB Culture and Style	**Incorporate learning opportunities and reflection into future Health and Wellbeing Board Away Development Sessions** **Run at least one development session annually**	Public Health (Governance)	May 2024
Reciprocal learning opportunities for HWB organisations	HWB Culture and Style			
Create opportunities for board members to connect	HWB Culture and Style			
HWB reflection on success, ways of working and challenges	HWB Culture and Style			
Criteria for taking papers to the board e.g., what if it doesn't meet criteria	Prioritisation and Work Planning	**Establish an Executive Board to undertake the statutory "sign-off" functions, providing the whole board membership with more space and time for strategic discussion and thematic agenda items**	Public Health (Governance) HWB Members	Sep 2023
Too many papers (length of reports and time allocated) at each Board meeting	Prioritisation and Work Planning			
Executive Board to sign off reports	Prioritisation and Work Planning			
Is it in the strategy and is it deliverable?	Prioritisation and Work Planning			

DRAFT

Feedback/Ideas from Development Day (summarised)	**Theme**	**Proposed Action**	**Owner**	**Indicative Deadline (HWB)**
Refresh of the Deep Dive programme	Prioritisation and Work Planning	**Add 'Review Deep Dive topics' to the HWB Forward Plan**	Public Health (Governance)	Jul 2023
We need clear governance, structure and accountability	Relationships and Accountabilities	**Develop Board member roles and expectations as part of refreshing the Board's Terms of Reference**	Public Health (Governance)	Sep 2023
Being understanding and supportive of each other	HWB Culture and Style	**Incorporate the Nolan Principles into a statement, memorandum or Terms of Reference**	Public Health (Governance) /HWB Members	Sep 2023
Build relationships with communities	Prioritisation and Work Planning	**Refresh the public question function and process**	Public Health (Governance) /Democratic Services	Jul 2023
Focus of wider determinants that can be controlled	Prioritisation and Work Planning	**Create a (high level) delivery plan for each of the strategy themes**	Public Health (Governance)	Mar 2024
Robust action plans e.g., names, deadlines	Prioritisation and Work Planning			
Link between HWB and day job	Prioritisation and Work Planning			
Focus on areas can influence and be creative	Prioritisation and Work Planning			
Accepting realistic time constraints	HWB Culture and Style			

DRAFT

Feedback/Ideas from Development Day (summarised)	Theme	Proposed Action	Owner	Indicative Deadline (HWB)
Highlight success and failures short and long-term	HWB Culture and Style	**Conduct an independent evaluation of the Joint Health and Wellbeing Strategy**	Public Health (Governance)	May 2024
Examine other models e.g., Better Care Fund	Supporting HWB Members			
Trust to use resources correctly	Relationships and Accountabilities			
Outside expertise on relationships	Relationships and Accountabilities			
Terms of References need to be agreed for each forum	Relationships and Accountabilities	**Share and review the Terms of Reference for each HWB forum annually**	Public Health (Governance) HWB Forums	Sep 2023
The membership of the forums may need to be reviewed more frequently	Relationships and Accountabilities			
Forums should have more themed discussions/ presentations to avoid unstructured discussion	Prioritisation and Work Planning	**Explore the options for forums to have thematic sessions and develop actions from these discussions**	Public Health (Governance) HWB Forums	Sep 2023
Forums need to move from a passive role to an active one	Prioritisation and Work Planning			
Forums could branch out beyond meetings to events/initiatives (e.g. Creative Dinners)	HWB Culture and Style	**Invite forum members to a HWB development/learning session where good practice can be shared**	Public Health (Governance) HWB Forums	Sep 2023

DRAFT

Feedback/Ideas from Development Day (summarised)	**Theme**	**Proposed Action**	**Owner**	**Indicative Deadline (HWB)**
Better communication methods for forums members (i.e. not LinkedIn)	Comms and Engagement	**Develop shared mailbox/email address (or alternative) for each forum with options for regular updates**	Public Health (Governance) HWB Forums	Sep 2023
Governance structures could better involve Healthwatch and academic sector	Relationships and Accountabilities	**Explore options for representation from Healthwatch and academic sector at relevant forums**	Public Health (Governance) HWB Forums	Sep 2023
There needs to be better defined accountability between the forums and the HWB	Relationships and Accountabilities	**Explore formal representation (e.g. Board Champions) for forums at Health and Wellbeing Board meetings. Include in refreshed HWB Terms of Reference**	Public Health (Governance) HWB Forums	Sep 2023
Better representation for the forums at HWB meetings	Relationships and Accountabilities			

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Birmingham Joint Local Health and Wellbeing Strategy

Creating a Bolder, Healthier City 2022-2030

Annual Review 2022-2023

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Introduction

Chair's Statement

There is much to reflect on from the Health and Wellbeing Strategy's first year, which aligns with my first full year as Chair of the Health and Wellbeing Board. I became Chair at a time of great excitement for the city and transition for the Board.

The breadth of projects covered in this review is a great example of how partnership working can engage, inspire, and deliver for communities in Birmingham. However, there is still clear evidence across the city of health inequalities that will take time and effort to tackle.

Learning from COVID-19 meant that Birmingham restructured its ways of community engagement, developing and supporting health and wellbeing champions and networks, which are now helping with The Cost of Living Response. Maintaining ongoing relationships and trust with communities is essential. A reflection of positive partnership working looking at, Birmingham 2022 hosted the 22nd Commonwealth Games, which was the biggest sporting and cultural event ever held in the city featuring thousands of world-class athletes and over a million spectators.

We can look forward to further building and sustaining relationships and measuring integrated working across the council and with partners in the ICS and the voluntary and community sectors so that we can continue to deliver in the most efficient way possible.

We must address the inequalities that disadvantage so many communities across the city by supporting people to live longer in good health and enhancing people's quality of life and experience of care. To put our residents at the heart of what we do and offer and mobilise the skills and knowledge of local people and the connections and resources within communities and organisations to improve health and well-being.

Cllr Mariam Khan
Cabinet Member for Health and Social Care
Chair of the Birmingham Health and Wellbeing Board

What is the Birmingham Health and Wellbeing Board?

The Health and Wellbeing Board (HWB) is a group of senior representatives from organisations across Birmingham, including Birmingham City Council, the NHS, the community sector and Healthwatch, which represents views of the public. There is cross-party political representation, with meetings chaired by the Cabinet Member for Health and Social Care.

The Health and Wellbeing Board's vision for Birmingham is to "create a city where every citizen, whoever they are, wherever they live and at every state of life, can make choices that empower them to be happy and healthy". The Health and Wellbeing Board works collectively, with the strengths and assets of Birmingham people, to oversee, influence and shape action to ensure Birmingham is a healthy city with high quality services.

About this review

This review covers the first year of delivery for the Joint Health and Wellbeing Strategy since its publication in May 2022. It is not a comprehensive examination of all the activity that has happened in the last year but a summary of developments at the Health and Wellbeing Board alongside a showcase of project and initiatives that contribute towards the strategy's ambitions.

These have been presented as case studies that emphasise a bold approach with effective partnership working at their core. These case studies have been compiled from contributions from across the health and social care system in Birmingham as well as voluntary and community partners.

Each case study is linked to a theme from the Joint Health and Wellbeing Strategy and provides context on what the project is and who is delivering it. It also states which ambition/s are contributed to and, where available, who is the point of contact to approach for more information or collaboration opportunities.

Included at the end of this review is an update on the progress around the indicators of the Birmingham Health and Wellbeing Strategy using the most contemporary data. Each indicator is accompanied by commentary that explains the recent movement of the data and any longer-term trends. All the data is available on the Joint Health and Wellbeing Strategy Dashboard.

Creating a Bolder, Healthier City 2022-2030: Strategy on a page

Our Vision

To create a city where every citizen, whoever they are, wherever they live and at every state of life, can make choices that empower them to be happy and healthy.

Our Principles

- Citizen-driven and informed by citizens' lived experience
- Consciously focused on reducing inequalities through promoting equality, diversity and inclusion
- Data and evidence-informed and research-enabled action
- Impact of COVID-19 pandemic mitigated as part of our legacy work

Our Themes

The strategy has five core themes for action covering the wider determinants of health, health protection and environmental public health. These are:

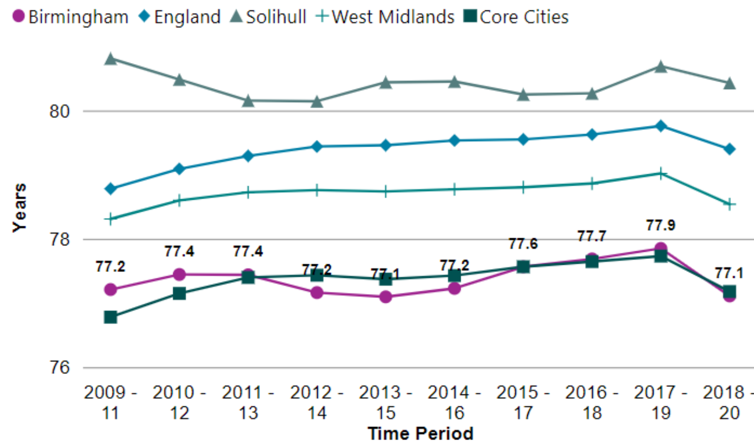
1. Healthy and Affordable Food
2. Mental Wellness and Balance
3. Active at Every Age and Ability
4. Contributing to a Green and Sustainable Future
5. Protect and Detect

The five core themes run throughout the life course, which is split into three stages:

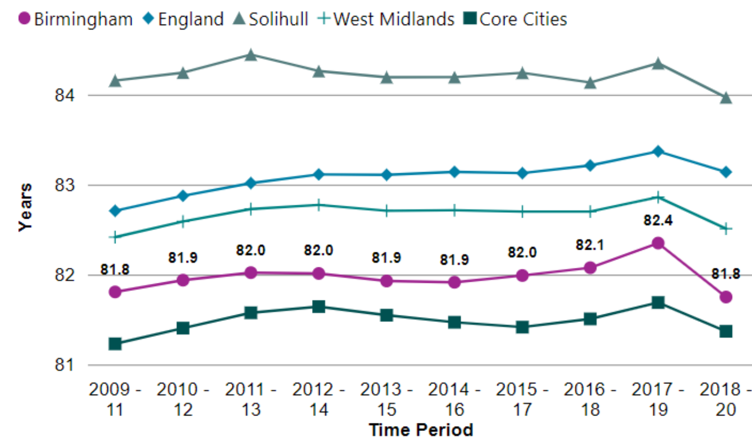
- Getting the Best Start in Life
- Living, Working, and Learning Well
- Ageing and Dying Well

Headline Indicators

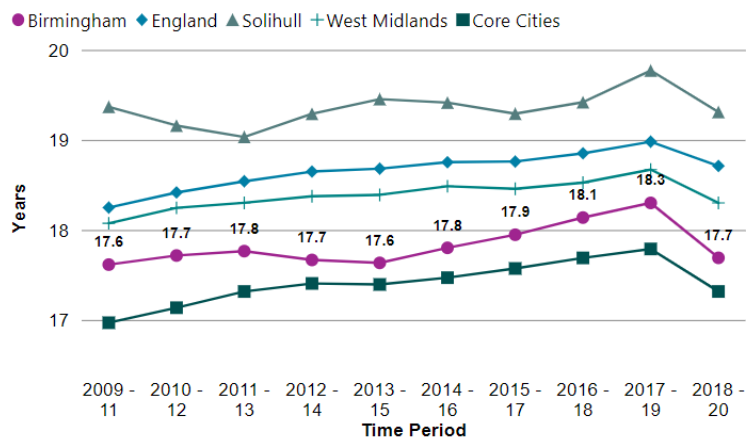
Life expectancy at birth (Male) Updated 17 Feb 2023



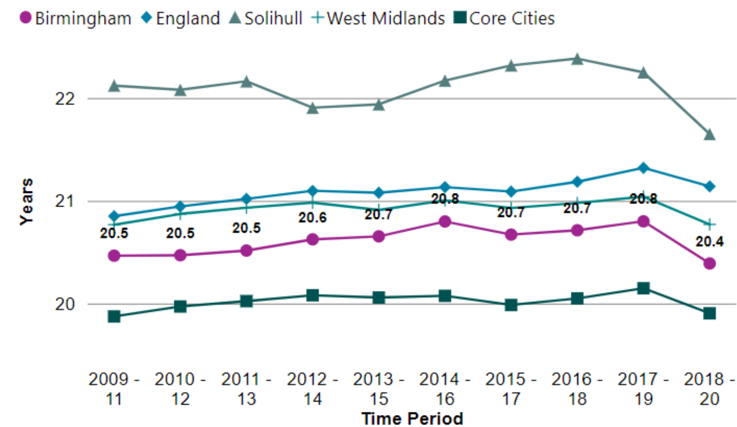
Life expectancy at birth (Female) Updated 17 Feb 2023



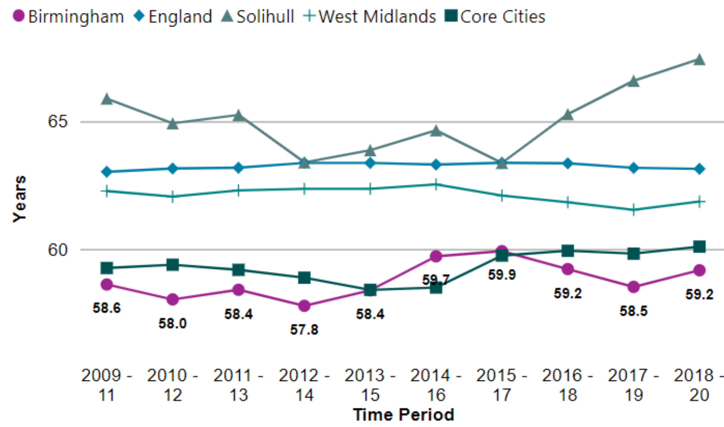
Life expectancy at 65 (Male) Updated 17 Feb 2023



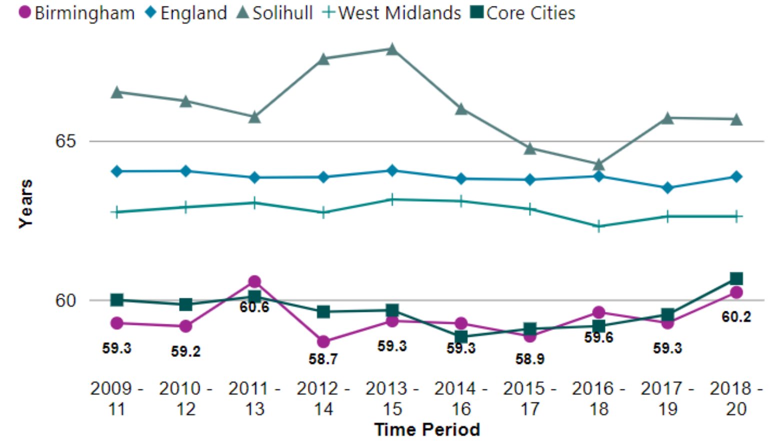
Life expectancy at 65 (Female) Updated 17 Feb 2023



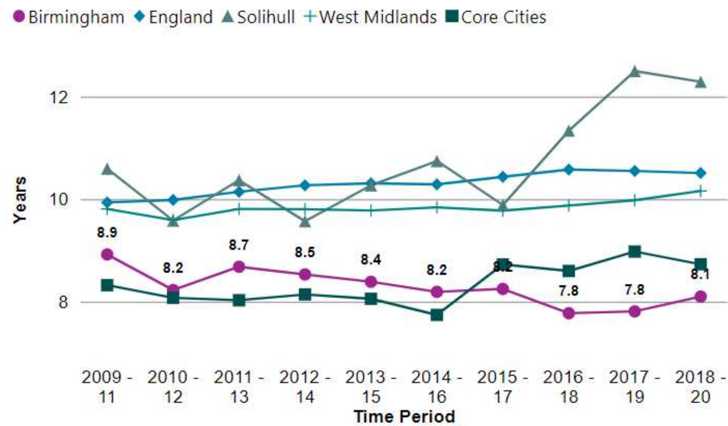
Healthy life expectancy at birth (Male) **Updated 5 July 2022**



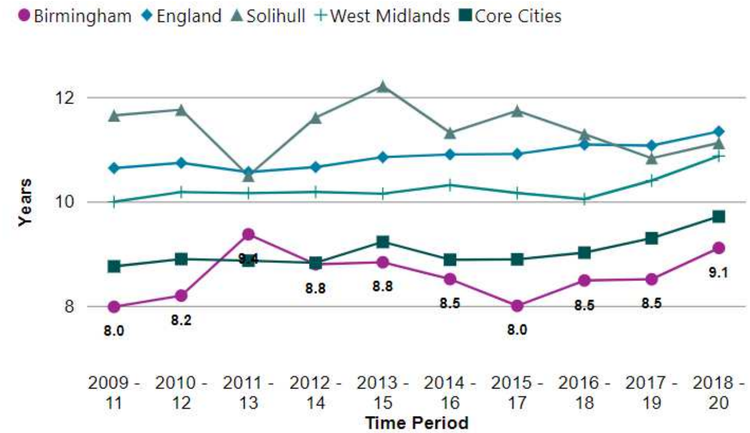
Healthy life expectancy at birth (Female) **Updated 5 July 2022**



Healthy life expectancy at 65 (Male) **Updated 7 July 2022**



Healthy life expectancy at 65 (Female) **Updated 7 July 2022**



Review of the HWB Year

July 2022

In July, the Health and Wellbeing Board was cancelled in preparation for the 2022 Commonwealth Games, which took place across the city and the wider West Midlands region. The Board had been receiving regular updates on progress around the planning and delivery of the Commonwealth Games. There was a particular interest towards the maximisation of legacy benefits that stem from hosting an international multi-sport event and how this might positively impact levels of physical activity in the city. These updates also allowed the Board to understand the preparations made from a health and safety perspective, including issues around heat exposure or disease outbreaks.

September 2022

In September, the Health and Wellbeing Board refreshed its formal membership and ratified a new Chair (Cllr Mariam Khan) and Vice Chair (Dr Clara Day). September was also the first full meeting in the Health and Wellbeing Board's calendar and contained a healthy number of items for discussion and approval. Representatives from Adult Social Care presented the End-of-year report and 2022/223 Plan for the Better Care Fund, which funds the delivery of crucial social care services in Birmingham.

The Board also discussed the findings from the public consultation for the Birmingham & Solihull Draft Sexual Health Strategy 2023-2030. These findings alongside further consultation will inform the design of the service and how it engages with residents. Finally, there was an update from the 'Creating a Mentally Healthy City' Forum around the recent work of forum partners and progress on key projects. These included projects funded by the Better Mental Health Fund and actions contributing to the Birmingham Suicide Prevention Strategy.

November 2022

In November, the Board received its first update on the measure taken by Birmingham City Council to address the Cost of Living crisis. These updates are now a standing item at every Health and Wellbeing Board meeting and are supplemented by an update from a member organisation of the Board as well. The first was delivered by the Birmingham Social Housing Partnership. These updates provide members with an overview of response and available resources to alleviate the acute pressure on residents across the city. The Board also considered a refreshed Terms of Reference for the 'Creating a City Without Inequalities' forum which sets out the areas of work that it will now explore and report on, including the Gender Health Inequalities project.

Alongside this, the Board also agreed to the publication of the Indicator Dashboard for the Joint Health and Wellbeing Strategy on Birmingham City Council's City Observatory website. An update of the indicators on this dashboard is available as an appendix to this review. Finally, the Board received an annual update from the 'Creating a Healthy Food City' forum which focused on the 'Birmingham Food Revolution' and how it might align with projects on the Cost of Living crisis.

In November, the Board also received a written update from the 'Creating a Physically Active' Forum on its latest projects, including the following case study: 'Safe and Active Mobility' Campaign.

January 2023

In January, the Board discussed an update from the Perinatal and Infant Mortality Taskforce, which was followed by a report to the Health and Overview Scrutiny Committee. The Board also discussed and approved the publication of the Triple Zero Drug and Alcohol Strategy 2022-2032. This strategy will address drug and alcohol addiction through prevention, intervention, treatment, and recovery. Additionally, the 'Health Protection' Forum provided an update on its recent activity.

The Board also received its regular Cost of Living updates from Birmingham City Council and Birmingham Healthwatch. It was also presented with an insights report from the Birmingham Voluntary Services Council, which illustrated the voluntary and community sector's perspective of the crisis.

March 2023

The Board also received an update from the Birmingham and Solihull Integrated Care Board on its progress since its constitution in 2022 and from Adult Social Care on an assessment of its services by the Care Quality Commission. Finally, the Board received an update from the Local Maternity and Neonatal System on its recent response to the Ockenden Review and on relevant projects, such as the one in the following case study: Culturally Specific Infant Feeding Groups.

The Board also received its regular Cost of Living update from Birmingham City Council and Birmingham Healthwatch, with the particular focus of this update being on food provision. The Board was presented with several key strategies and reports at this meeting. Firstly, the Birmingham Food System Strategy 2022-2030, will help to enable the 'Birmingham Food Revolution' and transition the city to a more equal and sustainable food system. The Board was then presented with the Birmingham and Solihull Integrated Care System's 10-year Strategy, which, in tandem with the Joint Health and Wellbeing Strategy, will define the system's overall approach to health and care issues. The Board then received a progress report from the Birmingham and Lewisham African Caribbean Health Inequalities Review. This was particularly focused on the work of the BLACHIR Implementation Board, detailed in a case study.

The Board also approved the publication of the Birmingham and Solihull Pharmaceutical Needs Assessment and the Director of Public Health Annual Report 2022-2023, thereby fulfilling its statutory requirements as an accountable public committee.

May 2023

In May, the Board held its annual development day at The Exchange in central Birmingham. This was a useful and productive experience for all the Board members as they had the opportunity to discuss recent successes as well as ongoing and future challenges that the Board faces.

Review of the Forums' Year

Creating a Healthy Food City Forum

The Creating a Healthy Food City (CHFC) Forum continues to deliver key activities that contribute towards the goal of a fair and sustainable food system. The membership, aims, and vision can be found on the Council's website: Creating a Healthy Food City Forum. The Forum has met six times in the past year and has delivered a range of key projects including the Birmingham Food System Strategy, Food Poverty and Justice Projects, Creative Dinners and Cook the Commonwealth.

The Birmingham Food System Strategy

The draft Food System Strategy was published in June 2022 and sets out an ambitious eight-year approach to create a bold, fair, sustainable and prosperous food system. From June to September 2022, the strategy was open to organisations and the public for consultation, which gathered useful feedback to inform the final version. The final strategy was published formally in April 2023: Birmingham Food System Strategy 2022-2030.

Food Poverty and Justice Projects

The CHFC Forum has asked cities to sign the Food Justice Pledge which aims to create a united global movement. The pledge was signed by the Leader of Birmingham City Council, the Cabinet Member for Health and Social Care, and the Director of Public Health in July 2022. The Forum has also supported Public Health's Food System team with the food provision work strand of Birmingham City Council's Cost of Living crisis response. The response shows how Birmingham can create effective and sustainable solutions to food system challenges. The food provision work strand has been highly praised across the system. Since January 2023, the following has been delivered:

- Through the Emergency Food Aid Fund, £480,000 of food and consumables have been provided for food projects, going directly to Birmingham citizens. This includes £800 for 6 months to 100 organisations. A further 16 food projects have had applications accepted for the Supplementary Food Aid Fund which consists of £400 for 3 months. The supplementary fund was introduced due to high demand for the Emergency Food Aid Fund.
- Additional funding has supported Birmingham Youth Service to purchase kitchen equipment, delivering the provision of nutritious food for more than 500 young people at 49 sessions per week. This represents a total of 10,700 meals being provided in 6 weeks.
- Automatic registration approaches have been explored for Free School Meals and Healthy Start, and ways to increase uptake.
- A Surplus Food Hub pilot has been initiated in Balsall Heath.
- Through the Affordable Food Infrastructure Fund, grants of up to £3,000 have been provided for infrastructure/equipment to increase the capacity of

Birmingham's food projects for food provision. Ideally, this is for providing more food that is nutritious, culturally appropriate, and safe (and hot where appropriate) to more people, in ways that enable dignity, choice, and socialisation.

Case Study: Birmingham Food Legends Fund

Theme: Healthy and Affordable Food

Contact
Sarah Pullen
sarah.pullen@birmingham.gov.uk

What is it about?
To support the Health and Wellbeing Strategy's vision of healthy and affordable food, we are initiating the Birmingham Food Revolution. This has included the Birmingham Food Legends Fund, which has provided grants of up to £5,000 to organisations to undertake projects aligning with our vision of creating a fair, sustainable, and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive. Projects are focussed on the areas of food production, food skills and knowledge, and food economy and employment. Through a competitive application process, we funded proposals that followed the key principles: collaborate (strengthen partnerships and build on existing good practice), empower (remove barriers and facilitate solutions), and equalise (focus actions where they are needed most to reduce inequalities).

Who has delivered/ is delivering it?
We have funded 44 different charities, CICs, CIOs and community organisations to deliver projects across the city. This is also being overseen by the Creating a Healthy Food City Forum and linked to partners who are helping to tackle the cost-of-living crisis across the city.

Which HWB Strategy ambition/s does it relate to?

- Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030

Creative Dinners

In collaboration with University College Birmingham, a series of Creative Dinners events started in November 2022 with a focus on knowledge exchange and understanding the impacts of the Cost of Living crisis on the local food system. To date, three have taken place so far as part of this collaborative effort.

The Creative Dinners consist of debate-style dining experiences and aim to bring together diverse, inspiring, and innovative trailblazers from across Birmingham, the UK, and around the world to have conversations on key subjects affecting our food system and spark the collective power of change. The first Creative Dinner was held in November 2022, with the Cost of Living being the focus of conversation and speeches.

The dinner in March 2023 had the theme of food behaviour change, food innovation and food transformation. The May 2023 dinner focused on food production and food sourcing ("From Farm to Fork"). The Creative Dinners have been a great success so far, with feedback being overwhelmingly positive. The events have provided a platform to bring together stakeholders and key players within the food system, to discuss how to work together moving forward. The 4th dinner in the series will take place in October 2023.

'Cook the Commonwealth'

To celebrate the hosting of the 2022 Commonwealth Games, the Forum supported the 'Cook the Commonwealth' campaign from June to August 2022. This provided nearly 800 recipes for anyone to use on the Whisk cooking app. These recipes would be from all the Commonwealth countries and encourage healthy and culturally diverse cooking. In total, the recipes were viewed 39,000 times with people in Birmingham making up 22% of all UK views.

Case Study: Culturally specific infant feeding groups

Contact
Amy MacLean
amy.maclean@nhs.net

Theme: Getting the Best Start in Life

What is it about?
In Ladywood and Perry Barr, the Community Health Collaborative, called Flourish aims to build trust amongst local communities, encouraging greater engagement with available services; and to educate, inform and support mothers to help reduce infant mortality, especially among highly affected communities.

Who has delivered/ is delivering it?
Seven organisations within West Birmingham have been offered micro grants of £5k, funded by the Birmingham & Solihull Integrated Care System, to run culturally specific infant feeding support groups. A local infant feeding peer support team is offering training and support for the group leaders. These groups are in their infancy, but some are already thriving and bustling. There are three groups which started in late 2022 and early 2023 who are now running regular sessions, with a further four planned to start in the near future. There has been an average of 8-10 mothers attending each session with engagement increasing as well. Group leaders are also receiving training on a 10-week long peer support training programme.

Which HWB Strategy ambition/s does it relate to?

- Increase the percentage of babies who are breastfed 6-8 weeks after birth to over 50% by 2027 and to over 60% by 2030.

Creating a Mentally Healthy City Forum

The CMHC Forum focuses on developing a public health approach to mental health and wellbeing in the City. The forum is a partnership between core organisations like Birmingham City Council, Birmingham & Solihull Integrated Care System, Birmingham MIND, Newman University, University of Birmingham, and Washwood Health Multi-Academy Trust. The full membership, aims, and vision can be found on the Council's website: Creating a Mentally Healthy City Forum.

Framework for Action Workshop

In April 2023, the Forum held a half-day workshop to develop and agree priorities for the Forum's Framework for Action. Crucially, this framework defines which areas the Forum should focus on, and it might add value to working as a partnership on this. The areas chosen to focus on are; building our intelligence, life course, ethnicity, gender and sexuality, inclusion health groups, and understanding our impact.

The workshop was very successful with partners encouraged by the ability to talk about issues and next steps within an in-person setting. Two main learning points from the workshop were to increase the level of representation at the Forum of those with lived experience of poor mental health and/or wellbeing, and to develop a plan for how the Framework can be co-produced and evaluated.

Real-time Listening for Cost of Living Crisis Response

A project was commissioned in March 2023 to better understand the mental health impact of the Cost of Living (CoL) Crisis, led by Thinks Insight and Strategy. The project will involve real-time research with participants across Birmingham to understand the impact of the CoL crisis. There will also be engagement with relevant organisations, including Forum partners. The research will be paused until September 2023 to allow it to run into the winter when it is anticipated that the impacts of the CoL crisis will be greatest.

Better Mental Health Fund

The Better Mental Health Fund (BMHF) programme has been funding local projects throughout 2022 and the start of 2023 to address mental health inequalities in Birmingham, particularly those exacerbated by the Covid-19 pandemic. This fund allowed 13 organisations across the city to deliver 16 specific projects, with the council receiving £813,673 in total. These projects have directly engaged over 3000 residents with 72% of these residents living in the 10% most deprived neighbourhoods. The funding has also offered local organisations an opportunity to pilot projects that they had in their pipeline. An independent evaluation of the Birmingham projects has been commissioned and the final report will be shared in July 2023. The success of these projects has ensured that six of them will continue to be funded by Birmingham City Council.

<u>Case Study:</u> <u>Better Mental Health Fund</u>

Theme: Mitigating the legacy of Covid-19

What is it about?

The Better Mental Health Fund was set up by the UK national government to address the mental health impacts of the Covid-19 pandemic. Funding was offered to 40 local authorities in England to commission public health interventions to improve mental health. In total, the council received over £800,000 to use in 2021 and 2022 on 16 specific projects.

Who has delivered/ is delivering it?

A diverse range of 13 organisations from across the city have been funded to deliver key projects that address mental health inequalities. These projects were targeted at communities who were disproportionately affected by the Covid-19 pandemic. 3,143 people were directly engaged through these projects with 14,062 people being supported and indirectly engaged overall. 72% of those engaged lived in the 10% most deprived neighbourhoods and 70% of those engaged were aged between 5 and 17. To ensure that these projects continue to have a positive impact, Birmingham City Council has agreed to continue funding for six of the projects across the city for the next year.

Suicide Prevention Advisory Group

This group has been developing a new action plan for the Birmingham Suicide Prevention Strategy 2019-2024. This plan will be finalised in the coming months with feedback received from partners at the Forum in May 2023. This will also contribute to a refresh of the strategy that will begin in December 2023, culminating in December 2024 with the publication of the new Suicide Prevention Strategy. The group has also been supporting the 'Baton of Hope' campaign which will be held in Birmingham in July 2023. This raises awareness of suicide by connecting communities and enabling prevention and signposting to appropriate support.

Case Study: Community Engagement Officer for the Central and Eastern European Community

Theme: Mental Wellness and Balance

What is it about?

The Suicide Prevention Strategy has identified an increased risk of suicide in Central and Eastern European Communities (Birmingham Suicide Prevention Partnership, 2019). In collaboration with this community, a Mental Health and Wellbeing Community Engagement Officer will be recruited to work in, and with the community, to create stronger relationships, to understand and build intelligence on mental health and wellbeing inequalities and activities and services that the community value.

Who has delivered/ is delivering it?

This project will be delivered by the Polish Expats Association and Birmingham City Council Public Health Division. The officer will be managed by the Polish Expats Association who are an organisation who support the Central and Eastern European Community.

Which HWB Strategy ambition/s does it relate to?

- Reduce our suicide rate (persons) in the city to be the lowest Upper Tier Local Authority (UTLA) in England by 2030

Creating a Physically Active City Forum

The Creating a Physically Active City (CPAC) Forum aims to bring partners together to increase physical activity at a population level across Birmingham by developing and delivering a joint action plan. The Forum meets every eight weeks and is chaired by Councillor Liz Clements (Cabinet Member for Transport). More information and the full membership can be found here: Creating an Active City Forum. In the past year (2022-2023), the Forum has focused on the following strands of activity:

Physical Activity Needs Assessment and Strategy

The Forum has been supporting the Public Health Physical Activity team to develop a needs assessment and Physical Activity Strategy for Birmingham. The purpose of the needs assessment is to develop a systematic approach to understanding the physical activity needs of the Birmingham population. The process includes reviewing existing evidence and data, mapping current service provision, and identifying any gaps and recommendations. The strategy aims to identify opportunities, barriers and challenges and bring all partners together to develop a coordinated set of delivery plans to support the implementation of the strategy, focussing on key geographies and communities where targeted action is needed. These plans will drive the change needed and show how we will go further and faster to reach our ambitious targets for the city.

In April 2023, an engagement event for the strategy was attended by over 30 organisations and several key themes were proposed, including workforce development, improving the evidence base, and measuring the impact of physical activity interventions. Further workshops are planned to develop these themes and a draft strategy will be presented at Cabinet in October 2023 for permission to undertake public consultation. There is collaboration between the development of the physical activity and sports strategies to ensure alignment.

'Travel Smart' – Safe and Active Mobility Campaign

Birmingham City Council commissioned a short social marketing project to focus on increasing physical activity through walking and cycling in South Asian and African and Caribbean Communities in ten wards of the city. The ten focused wards for the intervention were Alum Rock, Aston, Birchfield, Bordesley Green, Handsworth, Holyhead, Lozells, Small Heath, Sparkbrook & Balsall Heath East and Sparkhill.

The project built on the existing communication channels and communities engaged in the 2021 campaign 'Tola Time'. The overall ambition was to encourage a shift in knowledge, attitude, and behaviour around active travel, walking and cycling. The project had an impact through community engagement and participation (600+ people from target communities), community influencers and outreach (6,000+ people) and social media (a total of 27,000 'impressions' across pages). The reach also included television and radio and had coverage in English, Urdu, Punjabi, Potwari, Romanian and Somali. There was a potential audience of 100,000+ people reached through media coverage. As a result of the messaging and public engagement from the

campaign, a Bikeability programme delivered by TAWS is being established at a youth hub in Small Heath and Birmingham Central Mosque.

Case Study: 'Safe and Active Mobility' Campaign

Theme: Active at Every Age and Ability

Contact
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What is it about?

The campaign aims to promote behavioural change by encouraging active travel by walking and cycling over a 4–5-week period. As part of the promotion the campaign brings attention to physical safety when walking or cycling next to and on roads, an identified barrier when moving around the city. This has led to a further understanding of barriers seen in some ethnic groups who are at high risk of adverse health outcomes and who may not be active (Patel, N et al., 2017). This campaign, therefore, focused on the 10 wards with the greatest proportion of the population identifying as Asian or Asian British and Black or African or Caribbean or Black British (75-88% of the population in these wards). The wards are Lozells, Small Heath, Alum Rock, Aston, Handsworth, Sparkhill, Sparkbrook and Balsall Heath East, Birchfield, Bordesley Green and Holyhead.

Who has delivered/ is delivering it?

Focusing on the Cost-of-Living Crisis as a motivator for behaviour change, the campaign providers Hawkmoth designed the 'Travel Smart' campaign. Using communication channels established during the previous initiatives, the campaign has reached over 4,000 residents from Pakistani, Indian, African Caribbean, Bangladeshi and Somali communities between January and June. Through social media platforms an estimated reach of 12,500 has been achieved and through radio and TV interviews this campaign is estimated to have reached over 100,000 people.

Which HWB Strategy ambition/s does it relate to?

Close the activity gap between different ethnic groups by 2030

Commonwealth Active Communities

The Commonwealth Active Communities (CAC) project is an investment from Sport England from the Commonwealth Games. Birmingham was one of the six places to receive funding. The focus is on areas of physical inactivity and five wards were chosen: Sparkbrook, Balsall Heath East, Castle Vale, Alum Rock, Heartlands and Lozells. The purpose is to address complex and challenging issues to get people more active and tackle health inequalities in each of these wards and co-create solutions with those communities. TAWS has been providing regular updates to the Forum and inviting relevant feedback from partners with the last update in May 2023.

Creating a City without Inequality Forum

The Creating a City Without Inequality Forum is focused on reducing health inequalities and raising awareness of partnership work to address the needs of excluded groups within the population. The Forum is chaired by the Cabinet Member for Social Justice, Community Safety and Equality. Over the last year, the Forum has taken the opportunity to refine its terms of reference and agree on a new direction based on the Joint Health and Wellbeing Strategy's key areas of inequalities: Creating a City without Inequality Forum. Key programmes include BLACHIR, Community Health Profiles, Birmingham Poverty Truth Commission and the Gender Health Inequalities Project.

Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

Birmingham and Lewisham African Caribbean Health Inequalities Review was published in March 2022. In the past year, the Forum has supported the implementation of the opportunities for action that are included in the report. The implementation phase of BLACHIR was inaugurated at a wider stakeholder and community event on 19th October 2022. The event introduced the BLACHIR Implementation Board (BLACHIRIB) and also provided the space to co-produce key elements of the overarching implementation plan.

BLACHIRIB has recruited two independent co-chairs and has initiated two workstreams, based on the seven cross-cutting themes identified within the Review. BLACHIRB is supported by a community engagement partners and a youth panel consisting of members from Black African and Black Caribbean communities in Birmingham who assist the implementation programme, implementation board and the two main delivery groups: ICS BLACHIR Taskforce and the newly established BCC BLACHIR Taskforce.

The implementation programme is ongoing and progress updates on delivery for the 39 opportunities for action are provided regularly.

Birmingham Poverty Truth Commission

The Birmingham Poverty Truth Commission (BPTC) was launched in May 2022 to improve citizen engagement and highlight the local experiences of poverty. There are ten community commissioners (with current lived experiences of poverty) and eight civic commissioners (people in positions of power and influence in the city). In spring 2023, the Commission culminated its activity and held three listening events around the experience of children in poverty and the specific impacts on their health and wellbeing, food poverty and housing poverty. The ongoing contribution of the commission to the city's response to the Cost of Living crisis as well as the development of key city strategies (housing and homelessness, food system, financial inclusion) has been recognised and has influenced the commission's contract being extended until March 2024, allowing the final 6-9 months to complete the project evaluation and develop a legacy plan. The commission itself concludes its activity in summer 2023.

Case Study: Birmingham and Lewisham African & Caribbean Health Inequalities Review

Theme: Promoting equality, diversity and inclusion

Contact
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What is it about?

The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) was launched in 2020 as a partnership between Birmingham and Lewisham to explore and better understand the inequalities affecting African and Caribbean communities in our areas and co-produce opportunities for action with communities to break structural inequalities. The review used a new approach of mixed methodology working with an external community advisory board and an academic advisory board to examine findings and shape recommendations. It followed a thematic approach to considering health inequalities drawing on the life-course model and the wider determinants of health.

Who has delivered/ is delivering it?

A partnership between the Lewisham Council and Birmingham City Council partnered to review and gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham. The Birmingham Health and Wellbeing Board endorsed the findings from the review and are actively promoting their implementation across local healthcare system. An overarching BLACHIR implementation board has been established to lead on the opportunities for action identified by the review. The Birmingham and Solihull Integrated Care Board (ICB) established a specific taskforce to progress implementation of the opportunities for action relating specifically to NHS.

Gender Health Inequalities Project

The Forum has supported the Public Health Inequalities Team to begin delivery on a 5-phase project around gender related health inequalities. This project aims to reduce specific health inequalities experienced by all genders. The Forum has supported the first phase of the project focused on women's health, including the promotion of the National Women's Health Strategy (2022) through relevant channels and organisations. The women's health inequalities strategic action plan is currently being developed and work to explore the men's health inequalities has already started.

Community Health Profiles

The Forum has also supported the Public Health Communities Team to develop their Community Health Profiles over the last year. These profiles are short evidence summaries that offer greater insight into the health and wellbeing needs of a range of diverse communities across Birmingham: Overview | Community health profiles | Birmingham City Council.

Health Protection Forum

The Health Protection Forum (HPF) meets monthly to discuss and seek assurance on health protection arrangements from local health protection system stakeholders. The Forum is a partnership between core organisations such as Birmingham City Council, Birmingham and Solihull Integrated Care Board, UK Heath Security Agency (UKHSA) and NHS England. More information can be found on the Council's website: Health Protection Forum. Activities and discussions in the last year are outlined below.

Prevention – Strengthening the System

Several groups have been established to strengthen the local system, including the ICS (Integrated Care System) Immunisation and Vaccination Programme Board to enable joint working across the ICS to improve vaccination uptake across Birmingham.

The Birmingham and Solihull Tobacco Control Alliance was established in June 2022, and a CLeaR self-assessment was completed with partners. An ICS Cancer Screening & Early Diagnosis group has also been set up to deliver cancer plan objectives and to facilitate joint working with ICS partners to identify and reduce inequalities.

The HPF has received assurance that antenatal and new born screening providers have recovered from the impacts of the Covid-19 pandemic and returned to pre-pandemic ways of working. In addition, BSol ICB and BCC reported to the Health Overview and Scrutiny Committee on immunisations in Birmingham, securing support for future work to promote and increase immunisations.

Non-recurrent funding from NHS England was secured to commission toothbrush packs for vulnerable adults and children in Birmingham and food banks across the West Midlands. Recurrent funding was secured from NHS England to establish an Oral Health Improvement (OHI) service.

MOUs (Memorandum Of Understanding) have been developed for complex TB and an MOU for general health protection is ongoing. MOUs will strengthen the incident management processes, confirming expectations, roles, and responsibilities of key stakeholders in planning for, and responding to incidents.

The HPF is working in partnership with Solihull Public Health and BSol ICB to identify priorities for a new Birmingham and Solihull Infection Prevention and Control (IPC) service.

Protection

The HPF has led on resilience and planning for cold weather communications and engagement (linking with the Cost of Living crisis), and reports on the new heat health alert system.

The HPF has responded to challenges regarding patients with complex TB, and social risk factors were identified through a review of TB cases. This included a literature review, case management review, and key stakeholder interviews. Recommendations have influenced changes in working practices when managing incidents of complex TB.

Over the past year there have been fewer cases and outbreaks of Rotavirus, Norovirus and Respiratory Syncytial Virus (RSV) in children (in 2021/22) compared to previous years, with hospital trusts effectively isolating suspected and confirmed cases.

The HPF supported the launch of the Air Quality Monitoring in Schools project in 2022 that involves the deployment of indicative air quality sensors to monitor gaseous and particulate pollutants at school sites.

Response

The HPF has supported cross-partnership planning and operational delivery to ensure a safe Commonwealth Games without any significant health protection incidents.

The HPF has supported UKHSA (UK Health Security Agency) in leading incidents involving lead poisoning and coordinated investigations and the response, with contributions from Environmental Health. The recent reduction in the blood lead concentration threshold for children and pregnant women has resulted in more investigations.

The HPF continues to convene regular and ongoing reviews and discussions of infectious disease outbreaks presenting a health protection risk to the Birmingham population, as well as the undertaking of reviews of communicable disease incidence data.

Case Study: Fast Track Cities + Initiative

Theme: Protect and Detect

Contact
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What is it about?

FTC+ aims to strengthen existing programmes and focus resources to accelerate locally coordinated, city-wide responses to end blood-borne viruses (BBVs) as major public health threats by 2030 and 2035 respectively. To date, the initiative has successfully brought together key stakeholders, facilitating invaluable networking opportunities and identification of ways the different teams involved can work better together to enhance prevention, testing and patient care.

Who has delivered/ is delivering it?

Individuals and organisations work together to achieve the goals of this initiative through a Steering Group which meets regularly. It is made up of representatives from the following organisations: Birmingham City Council, UK Health Security Agency, NHS England, Birmingham, and Solihull ICS, 'Change, Grow, Live' and the Hep C Trust. The Steering Group reports to a strategic level Project Board which provides overall direction and resources to support this work. The project will run until at least 2030 in line with the World Health Organisation (WHO) elimination targets for HIV, viral hepatitis, and TB. The project outcomes are a series of targets which have been developed by the Steering Group with input from national and local epidemiologists. A draft action plan has been produced which will be presented to the Health and Wellbeing Board for sign off later in 2023. The initiative has already made progress towards raising public awareness of the risks to health of BBVs and how and where to get tested. While the initiative is still in its early stages it is providing a key forum where key stakeholders can collaborate, problem-solve, and identify opportunities for more joined-up working.

Which HWB Strategy ambition/s does it relate to?

- Reduce the transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030.

Conclusion and looking ahead to next year

The Birmingham Health and Wellbeing Board recently met for its first development day in two years. During the day, the Board conducted a pre-mortem exercise for the Health and Wellbeing Strategy. This imagined a scenario where we arrived in 2030 to find that the Board had failed to make an impact on any of the strategy's ambitions. Members were then challenged to identify what might have happened, how this could happen, and what solutions were available to ensure it didn't happen. These discussions were vital and, alongside this Annual Review, confirm that while there is a significant volume of activity to address health inequalities, there is always more than can be done.

The Health and Wellbeing Board can use this Annual Review to identify where its priorities should be for the next immediate year as well as for the long-term delivery of the Joint Health and Wellbeing Strategy. Equally, the Health and Wellbeing Board can explore opportunities for greater partnership working, using the examples of current projects as springboards for future initiatives.

The Health and Wellbeing Board may also choose to refine the delivery mechanisms for the Joint Health and Wellbeing Strategy. The Annual Review can be used as a guide to examine where strong delivery has led to clear success.

Indicator Updates

Theme 1: Healthy and Affordable Food

Indicator	Breastfeeding prevalence at 6-8 weeks after birth - current method				
2030 Ambition	Increase the % of babies who are breastfed 6-8wks after birth to over 50 & by 2027 and over 60% by 2030				
Date updated	24/03/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
45.8	46.8	46.7	N/A	52.9	49.2
The Birmingham % has increased slightly by 1 pp (percentage point) in the most recent annual period. However, this is still below the England average and the Core Cities average. The overall trend is also a slight increase but again the Birmingham % is fairly far behind the % for the Core Cities.					

Indicator	Obesity: QOF prevalence (18+)				
2030 Ambition	Reduce the prevalence of adult obesity (18+) to the national average by 2030				
Date updated	27/10/2022		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
7.1	9.8	8.4	10.6	9.4	9.7
In the most recent annual period, the prevalence in Birmingham has risen by almost 3 pp. It is currently almost the same as the prevalence for England and the Core Cities. However, this does not accurately reflect the long-term trend as reporting in the 2020/2021 period was skewed by the Covid-19 pandemic. The current Birmingham prevalence is actually lower than the pre-pandemic prevalence of 10.9 from 2019/2020.					

Indicator	Percentage of 5-year olds with experience dental decay (Persons, 5 yrs)				
2030 Ambition	Reduce the % of 5yr olds with experience of dental decay to below 20% by 2030				
Date updated	25/01/2023		Time Period	2021/2022	
Birmingham (2018/2019)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
28.6	23.8	16.4	23.8	30.5	23.7
The Birmingham % is at almost the same level as that in England and lower than the average for the Core Cities. There has also been a reduction of almost 5 pp since this data was last recorded, although there are reporting gaps during the Covid-19 pandemic. The overall trend for Birmingham is that the % has been decreasing since 2007/2008 with minor fluctuations.					

<table>
<tr><td>Indicator</td><td colspan="5">Proportion of the population meeting the recommended ‘5-a’day’ on a ‘usual day’ (adults)(Persons, 16+ yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the % of adults regularly eating ‘5-a-day’ to more than 55% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">14/04/2022</td><td>Time Period</td><td colspan="2">2019/2020</td></tr>
<tr><td>Birmingham (2018/2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>48.2</td><td>47.5</td><td>54.3</td><td>52.6</td><td>52.9</td><td>55.4</td></tr>
<tr><td colspan="6">The Birmingham % for the most recently recorded annual period is noticeably lower than the England average and Core Cities average. The trend for the last 5 years also shows a reduction in the Birmingham % which does not necessarily track national or regional trends. However, there has not been any data recorded since 2019/2020 so we do not know the direction of the most recent trend.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Reception: Prevalence of obesity (including severe obesity) (Persons, 4-5 yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">29/11/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2019/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>10.9</td><td>12.2</td><td>9.6</td><td>11.3</td><td>11.5</td><td>10.1</td></tr>
<tr><td colspan="6">The prevalence in Birmingham is higher than regional and national prevalence, although this is still following a trend from the last decade. The increase in prevalence between the previous and current recordings may be partially attributable to the gap in data from the 2020/2021 period due to Covid-19 disruption.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Reception: Prevalence of underweight (Persons, 4-5 yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the prevalence of underweight children in Reception to less than 1% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">23/11/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2019/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>1.4</td><td>1.8</td><td>1.2</td><td>1.3</td><td>1.2</td><td>1.2</td></tr>
<tr><td colspan="6">The current prevalence in Birmingham is higher than the England average and, when detailed, the highest among all of the Core Cities. The Birmingham trend for the last decade has fluctuated, although the prevalence has not been as high since 2010/2011. There is a gap in the reporting of data from 2020/2021 and this may have an effect on trend comparisons.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Uptake of healthy start vouchers in eligible families (%)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the uptake of healthy start vouchers in eligible families to at least 80% by 2027</td></tr>
<tr><td>Date updated</td><td colspan="2">01/03/2022</td><td>Time Period</td><td colspan="2">2022</td></tr>
<tr><td>Birmingham (2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>65</td><td>70</td><td>66.3</td><td>68.3</td><td>73.2</td><td>67.3</td></tr>
<tr><td colspan="6">The Birmingham % for the most recent annual period is higher than both the England and regional average. It has also increased by 5pp since the last recording. There is not enough available data to discuss the trend as there is no data earlier than 2021 for this indicator.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Year 6: Prevalence of obesity (including severe obesity) (Persons, 10-11 yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the prevalence of obesity (including severe obesity) in children in Reception and Year 6 by 10% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">29/11/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2019/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>25.5</td><td>27.9</td><td>19.2</td><td>26.2</td><td>27.1</td><td>23.4</td></tr>
<tr><td colspan="6">The prevalence in Birmingham for the most recent annual period is higher than both the England average and the Core Cities average, although there is less than a 1% difference between the latter. The trend shows that the prevalence has flattened in the last 7 years but risen since last recording. There is no data recorded for 2020/2021 so the current data may have been affected by the Covid-19 pandemic.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Year 6: Prevalence of underweight (Persons, 10-11 yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the prevalence of underweight in children in Year 6 to less than 1% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">23/11/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2019/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>2.3</td><td>2.1</td><td>1.5</td><td>1.5</td><td>1.4</td><td>1.5</td></tr>
<tr><td colspan="6">The prevalence in Birmingham is higher than the averages for England and the Core Cities. There has been a small reduction in prevalence compared to the previous data recording. The trend has fluctuated over the last 10 years, although this may be a result of small numbers involvement. Birmingham also has the highest prevalence compared to any of the other Core Cities.</td></tr>
</table>

Theme 2: Mental Wellness and Balance

Indicator	Admission episodes for alcohol-related conditions (Broad definitions) per 100,000				
2030 Ambition	Reduce episodes for alcohol-related conditions (Broad definitions) to below the national average by 2030				
Date updated	21/02/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
769.3	781.4	516.7	618.5	871.1	626.1
The number of admission episodes in Birmingham is higher than the average in England but lower than that for the Core Cities. There was a rise between the previous recorded period and the current period, although this rise is only slight. It is difficult to establish a trend as the historic data is currently being adjusted to reflect population data from Census 2021 and, therefore, is not visible on the dashboard.					

Indicator	Average anxiety rating (0-10: 0 'not at all anxious', 10 'completely anxious')				
2030 Ambition	Ensure our personal well-being scores are equal to or better than the national average by 2030				
Date updated	02/11/2022		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
3.5	3.2	3.1	3.1	3.3	3.1
The rating in Birmingham is almost equal to both the averages of England and the Core Cities for the most recent annual period. There has been a reduction in the rating since the previous data recording. However, the trend shows that the rating is still higher than any other recording of the past 10 years.					

Indicator	Average happiness rating (0-10: 0 'not happy at all', 10 'completely happy')				
2030 Ambition	Ensure our personal well-being scores are equal to or better than the national average by 2030				
Date updated	02/11/2022		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
7.2	7.3	7.4	7.4	7.3	7.5
The Birmingham rating is equal to the Core Cities average and almost equal to the England average. While the rating has very slightly increased since last recording, the trend shows a sharp drop in the rating which corresponds to the Covid-19 pandemic. The pre-pandemic trend had a higher rating than the current one.					

<table>
<tr><td>Indicator</td><td colspan="5">Average life satisfaction rating (0-10: 0 ‘not at all satisfied’, 10 ‘completely satisfied’)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Ensure our personal well-being scores are equal to or better than the national average by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">02/11/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2020/2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>7.2</td><td>7.5</td><td>7.4</td><td>7.5</td><td>7.5</td><td>7.6</td></tr>
<tr><td colspan="6">The Birmingham rating is equal to the Core Cities average and almost equal to the England average. While the rating has very slightly increased since last recording, the trend shows a sharp drop in the rating which corresponds to the Covid-19 pandemic. The pre-pandemic trend shows that the rating had increased in the last 10 years and the current rating shows a partial recovery.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Average worthwhile rating (0-10: 0 ‘not at all worthwhile’, 10 ‘completely worthwhile’)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Ensure our personal well-being scores are equal to or better than the national average by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">02/11/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2020/2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>7.7</td><td>7.7</td><td>7.7</td><td>7.7</td><td>7.8</td><td>7.8</td></tr>
<tr><td colspan="6">The rating in Birmingham is almost equal to the averages of England and the Core Cities. The rating has not changed since the last data recording and the trend has been flat for the last 5 years. Interestingly, there appears to have been no perceptible impact from the Covid-19 pandemic on Birmingham’s rating.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Depression and anxiety among social care users: % of social care users</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce depression and anxiety among social care users to less than 50% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">03/01/2020</td><td>Time Period</td><td colspan="2">2018/2019</td></tr>
<tr><td>Birmingham (2017/2018)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>59.1</td><td>51.7</td><td>58.8</td><td>55.5</td><td>51.8</td><td>50.5</td></tr>
<tr><td colspan="6">The Birmingham % is slightly higher than the England average and almost equal to the Core Cities average. There has been a roughly 8pp reduction in the Birmingham % since the last data recording. However, this data has not been updated for several years.</td></tr>
</table>

Indicator	Emergency hospital admissions for intentional self-harm per 100,000				
2030 Ambition	Reduce the emergency intentional self-harm admission rate to be within the lowest 10 UTLA in England by 2030				
Date updated	08/02/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
185.5	162.8	140.3	151.0	174.4	163.9
The number of admissions in Birmingham is lower than the averages of England and the Core Cities. The number has also reduced since the last data recording. It is difficult to establish a trend as the historic data is currently being adjusted to reflect population data from Census 2021 and, therefore, is not visible on the dashboard.					

Indicator	Prevalence of depression and anxiety in adults				
2030 Ambition	Reduce the prevalence of depression and anxiety in adults to less than 12% by 2030				
Date updated	10/03/2020		Time Period	2016/2017	
Birmingham (2015/2016)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
14.6	14.5	11.9	N/A	16.8	13.7
The prevalence in Birmingham is higher than the England average but lower than the average for the Core Cities. There has been a very slight reduction since the last data recording. However, a contemporary trend cannot be established as the data has not been updated for several years.					

Indicator	Proportion of adults who have a high self-reported life satisfaction score				
2030 Ambition	Ensure our personal well-being scores are equal to or better than the national average by 2030				
Date updated	02/11/2022		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
45.9	54.0	60.9	53.5	55.4	54.0
The Birmingham % is equal to the England average and slightly lower than the Core Cities average. There has been a sizeable increase of 9pp since the last data recording. The trend has fluctuated for the last 10 years although the current data represents the highest % for the last 5 years.					

Indicator	Smoking prevalence in adults with a long-term mental health condition (18+)				
2030 Ambition	Reduce the smoking prevalence in adults with a long-term mental health condition to at least the national average by 2027				
Date updated	28/03/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
28.7	28.7	28.1	27.3	28.9	25.2
The prevalence in Birmingham is higher than the England average but almost equal to the Core Cities average. The prevalence has not changed since the last data recording. The trend is that the prevalence is decreasing overall with some annual fluctuations.					

Indicator	Successful completion of drug treatment – non-opiate users				
2030 Ambition	Increase successful completion of drug treatment – non-opiate users to over 48%				
Date updated	10/01/2023		Time Period	2021	
Birmingham (2020)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
24.3	34.6	42.8	33.5	33.8	34.3
The % in Birmingham is almost equal to the England average and slightly higher than the Core Cities average. The % has increased by 10pp since the last data recording. This is counter to the trend of the last 5 years which has seen the % decreasing.					

Indicator	Successful treatment of drug treatment – opiate users to over 8%				
2030 Ambition	Increase successful completion of drug treatment – opiate users to over 8%				
Date updated	10/01/2023		Time Period	2021	
Birmingham (2020)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
3.2	3.5	6.9	4.5	4.5	5.0
The Birmingham % is lower than the averages for England and the Core Cities. There has been a slight increase in the % since the last data recording. However, the trend over the last 10 years has shown a drop in the % with large fluctuations.					

<table>
<tr><td>Indicator</td><td colspan="5">Suicide rate (persons) per 100,000</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce our suicide rate (persons) in the city to be in the lowest 10 UTLA in England by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">31/08/2022</td><td>Time Period</td><td colspan="2">2019/2021</td></tr>
<tr><td>Birmingham (2018/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>8.4</td><td>8.7</td><td>10.3</td><td>10.7</td><td>11.2</td><td>10.4</td></tr>
<tr><td colspan="6">The rate in Birmingham is lower than the averages for England and the Core Cities. The rate is the lowest among all of the Core Cities. The trend is that the rate has fluctuated in the last 5 years with a slight increase over this period.</td></tr>
</table>

Theme 3: Active at Every Age and Ability

Indicator	Activity gap between ethnic groups: White British and Asian (excluding Chinese)				
2030 Ambition	Close the activity gap between different ethnic groups by 2030				
Date updated	19/05/2022	Time Period	2020/2021 (Nov)		
Birmingham (2020/2021 May)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
17.3	19.3	-5.8	16.0	15.2	14.4
The % gap in Birmingham is higher than the averages for England and the Core Cities. The % gap has increased by 2pp since the last data recording. The trend over the last 10 years is that the % gap has increased, although this has fluctuated.					

Indicator	Activity gap between ethnic groups: White British and Black				
2030 Ambition	Close the activity gap between different ethnic groups by 2030				
Date updated	19/05/2022	Time Period	2020/2021 (Nov)		
Birmingham (2020/2021 May)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
7.8	9.6	N/A	9.5	11.3	9.1
The % gap in Birmingham is slightly higher than the England average but lower than the Core Cities average. There has been a small increase since the last data recording. The trend has fluctuated sharply over the last 10 years although it has roughly tracked the England average.					

Indicator	Activity gap between ethnic groups: White British and Chinese				
2030 Ambition	Close the activity gap between different ethnic groups by 2030				
Date updated	19/05/2022	Time Period	2020/2021 (Nov)		
Birmingham (2020/2021 May)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
N/A	N/A	N/A	16.4	11.2	7.0
There is no available data on activity levels in the Chinese community in Birmingham.					

<table>
<tr><td>Indicator</td><td colspan="5">Inactivity gap between those living with disabilities and long-term health conditions and those without</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the inactivity gap between those living with disabilities and long-term health conditions and those without by 50% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">19/05/2022</td><td>Time Period</td><td colspan="2">2020/2021 (Nov)</td></tr>
<tr><td>Birmingham (2020/2021 May)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>15.5</td><td>16.6</td><td>21.7</td><td>19.6</td><td>17.3</td><td>19.8</td></tr>
<tr><td colspan="6">The % gap in Birmingham is smaller than the averages for England and the Core Cities. The % gap has increased by roughly 1pp since the last data recording. The trend in general is flat with some fluctuation.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Percentage of adults cycling for travel at least three days a week</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the % of adults walking or cycling for travel at least three days a week by at least 25% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">19/10/2021</td><td>Time Period</td><td colspan="2">2019/2020</td></tr>
<tr><td>Birmingham (2018/2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>1.4</td><td>2.0</td><td>1.3</td><td>1.4</td><td>3.0</td><td>2.3</td></tr>
<tr><td colspan="6">The % in Birmingham is lower than the averages for England and the Core Cities. The % has slightly increased since the last data recording. However, the trend shows that the % is still lower than it had been over the past 5 years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Percentage of adults walking for travel at least three days a week</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the % of adults walking or cycling for travel at least three days a week by at least 25% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">19/10/2021</td><td>Time Period</td><td colspan="2">2019/2020</td></tr>
<tr><td>Birmingham (2018/2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>25.5</td><td>16.8</td><td>14.0</td><td>12.6</td><td>19.5</td><td>15.1</td></tr>
<tr><td colspan="6">The % in Birmingham is slightly higher than the England average but lower than the Core Cities average. There is a significant drop in the % since the last data recording, although this is reflected across all geographic localities. This suggests it is an impact of the Covid-19 pandemic. The current % is lower than the pre-pandemic trend.</td></tr>
</table>

Indicator	Percentage of physically active children and young people				
2030 Ambition	Increase the % of physically active children and young people to the national average by 2030				
Date updated	06/06/2022		Time Period	2020/2021	
Birmingham (2019/2020)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
49.9	32.0	40.2	42.0	43.6	44.6
The % in Birmingham is significantly lower than the averages for England and the Core Cities, although the Core Cities data is incomplete. There has been a significant drop in the % since the last data recording, suggesting a large impact from the Covid-19 pandemic. The pre-pandemic trend shows the % increasing in recent years.					

Indicator	Percentage of physically inactive adults				
2030 Ambition	Reduce the % of adults who are physically inactive to less than 20% by 2030				
Date updated	19/04/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
28.8	29.4	24.3	25.5	23.0	22.3
The % in Birmingham in the most recent annual period was higher than the averages for England and the Core Cities. There was a slight increase in the % from the last data recording. The trend shows that the % was decreasing but has since flattened at a higher rate, as an impact of the Covid-19 pandemic.					

Indicator	Percentage of physically active adults				
2030 Ambition	Increase the % of physically active adults to over 65% by 2030				
Date updated	19/04/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
58.3	58.1	65.7	63.4	67.0	67.3
The % in Birmingham is lower than the averages for England and the Core Cities. The % is the lowest among all of the Core Cities for the most recent annual period. The % has changed minimally since the last data recording. The trend shows that there has been a significant reduction since the Covid-19 pandemic and the % continues to decrease, albeit less sharply.					

Indicator	Percentage of young people who are regularly cycling as part of their daily travel to school or other places				
2030 Ambition	Increase the % of young people who are regularly walking or cycling as part of their daily travel to school or other places by 50% by 2030				
Date updated	09/12/2021		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
5.9	7.3	12.9	8.4	11.2	9.7
The % in Birmingham is lower than the averages for England and the Core Cities. The % has increased since the last data recording. However, the trend shows that this is still lower than the pre-pandemic recording.					

Indicator	Percentage of young people who are regularly walking as part of their daily travel to school and other places				
2030 Ambition	Increase the % of young people who are regularly walking or cycling as part of their daily travel to school or other places by 50% by 2030				
Date updated	09/12/2021		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
39.6	41.3	40.1	49.9	49.9	50.5
The % in Birmingham is lower than the averages for England and the Core Cities. The % has increased slightly since the last data recording. The trend has fluctuated over the last 5 years but the % has changed minimally.					

Theme 4: Contributing to a Green and Sustainable Future

Indicator	Daily utilisation of green and blue spaces				
2030 Ambition	Increase the daily utilisation of green and blue spaces to 25% of the population by 2030				
Date updated	01/11/2020		Time Period	2020	
Birmingham (2019)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
N/a	14.0	N/a	N/a	14.0	N/a
As there is only one data point for Birmingham, it is difficult to comment on the trend.					

Indicator	Emergency hospital admissions for respiratory disease in adults per 100,000				
2030 Ambition	Reduce emergency hospital admissions for respiratory disease in adults to at least the national average by 2030				
Date updated	20/01/2022		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
1015.6	1611.9	1310.9	N/a	1405.5	1175.3
The number of admissions for Birmingham is higher than the averages for England and the Core Cities. There is a significant increase in the number of admissions since the previous data recording. However, the trend shows that there was a significant drop in 2020/2021 which shows the impact of the Covid-19 pandemic.					

Indicator	Fraction of mortality attributable to particulate air pollution (Persons, 30+ yrs)				
2030 Ambition	Reduce the fraction of mortality attributable to particulate air pollution to less than 4.5% by 2030				
Date updated	10/01/2023		Time Period	2021	
Birmingham (2019)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
5.8	6.2	5.7	5.5	5.7	5.5
The % in Birmingham is slightly higher than the averages for England and the Core Cities. There has been a very slight increase in the % since the previous data recording. There is no data available for 2020 but the trend shows that the % has continued to increase over the last 5 years.					

<table>
<tr><td>Indicator</td><td colspan="5">Percentage of people listening to birdsong</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the proportion of our population connecting with nature to at least 35% of the population listening to birdsong by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">01/11/2020</td><td>Time Period</td><td colspan="2">2020</td></tr>
<tr><td>Birmingham (2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>N/a</td><td>25.5</td><td>N/a</td><td>N/a</td><td>25.5</td><td>N/a</td></tr>
<tr><td colspan="6">There is only 1 data recording for Birmingham.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Utilisation of outdoor space for exercise/health reasons (Persons, 16+ yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the utilisation of outdoor space for exercise/health reasons to over 25% by 2028</td></tr>
<tr><td>Date updated</td><td colspan="2">04/04/2017</td><td>Time Period</td><td colspan="2">2015/2016</td></tr>
<tr><td>Birmingham (2014/2015)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>11.5</td><td>18.4</td><td>24.7</td><td>17.7</td><td>17.1</td><td>17.9</td></tr>
<tr><td colspan="6">The % in Birmingham is slightly higher than the averages for England and the Core Cities. The % has increased by roughly 7pp since the last data recording. The trend shows the % increasing but there is a lack of any contemporary data for the last 5 years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Volunteering in green and blue spaces</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase volunteering in green and blue spaces to at least 10% of the population by 2027</td></tr>
<tr><td>Date updated</td><td colspan="2">01/11/2020</td><td>Time Period</td><td colspan="2">2020</td></tr>
<tr><td>Birmingham (2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>N/a</td><td>3.3</td><td>N/a</td><td>N/a</td><td>3.3</td><td>N/a</td></tr>
<tr><td colspan="6">There is only 1 data recording for Birmingham.</td></tr>
</table>

Theme 5: Protect and Detect

Indicator	Abdominal Aortic Aneurysm Screening – Coverage (Male, 65)				
2030 Ambition	Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets				
Date updated	18/01/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
38.9	65.7	82.1	75.6	70.4	70.3
The % in Birmingham for the most recent annual period is lower than the averages for England and the Core Cities. There is a significant increase in the % from the previous data recording. However, this shows an impact of the Covid-19 pandemic as the current % is still below the pre-pandemic trend.					

Indicator	Cancer screening coverage – Bowel cancer (Persons, 60-74 yrs)				
2030 Ambition	Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets				
Date updated	10/01/2023		Time Period	2022	
Birmingham (2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
56.5	60.3	73.0	68.7	66.1	70.3
The % in Birmingham for the most recent annual period is lower than the averages for England and the Core Cities. There has been an increase of almost 4 pp since the previous data recording. The trend shows that there has been a continual increase in the % since 2019 after a period of minimal change.					

Indicator	Cancer screening coverage – Breast cancer (Female, 53-70 yrs)				
2030 Ambition	Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets				
Date updated	21/03/2023		Time Period	2022	
Birmingham (2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
57.3	55.6	54.1	62.4	61.5	65.2
The % for Birmingham is lower than the averages for England and the Core Cities. The % has also decreased since the previous data recording. This has continued a declining trend which has dropped more sharply since the Covid-19 pandemic.					

<table>
<tr><td>Indicator</td><td colspan="5">Cancer screening coverage – Cervical cancer (Female, 25-49 yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Improve the uptake of national screening programmes to close the gaps between Birmingham and the national targets</td></tr>
<tr><td>Date updated</td><td colspan="2">10/01/2023</td><td>Time Period</td><td colspan="2">2022</td></tr>
<tr><td>Birmingham (2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>59.6</td><td>58.7</td><td>71.7</td><td>67.2</td><td>63.0</td><td>67.6</td></tr>
<tr><td colspan="6">The % in Birmingham is lower than the averages for England and the Core Cities. The % has also slightly decreased since the previous data recording. The trend shows that the % has been decreasing gradually for the last 10 years with a larger drop in recent years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Hepatitis C detection rate/100,000 (Persons, 1+ yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">02/10/2019</td><td>Time Period</td><td colspan="2">2017</td></tr>
<tr><td>Birmingham (2016)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>39.0</td><td>35.2</td><td>6.5</td><td>N/a</td><td>30.9</td><td>18.4</td></tr>
<tr><td colspan="6">The rate in Birmingham is significantly higher than the average for England and slightly higher than the Core Cities average. It has decreased since the previous data recording. It is difficult to establish a contemporary trend as the data has not been updated for several years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">HIV late diagnosis (all CD4 less than 350)(%) (Persons, 15+ yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the percentage of HIV Late Diagnosis to less than 30% by 2027</td></tr>
<tr><td>Date updated</td><td colspan="2">30/11/2022</td><td>Time Period</td><td colspan="2">2019/2021</td></tr>
<tr><td>Birmingham (2018/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>41.8</td><td>43.0</td><td>0.0</td><td>42.8</td><td>41.6</td><td>43.4</td></tr>
<tr><td colspan="6">The % in Birmingham is almost equal to the average for England and slightly higher than the Core Cities average. There has been a slight increase in the % since the previous data recording. The trend shows a slight increase on the % from 5 years ago, although the trend has fluctuated minimally from the national trend.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">MMR for one dose (2 yrs old)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Achieve the national ambitions or targets for all national immunisation programmes by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">05/10/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2020/2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>83.7</td><td>82.5</td><td>90.3</td><td>89.4</td><td>86.3</td><td>89.2</td></tr>
<tr><td colspan="6">The % in Birmingham for the most recent annual period is lower than the averages for England and the Core Cities. It has slightly decreased since the last data recording. The trend shows that there has been a gradual decrease for the last 7 years. The Birmingham % is also the lowest among all of the Core Cities.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">MMR for two doses (5 yrs old)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Achieve the national ambitions or targets for all national immunisation programmes by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">06/10/2022</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2020/2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>78.0</td><td>76.7</td><td>88.3</td><td>85.2</td><td>81.2</td><td>85.7</td></tr>
<tr><td colspan="6">The % for Birmingham is lower than the averages for England and the Core Cities. It has slightly decreased since the previous data recording. The trend shows that there has been a gradual decline in the % over the last 5 years with a sharper drop in the last 2 years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">New HIV diagnosis rate per 100,000 (Persons, 15+ yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">30/11/2022</td><td>Time Period</td><td colspan="2">2021</td></tr>
<tr><td>Birmingham (2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>5.3</td><td>6.6</td><td>2.3</td><td>4.2</td><td>7.3</td><td>4.8</td></tr>
<tr><td colspan="6">The rate for Birmingham is higher than the average for England but lower than the Core Cities average. The rate has increased slightly since the previous data recording. The trend shows that the rate has decreased over the past 10 years with some fluctuations.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (All ages)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the overall prevalence of new sexually transmitted diseases to close the gap between Birmingham and the national average by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">27/09/2022</td><td>Time Period</td><td colspan="2">2021</td></tr>
<tr><td>Birmingham (2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>318.1</td><td>386.7</td><td>201.4</td><td>290.9</td><td>427.3</td><td>394.5</td></tr>
<tr><td colspan="6">The rate in Birmingham is lower than the averages for England and the Core Cities. The rate has increased since the last data recording. However, the trend shows a sharp drop that corresponds with the impact of the Covid-19 pandemic and the current rate is still a decrease compared to the pre-pandemic trend.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Repeat HIV testing in gay, bisexual and other men who have sex with men (%) (Male, All ages)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the percentage of men who have sex with men who access repeat HIV testing in the last year to over 50%</td></tr>
<tr><td>Date updated</td><td colspan="2">28/09/2022</td><td>Time Period</td><td colspan="2">2021</td></tr>
<tr><td>Birmingham (2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>38.2</td><td>44.5</td><td>37.3</td><td>39.0</td><td>40.0</td><td>45.3</td></tr>
<tr><td colspan="6">The % in Birmingham is slightly lower than the England average but higher than the Core Cities average. It has increased by almost 6pp since the previous data recording. This also follows a trend that shows an increasing % across the last 5 years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">TB incidence (three year average) (Persons, All ages)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce transmission of HIV, Hepatitis C (HCV) and TB to reduce new cases by 50% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">24/03/2023</td><td>Time Period</td><td colspan="2">2019/2021</td></tr>
<tr><td>Birmingham (2018/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>18.4</td><td>18.0</td><td>4.0</td><td>9.5</td><td>11.2</td><td>7.8</td></tr>
<tr><td colspan="6">The incidence in Birmingham is higher than the Core Cities average and significantly higher than the England average. The incidence has very slightly decreased since the previous data recording. The trend shows that the incidence has decreased continually for the last 10 years, although there has been a slowing in the most recent 3 years.</td></tr>
</table>

Life Course: Getting the Best Start in Life

<table>
<tr><td>Indicator</td><td colspan="5">Child development: percentage of children achieving a good level of development at 2 to 2 ½ years</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the percentage of children achieving a good level of development by age 2 to 2 ½ years to over 83% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">24/03/2023</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2020/2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>N/a</td><td>82.5</td><td>84.3</td><td>79.0</td><td>79.7</td><td>81.1</td></tr>
<tr><td colspan="6">The Birmingham % is slightly higher than the averages for England and the Core Cities. A trend cannot be established as there is no previously available Birmingham data.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Children aged 11-15 killed or seriously injured in road traffic accidents (Persons, 11-15 yrs)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Halve the rate of children killed and seriously injured (KSI) on Birmingham's roads by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">17/02/2022</td><td>Time Period</td><td colspan="2">2018/2020</td></tr>
<tr><td>Birmingham (2017/2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>45.3</td><td>39.0</td><td>17.2</td><td>30.7</td><td>35.4</td><td>30.8</td></tr>
<tr><td colspan="6">The rate in Birmingham is higher than the averages for England and the Core Cities. The rate has decreased since the previous data recording. The trend shows that the rate has fluctuated over the past 10 years but has generally reduced.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Homelessness (aged 16-24) – households owed a duty under the Homelessness Reduction Act</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the rate of homeless young people (16-24 years) to the English average by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">26/01/2023</td><td>Time Period</td><td colspan="2">2021/2022</td></tr>
<tr><td>Birmingham (2020/2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>1.7</td><td>2.6</td><td>2.6</td><td>2.5</td><td>3.3</td><td>2.4</td></tr>
<tr><td colspan="6">The rate in Birmingham is almost equal to the England average and lower than the average for the Core Cities. It has increased since the last data recording. However, the trend shows that this previous recording may have been lower as an impact of the Covid-19 pandemic. The trend otherwise is flat.</td></tr>
</table>

Indicator	Hospital admissions due to asthma in young people under 19 yrs				
2030 Ambition	Halve the hospital admissions due to asthma in young people under 19 yrs by 2027				
Date updated	20/02/2023	Time Period	2021/2022		
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
131.0	231.0	151.9	165.6	144.8	131.5
The number of admissions in Birmingham was higher than the averages for England and the Core Cities. Birmingham has the highest number of admissions among all of the Core Cities. The number has increased since the previous data recording. There is not enough available Birmingham data to establish a trend.					

Indicator	Infant mortality rate				
2030 Ambition	Reduce infant mortality in Birmingham by 25% by 2027 and by 50% by 2030				
Date updated	09/02/2023	Time Period	2019/2021		
Birmingham (2018/2020)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
6.6	7.0	4.9	5.6	5.0	3.9
The rate in Birmingham is higher than averages for England and the Core Cities. There has been a very slight increase in the rate since the previous data recording. The trend shows that the rate has fluctuated but is consistently higher than the trend lines for other noted localities.					

Indicator	Percentage of children achieving a good level of development at the end of Reception				
2030 Ambition	Increase the percentage of children achieving a good level of development at the end of Reception to 75% by 2030				
Date updated	25/01/2023	Time Period	2021/2022		
Birmingham (2018/2019)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
68.0	62.7	66.9	63.7	60.8	65.2
The % in Birmingham is higher than the average for the Core Cities but lower than the England average. The % is also lower than the previous data recording. However, there is a multi-year gap in recording due to disruption from the Covid-19 pandemic. The pre-pandemic trend line shows a consistent increase in the % with the current % now lower.					

<table>
<tr><td>Indicator</td><td colspan="5">Rate of first-time entrants (10-17 years) to the youth justice system</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the rate of first-time entrants (10-17 years) to the youth justice system by 25% by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">25/01/2023</td><td>Time Period</td><td colspan="2">2021</td></tr>
<tr><td>Birmingham (2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>266.9</td><td>158.0</td><td>90.6</td><td>134.8</td><td>222.3</td><td>146.9</td></tr>
<tr><td colspan="6">The Birmingham rate is lower the average for the Core Cities but higher than the England average. The rate is lower than the last data recording. The trend shows that the rate has been consistently decreasing over the last 10 years, with a slightly sharper drop in more recent years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Under 18 teenage conception rate</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the under 18 teenage conception rate to close the gap between Birmingham and the national average by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">25/04/2023</td><td>Time Period</td><td colspan="2">2021</td></tr>
<tr><td>Birmingham (2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>16.1</td><td>13.5</td><td>11.4</td><td>15.2</td><td>16.8</td><td>13.1</td></tr>
<tr><td colspan="6">The rate in Birmingham is almost equal to the average in England and lower than the average for the Core Cities. The rate has decreased since the last data recording. The trend cannot be established as there is not enough previous Birmingham data.</td></tr>
</table>

Life Course: Living, Working and Learning Well

Indicator	Emergency hospital admissions for coronary heart disease, standardised admission ratio				
2030 Ambition	Reduce coronary heart disease admissions rate (all ages) by 20% by 2030				
Date updated	05/07/2022		Time Period	2016/17 – 20/21	
Birmingham (previous)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
N/a	126.8	90.9	N/a	115.9	100.0
The number of admissions for Birmingham is higher than the averages for England and the Core Cities. A trend cannot be established as there are no previous data recordings for Birmingham.					

Indicator	Fuel poverty (low income, low efficiency methodology)				
2030 Ambition	Reduce the number of households in fuel poverty to the national average by 2030				
Date updated	06/07/2022		Time Period	2020	
Birmingham (2019)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
21.2	21.8	12.5	17.8	18.6	13.2
The % in Birmingham is higher than the average for England and the Core Cities. There has been a very slight increase in the % since the previous data recording. There is not enough available previous data to establish a trend.					

Indicator	Percentage of adults from ethnic communities with Type 2 Diabetes				
2030 Ambition	Reduce the percentage of adults from ethnic communities with Type 2 Diabetes to match the demographic profile of our city by 2030				
Date updated	03/01/2023		Time Period	2020/2021	
Birmingham (2019/2020)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
47.1	48.3	16.9	24.5	28.8	22.2
The % in Birmingham is significantly higher than the averages for England and the Core Cities. There has been a small increase in the % since the last data recording. The trend shows that the % has been rising gradually with a notable increase starting 7 years ago.					

<table>
<tr><td>Indicator</td><td colspan="5">Percentage of people with Type 2 Diabetes aged 40 to 64</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the percentage of adults aged 40-64 yrs with Type 2 Diabetes by 7 percentage points by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">03/01/2023</td><td>Time Period</td><td colspan="2">2020/2021</td></tr>
<tr><td>Birmingham (2019/2020)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>48.7</td><td>49.0</td><td>39.1</td><td>43.3</td><td>47.0</td><td>43.3</td></tr>
<tr><td colspan="6">The % in Birmingham is higher than the average for England and the Core Cities. There has been a very slight increase in the % since the previous data recording. The trend shows that the % has flattened in the last 5 years after a sharp increase in the preceding years.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Proportion of eligible adults with a learning disability having a GP health check (%)</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the number of targeted health checks (e.g. for people with learning disabilities and/or severe mental health issues) by 25% by 2027</td></tr>
<tr><td>Date updated</td><td colspan="2">26/05/2020</td><td>Time Period</td><td colspan="2">2018/2019</td></tr>
<tr><td>Birmingham (previous)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>N/a</td><td>46.4</td><td>52.2</td><td>46.1</td><td>49.5</td><td>52.3</td></tr>
<tr><td colspan="6">The % in Birmingham for the most current annual period is lower than the averages for England and the Core Cities. A trend cannot be established as there is no previous data available for Birmingham.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Rate of long-term musculoskeletal problems</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Reduce the percentage rate of long-term musculoskeletal problems to 5% below the England average by 2030</td></tr>
<tr><td>Date updated</td><td colspan="2">21/02/2023</td><td>Time Period</td><td colspan="2">2022</td></tr>
<tr><td>Birmingham (2021)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>15.3</td><td>17.0</td><td>20.8</td><td>19.0</td><td>16.5</td><td>17.6</td></tr>
<tr><td colspan="6">The rate in Birmingham is slightly higher than the Core Cities average and slightly lower than the England average. There has been a small increase in the rate since the previous data recording. The trend shows that the rate was decreasing, although that direction has changed with the most recent data recording.</td></tr>
</table>

Indicator	Smokers that have successfully quit at 4 weeks				
2030 Ambition	Increase the rate of the estimated individuals who snoke achieving a 4-week quit by 2030				
Date updated	22/03/2021		Time Period	2017/2018	
Birmingham (2016/2017)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
451.0	1350.3	1752.7	1154.5	2499.4	1808.4
The rate in Birmingham is lower than the averages for England and the Core Cities. There has been a large increase in the rate since the previous data recording. The trend shows that there have been large reductions in the rate in the last 10 years. It is difficult to establish a more recent trend as there is no available Birmingham data.					

Indicator	Under 75 mortality rate from heart disease (Persons, 3 year range)				
2030 Ambition	Reduce coronary heart disease mortality under 75 yrs by at least 10 points in the rate of deaths per 100,000 population by 2030				
Date updated	03/11/2021		Time Period	2017-2019	
Birmingham (2016/2018)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
54.5	53.0	28.0	42.9	51.1	37.5
The Birmingham rate is higher than the average for England and slightly higher than the Core Cities average. There has been a small decrease in the rate since the previous data recording. There is not enough previous data to establish a trend.					

Life Course: Ageing and Dying Well

<table>
<tr><td>Indicator</td><td colspan="5">Carer-reported quality of life score</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Improve the carer-reported quality of life score to equal to or above the national average by 2030</td></tr>
<tr><td>Date updated</td><td>24/10/2022</td><td>Time Period</td><td colspan="3">2021/2022</td></tr>
<tr><td>Birmingham (2018/2019)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>6.9</td><td>6.7</td><td>7.0</td><td>7.2</td><td>7.0</td><td>7.3</td></tr>
<tr><td colspan="6">The score in Birmingham is slightly lower than the averages for England and the Core Cities. The score has very slightly decreased since the last data recording. The trend is difficult to establish as there is not enough available Birmingham data.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Carer-reported quality of life score for people caring for someone with dementia</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Improve the carer-reported quality of life score for people caring for someone with dementia to equal to or above the national average by 2030</td></tr>
<tr><td>Date updated</td><td>31/03/2020</td><td>Time Period</td><td colspan="3">2018/2019</td></tr>
<tr><td>Birmingham (2016/2017)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>7.1</td><td>6.7</td><td>7.0</td><td>7.2</td><td>7.2</td><td>7.3</td></tr>
<tr><td colspan="6">The score in Birmingham is slightly lower than the averages for England and the Core Cities. There has also been a slight reduction to the score since the previous data recording. The trend is difficult to establish as there is a lack of contemporary data for Birmingham.</td></tr>
</table>

<table>
<tr><td>Indicator</td><td colspan="5">Cumulative percentage of the eligible population aged 40-7 who have received an NHS Health Check</td></tr>
<tr><td>2030 Ambition</td><td colspan="5">Increase the percentage of eligible citizens offered an NHS Health Check who received it to over 70% by 2030</td></tr>
<tr><td>Date updated</td><td>16/06/2022</td><td>Time Period</td><td colspan="3">2017/2018 – 2021/2022</td></tr>
<tr><td>Birmingham (2016/17 – 21/22)</td><td>Birmingham (current)</td><td>Solihull</td><td>West Midlands</td><td>Core Cities</td><td>England</td></tr>
<tr><td>47.7</td><td>44.7</td><td>30.6</td><td>28.9</td><td>25.1</td><td>28.4</td></tr>
<tr><td colspan="6">The % in Birmingham is significantly higher than the averages for England and the Core Cities. The % has decreased since the last data recording. The trend shows that the % has been decreasing gradually over the last 10 years.</td></tr>
</table>

Indicator	Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)				
2030 Ambition	Reduce the rate of emergency hospital admissions due to falls in people aged 65 yrs and over to below the national average by 2030				
Date updated	08/02/2023		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
N/a	2357.7	2491.5	1986.1	2388.6	2099.9
The rate in Birmingham is slightly lower than the Core Cities average but higher than the England average. A trend is difficult to establish as there is no previous available data for Birmingham.					

Indicator	Estimated dementia diagnosis rate (aged 65 and over)				
2030 Ambition	Improve the dementia diagnosis rate to over 75% by 2030				
Date updated	09/08/2022		Time Period	2022	
Birmingham (2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
59.5	58.8	50.7	58.9	68.6	62.0
The % in Birmingham is lower than the averages for England and the Core Cities. There has been a very small decrease in the % since the last data recording. The trend shows that there has been a steady drop in the % for the last 5 years.					

Indicator	Excess winter deaths index (Persons, all ages)				
2030 Ambition	Reduce the excess winter deaths to the national average by 2030				
Date updated	17/04/2023		Time Period	2020/2021	
Birmingham (2019/2020)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
9.0	40.6	28.7	35.5	27.3	36.2
The % in Birmingham is higher than the averages for England and the Core Cities. There has been a significant increase in the % since the last data recording. However, this was likely to be an impact of the Covid-19 pandemic. The trend shows that there has been pronounced fluctuations in the last 10 years, although the pre-pandemic trend saw the % decreasing.					

Indicator	Percentage of adult carers who have as much social contact as they would like (65+ yrs)				
2030 Ambition	Improve the % of adult carers who has as much social contact as they would like (>65 yrs) to more than 45% by 2027				
Date updated	30/01/2023		Time Period	2021/2022	
Birmingham (2018/2019)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
25.1	23.3	25.7	29.4	26.7	28.0
The % in Birmingham in lower than the averages for England and the Core Cities. The % has slightly decreased since the previous data recording. The trend shows that the % has been continually decreasing in the last 10 years, although there is no available data for 2020/2021.					

Indicator	Population vaccination coverage – Flu (aged 65+)				
2030 Ambition	Increase the uptake of the seasonal flu vaccine in people aged 65 yrs to above 75% by 2030				
Date updated	20/07/2022		Time Period	2021/2022	
Birmingham (2020/2021)	Birmingham (current)	Solihull	West Midlands	Core Cities	England
74.7	74.9	85.5	81.8	80.4	82.3
The % in Birmingham is slightly lower than the averages for England and the Core Cities. There has been minimal change to the % since the last data recording. The trend shows that the % has increased in recent years after a period of relative flatness.					

BIRMINGHAM HEALTH AND WELLBEING BOARD

Birmingham Health and Wellbeing Board: Work Programme 2023-24 (presented July 2023)

Date	Strategic Priority	Item	Lead	Purpose	Format	HWB Lead
HWB Meeting: 18 July 2023 Draft paper deadline: 21 June 2023	Getting the Best Start in Life	**Children and Young People's Plan 2023-28 - Update**	Colin Michel	Discussion	Report	Helen Price
	HWB Development	**HWB Development Day Feedback and Next Steps**	Dr Justin Varney	Discussion	Report	Councillor Mariam Khan
	Ageing and Dying Well	**Better Care Fund End of Year Plan**	Mike Walsh	Approval	Report	Prof Graeme Betts
	Ageing and Dying Well	**Better Care Fund Plan 2023-25**	Mike Walsh	Approval	Report	Prof Graeme Betts
	HWB Development	**ICB 5 year Joint Forward Plan**	Rob Checketts	Discussion	Presentation	David Melbourne
	Mental Wellness and Balance	**WM Police: Right Care, Right Person Model**	Chief Superintendent Kim Madill	Discussion	Presentation	Chief Superintendent Richard North
	Getting the Best Start in Life	**CDOP Annual Report 2021-22**	Mel McKenzie	Written Update	Report	Dr Clara Day
	Forum Themes	**HWB Forum Written Updates**	Aidan Hall	Written Update	Briefing	Dr Justin Varney
	HWB Development	**BSol Joint Capital Resource Plan**	Karen Kelly	Written Update	Report	David Melbourne

BIRMINGHAM HEALTH AND WELLBEING BOARD

Date	Strategic Priority	Item	Lead	Purpose	Format	HWB Lead
HWB Meeting: 26 September 2023 Draft paper deadline: 25 August 2023	JSNA	**Joint Strategic Needs Assessment (JSNA) Update**	Rebecca Howell-Jones	JSNA Update	Report	Dr Justin Varney
	JSNA	**Learning Disabilities Deep Dive (JSNA)**	Rebecca Howell-Jones	Approval	Report	Dr Justin Varney
	Protect and detect	**Fast Track Cities+ Update**	Becky Pollard	Update	Presentation	Dr Justin Varney
	Active at Every Age and Ability	**Draft Physical Activity Strategy**	Humera Sultan	Approval	Report	Dr Justin Varney
Executive Board - EB (if approved)						
HWB Meeting: 28 November 2023 **Draft paper deadline:** 26 October 2023	Getting the Best Start in Life	**Children and Young People Weight Management Service**	Marion Gibbon	Update	Presentation	Dr Justin Varney
	Healthy and Affordable Food	**Creating a Healthy Food City Forum Annual Update**	Sarah Pullen	Update	Presentation	Dr Justin Varney
	HWB Development	**Midlands Met Hospital**	Richard Beeken	Update	Presentation	Richard Beeken
	Closing the Gap	**BLACHIR Update**	Monika Rozanski	Update	Presentation	Dr Justin Varney
Executive Board - EB (if approved) Date TBC						

BIRMINGHAM HEALTH AND WELLBEING BOARD

Date	Strategic Priority	Item	Lead	Purpose	Format	HWB Lead
HWB Meeting: 30 January 2024 **Draft paper deadline:** 29 December 2023						
Executive Board - EB (if approved) Date TBC						
HWB Meeting: 26 March 2024 **Draft paper deadline:** 26 February 2024	Getting the Best Start in Life	**Annual accountability report from BCYPP Board to HWB**	Colin Michel	Discussion	Report	Andy Coldrick
	Closing the Gap	**Creating a City without Inequality Forum Annual Update**	Monika Rozanski	Update	Presentation	Dr Justin Varney
	Closing the Gap	**BLACHIR Update**	Monika Rozanski	Update	Presentation	Dr Justin Varney
Executive Board - EB (if approved) Date TBC						

BIRMINGHAM HEALTH AND WELLBEING BOARD

Date	Strategic Priority	Item	Lead	Purpose	Format	HWB Lead
HWB Meeting: DEVELOPMENT DAY May 2024 **Draft paper deadline:** April 2023						

BIRMINGHAM HEALTH AND WELLBEING BOARD

	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18 July 2023**
TITLE:	**CHANGE FOR CHILDREN AND YOUNG PEOPLE 2023-2028 BIRMINGHAM'S CHILDREN AND YOUNG PEOPLE PLAN**
Organisation	**Birmingham Children and Young People's Partnership**
Presenting Officer	**Colin Michel,** **Interim Director of Strategy and Partnerships**

Report Type:	**Information**

1. Purpose:

1.1. This report summarises progress that Birmingham Children and Young People's Partnership has made to commence work on a strategic programme to deliver the ambition and outcomes of Birmingham's Children and Young People's Plan ('the Plan').

1.2. The briefing outlines governance, actions, and enabler work that form the core of the Plan, highlighting progress, work in development, and forward plans.

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities		
	Closing the Gap (Inequalities)	y
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	y
	Theme 3: Active at Every Age and Ability	y
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	y
	Getting the Best Start in Life	Y
	Living, Working and Learning Well	y
	Ageing and Dying Well	
Joint Strategic Needs Assessment		y

3. Recommendation

3.1 Note progress made by Birmingham Children and Young People's Partnership, and the governance arrangements set out in paragraphs 4.11 to 4.21.

4. BACKGROUND

Birmingham Children and Young People's Partnership

4.1. Birmingham Children and Young People's Partnership ('the Partnership') includes Birmingham City Council, Birmingham Children's Trust, Birmingham and Solihull Integrated Care Board, West Midlands Police & Crime Commissioner, West Midlands Police Force, and Birmingham Voluntary Services Council.

4.2. In early 2022, the Partnership agreed to produce a five-year Children and Young People's Plan for Birmingham to forge and sustain collaboration – across all Council directorates, between partners and across the sectors of our city – to improve outcomes for all our babies, children, and young people.

4.3. The Partnership also submitted an expression of interest to join the UNICEF Child Friendly Cities and Communities initiative to reinforce our commitment to the rights and life chances of Birmingham's children and young people. UNICEF UK invited Birmingham to join the initiative in April 2023, and an MOU and contract for support was signed on 21 June 2023.

Change for Children and Young People 2023-2028

4.4. Since early 2022, the Partnership has collaborated to create a strategic framework (see appendix) for the Plan, including shared ambition, outcomes, values, principles, commitments, collective actions, and enabler workstreams.

4.5. This framework has been designed in consultation with professionals from across sectors and disciplines, and through engagement with children, young people, and families.

4.6. Birmingham Children and Young People's Plan is named *Change* for Children and Young People 2023-2028 (see appendix) because during the next five years, the Partnership is committed to forging strong collaboration across the Council, and with wider public, private, and voluntary sectors to change the conditions in which Birmingham's babies, children, and young people grow up.

4.7. The need for change in how we work with and on behalf of babies, children, young people, and families has been reinforced by listening to their views and experiences, and through codesign sessions with professionals from across the Partnership.

Purpose and delivery of the Plan

4.8. The Plan is the overarching strategic framework for improving outcomes for babies, children, and young people in Birmingham, and sets out what the Partnership will do together over the next five years. The Plan includes high-level outcomes based on strategic needs analysis and on our engagement with children, young people, families, and professionals. Insight and engagement have given us a sense of how our babies, children, young people are struggling, and the most effective actions that the whole Council and our partners can take to support them to thrive.

4.9. The Plan sits under Birmingham City Council's Be Bold Corporate Plan 2022-2026, and Birmingham and Solihull's Integrated Care System ten-year plan. As such, the Plan serves as a whole-place strategy and requires the involvement of all Council directorates, and engagement across the sectors of the city.

4.10. Delivery of the Plan will be through collective action plans, which will focus on tracking and improving outcomes for all, tackling deep structural inequalities, and collaboration to target support for our most vulnerable babies, children, young people, and their families.

100 Brilliant Days

4.11. The Plan has been launched with a communication campaign called 100 Brilliant Days, led by the Council with support from communication leads from across the Partnership.

4.12. The campaign has been designed with four core aims:

- to celebrate services delivered by the Council and our partners all over the localities of the city, using social media to share examples of positive work with and on behalf of babies, children, young people, and families,
- to set the tone for strength-based and collaborative approaches with all Council directorates and with partners, stimulating ideas and opportunities for whole-place approaches to delivery for the next five years,
- to lay the foundations for a partnership communication strategy that will support future campaigns, raise the profile of our Plan, and engage Council directorates and strategic partners across sectors in a collaborative place-based approaches to tackling the city's 'Grand Challenges,' with a sharp focus on unemployment, cost-of-living emergency, safety, domestic abuse, wellbeing.
- to promote the discovery and development phases of UNICEF Child Friendly City, putting the rights, voices and life chances of our babies, children, and young people at the heart of everything we do in Birmingham.

4 ACCOUNTABILTY AND GOVERNANCE

4.13. Between November 2022 and April 2023, the strategic framework was presented and approved at the following meetings:

- Council Extended Corporate Leadership Team, 7 Dec 2022

- Council Children and Families Leadership Team, 15 Dec 2022
- Children and Families Overview and Scrutiny Committee, 4 Jan 2023
- Council Corporate Leadership Team, 27 Feb 2023
- Council Cabinet, 21 Mar 2023
- Birmingham Children and Young People's Partnership Board, 4 Apr 2023
- City Council, 18 Apr 2023

4.14. Children and young people have given their time and voices to help develop the Plan. The Partnership is accountable to them, as well as to Council leaders and partner governing bodies, for how successful we will be in achieving its ambition. In addition to publishing an annual progress report, we will seek the views of children, young people, and their families. This ongoing engagement will inform planning, delivery, and evaluation throughout the life of the Plan, as a crucial part of our commitment to the UNICEF Child Friendly Cities initiative.

4.15. The Partnership plans to publish an updated version of the plan in Spring 2024 containing our UNICEF Child Friendly City action plan, following the initial discovery phase of initiative. Council Cabinet will be asked to approve this updated version of the Plan.

Birmingham Children and Young People's Partnership Board

4.16. Since April 2023, following adoption of the strategic framework, governance arrangements for Birmingham Children and Young People's Partnership have been refreshed. The Partnership aims to build on strengths of existing governance, rather than proliferate new meetings.

4.17. Birmingham Children and Young People's Partnership Board, which met every six weeks during 2022, moved to a quarterly meeting starting April 2023. The Board will provide assurance and scrutiny of the progress and delivery of the five-year plan.

4.18. The Board will uphold the values, principles, commitments of the Partnership. Members of this group are chief and executive officers from core partner organisations and include the Independent Chair of the Birmingham Safeguarding Children Partnership and the Council's Lead Cabinet Member for Children and Families.

4.19. Progress reports will also be monitored by Birmingham's Health and Wellbeing Board, with quarterly written reports commencing July 2023, with an annual verbal update and accountability report due in March 2024.

4.20. This will offer Health and Wellbeing Board a line of sight to progress against an integrated outcomes framework being driven by the collective leadership of the Birmingham Children and Young People's Partnership.

4.21. The Plan has been designed in strategic alignment with Council Be Bold outcomes priorities and aims to forge collaboration to tackle the city's 'Grand Challenges'. The Plan has great potential for deeper collaboration across

strategic partnership work such as Digital City, Cost of Living Emergency, Early Intervention and Prevention, Future City 2040, etc.

4.22. Lead Cabinet Member for Children and Families, who will continue to report to BCC Cabinet on the progress of the Plan. This will include a report to Cabinet, due March 2024, incorporating the UNICEF Child Friendly City Action Plan, developed through discovery and development phases of the initiative.

4.23. Joined-up work with BSOL Integrated Care board to align Health Equity Collaborative with UNICEF Child Friendly City action plan, also agreed by BCYPP Board. This will support development of an integrated outcomes framework for CYP. Framework development is scheduled to continue until March 2024, when the Plan will return to Cabinet in an updated version of the Plan, incorporating the outcomes framework and CFC action plan.

4.24. Board members from partner organisations will take accountability reports on the delivery of the Plan through their own governance Boards.

The Partnership Strategic Implementation Group

4.25. The Partnership Strategic Implementation Group will provide oversight of the implementation of the collective actions and enabler workstreams of the Plan, and of Birmingham's commitment to become a UNICEF Child Friendly City.

4.26. Members of this Group are deputy and lead officers with delegated authority to drive the actions of the plan, and to tackle system-wide issues. This Group will meet six times per year and had its first meeting on 16 May 2023.

4.27. The Board will hold this Group to account for delivery of the ambition, outcomes, collective actions, and enabler workstreams of the Plan. This Group aims to build on the learning from the Partnership Operational Group, which met during the pandemic, as a forum for collaboration and collective action on recovery.

4.28. The Group will provide and scrutinise reports about the delivery of collective strategic actions, which are:

- **Creating an inclusive city** where all our children and young people can connect with meaningful opportunities and thrive.
- **Building safety with children, young people, and families** at home, and in places outside of home.
- **Joining up our offer in local places** so children, young people and families connect with help they trust throughout the life-course.

4.29. The group will further:

- Monitor progress of the collective actions in contributing to the cross-cutting theme of **acting together to break down barriers of poverty and inequality** faced by Birmingham's children, young people, families, and communities, scrutinising impact via data analysis and insight reports.
- Provide leadership that improves coordination and collaboration across the Partnership for enabler work on:

  - Data, insight, and evaluation.
  - Strategic communication and engagement,
  - Voice, participation, and coproduction.
  - Practice, quality, and professional development.
- Invite strategic partners and policymakers from across sectors of our city and, where appropriate, the West Midlands region to collaborate in developing collective strategic action that promotes the rights of children and young people, and improves their life chances,
- provide collective leadership, challenge, support, and problem-solving.

4.30. The Group is chaired by Suzanne Cleary, Chief Officer for Strategy and Partnerships from Birmingham Community Healthcare NHS Trust.

Inclusive City Steering Group

4.31. Partners have agreed to form a Steering Group to drive this collective action. The purpose of this group is to secure collaborative delivery for:

- The development of a strategic framework to improve and promote voice, participation, and coproduction with children and young people across the Council and the Partnership.
- Tackling structural inequalities, with a sharp focus on anti-racism, disparities, and disproportionality across the Council and the Partnership.
- The cocreation and delivery of a partnership approach to 'Building up Opportunities,' in response to 'Breaking down Barriers' report, which set out ten recommendations to support young people into employment.
- Forging collaboration across Council and sectors in alignment with whole-place strategies for digital inclusion, and all-age approaches, such as the ten-year framework for change for learning difficulties and autism.

4.32. Birmingham's Inclusion Strategy 2023-2028 in partnership with schools, settings, and services across the city: cocreating an implementation plan, including, and not limited to:

- An Inclusion Charter for Birmingham,
- Whole system graduated approach for SEND (Special Educational Needs and Disabilities) and inclusion, from early years to post-16, and at each level of need,
- Practice foundations for SEND and inclusion with knowledge, skills, and best practice for all our schools and settings,
- Relationships-based practice for early support and prevention in schools and settings for all children and young people,
- Recognising and responding to children and young people's needs, strengths, and vulnerabilities at the earliest possible point,
- Wraparound support for transitions: all children and young people to make positive transitions between settings,

- Joining up and improving targeted support for identified groups, including community-around-the-school response in localities,
- Disproportionality and anti-racism in schools and settings,
- Voice, participation and coproduction with children and young people in schools and settings,
- Parenting, family, and community engagement strategies.

4.33. This Steering Group will be chaired by Helen Ellis, the Council Director for SEND and Inclusion, and the multi-agency membership will include relevant partners, including representation from across Council directorates and from schools and settings in the education sector.

Building safety with children and young people

4.34. In April 2023, the Board recommended a review of the governance arrangements and work programmes of Birmingham's Community Safety Partnership, Safeguarding Children Partnership, Safeguarding Adults Board, and West Midlands Violence Reduction Partnership.

4.35. One driver of this review was report from the Ofsted inspection of Birmingham's Children's Services, which noted that the partnership response to domestic abuse requires improvement.

4.36. The aims of this review will be to support collaboration between these partnerships and to:

- Investigate the impact of and interconnections between domestic abuse, racism, structural inequalities, school exclusion, exploitation, violence, and related social harms in the lives of children and young people in Birmingham.
- Identify opportunities to enhance collaborative working and coordination of partnership responses to these critical and interdependent issues, with a focus on opportunities to enhance prevention and early support.
- Cocreate recommendations for refreshing arrangements for strategic leadership, accountability, and collaboration on adolescent safeguarding, and strengthening safety with young people, their families, and communities.

4.37. A workshop has been scheduled for 13 October with expert input from researchers Dez Holmes and Luke Billingham. The workshop will be titled 'Strengthening safety with young people, families, and communities,' to emphasise the strong foundations of strategy and practice already in place for tackling exploitation and violence, and to underline place-based and collaborative approach.

4.38. The workshop will invite leaders from safeguarding children, safeguarding adults, and community safety partnerships to explore the implications of:

- Understanding violence from a social harm perspective,
- Valuing adolescent identities and lived experience in the contexts of place, virtual spaces, peer groups, families, and communities,

- Upholding children and young people's rights, strengthening voice, participation, and influence of young people across our whole system, to
- Designing a service system that sustains enduring relationships with young people to strengthen safety, prevent harms, and tackle structural inequalities.

4.39. This piece of work is co-sponsored by Sue Harrison and Penny Thompson as respective chairs of Birmingham Children and Young People's Partnership and Birmingham Safeguarding Children Partnership.

4.40. The outcome and recommendations of the workshop will be shared with the Strategic Implementation Group in July, and an update report will be prepared and shared with Partnership Boards, including Health and Wellbeing Board.

Joining up the offer

4.41. In April 2023, the Board identified an opportunity to develop a whole-system view of locality working, with a focus on improving early support and prevention, especially in relation to safety and inclusion. There are several concurrent strands of work in scope, including and not limited to:

- Substantial partnership work on early support, including strong community navigation offer delivered by voluntary sector organisations, and locality working structures overseen by the Early Help Partnership Board,
- the recently formed Family Hubs Board, which oversees the delivery plan for the DfE (Department for Education) investment in Family Hubs Start for Life programme,
- commissioning and delivery of the 0-19 Healthy Child Programme,
- implementation of SEND and Inclusion Strategies, with objectives of improving 'community-around-the-school' approach to early support and prevention, and multi-agency programme delivered through localities, to strengthen foundations of relationships-based, inclusive practice.
- Early Intervention and Prevention programme, led by Adult Social Care, which contributes as asset-based community development approach to the strengthening of our early support system, with a focus on civil society and community-based delivery.
- Birmingham integrated neighbourhood framework, which aims to create integrated care, and help keep people safe and well in their own homes.
- Birmingham Digital Inclusion Strategy, which includes the goal of city-wide, locality based and online education sessions to enable a person to develop their digital skills, increasing confidence, motivation, and well-being.
- Local Government Association and Locality review of strategic relationships between councils and their voluntary and community sector partners.

4.42. Action on locality working will be coordinated by the Inclusive City Steering Group and overseen by the Strategic Implementation Group.

4.43. Family Hubs Programme Board also reports to the Birmingham Children and Young People's Partnership Board to maintain line of sight.

5. ENABLER WORKSTREAMS

5.1. The partnership enabler workstreams have been designed in the programme to support effective coordination and collaboration.

Data, insight, and evaluation

5.2. An insight project for the five-year plan has been approved by the Board, and is being led by the Insight, Policy, and Strategy team within the Council Strategy, Equality and Partnerships directorate.

5.3. The initial project objective is to develop data and insight tools that measure the difference we are making to outcomes and to monitor the delivery of collective actions in the five-year plan. This includes insight dashboards and opportunities for collaboration known as insight communities.

5.4. During 2023, an integrated and rights-based outcome framework is in development for the Plan, which will be supported by the Child Friendly Cities and Communities team at UNICEF UK. The development of the outcome framework will be supported by the work programme of the Health Equity Collaborative and facilitated by joined-up collaboration between the Council and Birmingham and Solihull Integrated Care Board. This joined up approach to data, insight, participation and intervention has been sponsored by members of the Children and Young People's Partnership Board from the NHS and Council.

5.5. The team has begun with the development of an insight dashboard for SEND and Inclusion, not least as the local area anticipates inspection of SEND services within the next year. This will be followed by development of a dashboard for collective action on building safety.

5.6. Thematic analysis has also been undertaken of the views of 899 children and young people, who responded to a survey undertaken in early 2023. The initial findings of this analysis were reported to the Strategy Group on 16 May, and the final report will be shared with the Partnership Board on 27 June.

Communications

5.7. 100 Brilliant Days was conceived as a simple idea to support a collaborative approach to disseminate media content that highlights positive messages and stories about services for children, young people, and families across the city.

5.8. Since April 2023, the campaign has created opportunities for a wide range of partners to share information, promote their offer, and celebrate strengths.

5.9. Early feedback from partners since the start of the campaign began has been positive. Regular updates provide data on social media reach across different platforms, and highlight interesting content amplified by the campaign. Reports have been circulated with the Children and Families directorate, and plans are in place to share more widely with partners.

5.10. The graphic designed version of the Plan (appendix 2) has been shared in tandem with refreshed Partnership webpages, which have been designed to hold information about the Plan and about Birmingham's commitment to the UNICEF

Child Friendly City initiative. The Plan and information about the UNICEF initiative will be promoted via the 100 Brilliant Days campaign, with support of Council and partner communication leads.

5.11. A celebration event is scheduled to take place on 13 October 2023 at Birmingham Rep Theatre, to mark the achievement of schools achieving UNICEF Rights Respecting Schools Award. The event theme will be 'Looking back, looking forward' and will focus on the history of children's rights in Birmingham, UK, and the world. The format of this annual event will follow precedent from recent years, and as such, schools have been invited to submit an expression of interest to create and present a performance for the event.

5.12. A partnership strategic communications group met on 17 March. The group secured representation from across partner organisations and supported partner involvement in the 100 Brilliant Days campaign. Partners agreed to meet at least quarterly to develop a communication strategy for the Partnership, and to collaborate in joint campaigns that support the ambition of our plan, and to engage wider public and private sector in collective responses to the city's 'Grand Challenges'.

5.13. The group will meet again in late July to review shared communication priorities, which will include focus on cost-of-living emergency, unemployment, domestic abuse, mental health, and work to strengthen safety with children, young people, families, and communities.

Voice, participation, and coproduction

5.14. Partners have identified an opportunity to develop a strategic approach to voice, participation and coproduction of children and young people across Council directorates and the sectors of the city.

5.15. As we begin the Child Friendly City initiative, UNICEF UK will work alongside us to support development of a partnership strategy and a network approach to voice, participation and coproduction. A draft MOU (Memorandum of Understanding) and contract for services was signed by the Council and UNICEF UK on 21 June.

5.16. Following the launch of the strategic framework of the Plan in April 2023, requests have increased from Council directorates to engage with children, young people, families, schools, and settings to gain voice and participation in Council policy and planning.

5.17. Commonwealth Games Legacy funding has also been secured for a test and learn project to support young people to become Young Ambassadors, currently led by the Council Youth Service. This project was initiated in April.

5.18. Further opportunity has been identified as part of the cost-of-living emergency programme to take a proactive approach to tackling poverty, by involving more young people in the design of future skills and employability programmes.

5.19. The Inclusive City Steering Group will be responsible for securing next steps, including the development of a business case for further investment in this vital area of work. A strategic framework is in development for this substantial area of

work, with detail on expectations of partners, support package from UNICEF UK, opportunities for collaboration, and interdependencies.

Practice, quality, and professional development.

5.20. A golden thread of the Plan is to implement relationship-based approaches across the children and young people's services system. Scoping work has begun on the development of a blended practice framework for shared language, values, and principles, with emphasis on approaches that are trauma-informed, developmentally sensitive, anti-discriminatory, and policy for creating inclusive cultures in schools, settings, and services.

5.21. The following opportunities for constructive collaboration in practice, quality and professional development have been identified:

- Priority action for implementation of five-year SEND and Inclusion Strategies,
- Alignment with trauma-informed learning and development offered to schools and settings via BCC Children and Families improvement plan
- Learning from and alignment with Birmingham Children's Trust practice framework, *Connections Count*, with the potential to disseminate practice approaches across education, and community services,
- Alignment with the relevant learning and development workstream of the Family Hubs Programme.

5.22. This enabler activity will initially be led by the Inclusive City Steering Group, as part of the implementation of the Inclusion Strategy, and will work to secure appropriate arrangements to take forward this enabler workstream.

6. Compliance Issues

6.1. HWBB Forum Responsibility and Board Update

6.2. The Birmingham Children and Young People's Partnership Board will publish an annual accountability report, including a 'you said, we did' chapter prepared for and with children and young people. This annual report will be provided each year, throughout the duration of the plan to 2028, and from 2024, following approval by UNICEF UK Committee and Council Cabinet, this will also incorporate our report on the Child Friendly City action plan.

Appendices

Change for Children and Young People 2023-2028

The following people have been involved in the preparation of this board paper:

- Colin Michel, Interim Director Strategy and Partnerships, Birmingham Children and Young People's Partnership

CONNECTED

RESPECTED

CONFIDENT

BIRMINGHAM: A GREAT PLACE TO GROW UP

THRIVING

SAFE

INCLUDED

HAPPY

HEALTHY

CHANGE FOR CHILDREN AND YOUNG PEOPLE: 2023-2028

BIRMINGHAM CHILDREN & YOUNG PEOPLE'S PARTNERSHIP

CHANGE FOR CHILDREN AND YOUNG PEOPLE:
Introduction from Birmingham Children and Young People's Partnership

We are delighted to share Birmingham's five-year Children and Young People's Plan. This plan sets out the strategic actions we will take together to achieve our bold ambition: to make Birmingham a great place to grow up for all our children and young people.

We want all our babies, children, and young people to be healthy, safe, confident, included, happy, respected, and connected to meaningful opportunities so they can thrive as they prepare for adulthood.

We will only achieve our ambition if we put Birmingham's children and young people at the heart of everything we do. Our plan has been developed in collaboration with children and young people and contains hopes and challenges that matter most to them.

We are proud to join the UNICEF Child Friendly Cities and Communities programme, committing to put the rights of children and young people at the heart of our plan, and to design and deliver our action plans with children and young people. Our plan is based on analysis of our successes and opportunities, as well as our understanding of the challenges we face together. Birmingham is a city with boundless potential, but too many of our children and young people face significant disadvantages, and do not benefit from the opportunities our city has to offer.

We know that we must tackle together these deep-seated structural inequalities if we are to improve life chances for our most vulnerable groups of children and young people. As we continue to improve our insight from data analysis and best available evidence, our plan will focus on improving the help we offer to children, young people and families who face significant disadvantage.

HEALTHY

HAPPY

CONFIDENT

INCLUDED

CONNECTED

SAFE

RESPECTED

Birmingham Children and Young People's Partnership includes the Council, NHS, Police, and Birmingham Voluntary Service Council (BVSC), and we work with the education sector, the wider public sector, the private sector, and with our families and communities.

We believe in the power of relationships. Our plan is about building and sustaining good quality relationships with children, young people, their families, and communities. It's about compassionate, inclusive leadership, and forging effective collaboration between professionals.

As a partnership, we are committed to combining our skills and resources across organisations and sectors to better understand and tackle the issues across our city.

Together, we will build trust and overcome deep-rooted challenges.

Together, we will lead a collaborative learning approach to make real system change happen.

Together, we will make Birmingham a great place to grow up for all our children and young people.

Signed by the members of the Birmingham Children and Young People's Partnership Board:

- Dr. Temitope Ademsou, Assistant Director of Adult Social Care, Birmingham City Council
- Brian Carr, Chief Executive, Birmingham Voluntary Services Council
- Andy Couldrick, Chief Executive, Birmingham Children's Trust
- Sue Harrison, Strategic Director of Children's Services [Chair], Birmingham City Council
- Cllr. Karen McCarthy, Cabinet Member for Children and Families, Birmingham City Council
- Tom McNeil, Assistant Police and Crime Commissioner, West Midlands PCC
- Colin Michel, Interim Director for Strategy and Partnerships, Birmingham Children and Young People's Partnership
- Richard North, Chief Superintendent, Commander for Birmingham Local Policing Area West Midlands Police
- Dr. Satish Rao, Consultant Respiratory Paediatrician and Medical Director for Innovation and Transformation, Birmingham Women's and Children's Hospital, Birmingham and Solihull Integrated Care System
- Professor Doug Simkiss, Chief Medical Officer and Deputy Chief Executive Birmingham Community Healthcare NHS Foundation Trust
- Lisa Stalley-Green, Deputy Chief Executive and Chief Nursing Officer NHS Birmingham and Solihull CCG
- Penny Thompson, Independent Chair of Children's Safeguarding Partnership
- Jenny Turnross, Director of Practice Birmingham Children's Trust

INTRODUCTION FROM CHILDREN AND YOUNG PEOPLE

As young people living in Birmingham, we believe that feeling safe, respected, and included in our city is crucial. In this plan, we want to share our perspectives, which have been gathered from different groups of young people. We strongly believe that confidence is vital for us to thrive. We should not be degraded or questioned in our right to be included and respected by others.

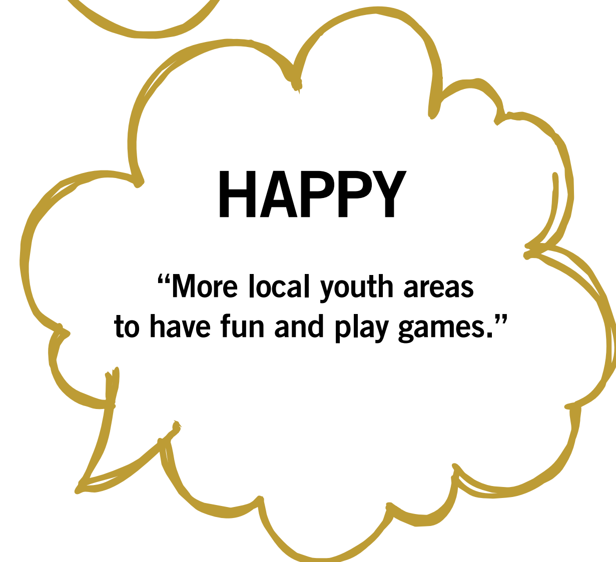
Safety is a big concern for us. We should feel safe and comfortable when accessing services that can provide us with help. We should not fear violence or harm when going outside, as it impacts our physical and mental health.

Inclusion is another big idea for us. We want to feel like we belong in our city and are part of something. This could be through youth groups or other opportunities to get involved. We also think it's important to have easy access to health services.

We know that the challenges of the pandemic, cost of living crisis, and impact on our education have affected our well-being, including our mental health. We urge professionals, families, and the city to work together in addressing these issues and offering more opportunities for us to progress. We want to be actively involved in decision-making processes that affect our lives. This plan emphasises the need for collective efforts to make Birmingham a safe and inclusive city for all children and young people.

We hope that the plan will help make Birmingham a great place for all children and young people to grow up. We want our voices to be heard, and we hope that our ideas will be taken seriously.

from the members of the Birmingham Youth City Board



HEALTHY

"More help for mental health before our problems get worse."

"More young people are realising that they are neuro-divergent – we need support."

INCLUDED

"Help more children and young people feel included in opportunities and events."

"Tackle racism!"

CONNECTED

"We need more free activities and places to go that are closer to where we live, so we don't have to travel far."

"Create more work experience and job opportunities for young people."

RESPECTED

"No more bullying at school"

"Take children and young people's views seriously and supp ort us to get involved in decisions."

SAFE

"Safer streets are very important. Crime rates are very high, for anyone at all, going out alone seems like a dangerous journey and many may not be allowed to go out alone because of the danger. Improved safety would also save many lives."

CONFIDENT

"Professionals that we can go to for help with our problems."

"Reduce stigma about getting support for at school."

Source: survey of 899 children and young people, Jan to Feb 2023

ONE PARTNERSHIP WITH ONE SET OF PRIORITIES

OUR AMBITION AND OUTCOMES

CONNECTED

RESPECTED

CONFIDENT

BIRMINGHAM: A GREAT PLACE TO GROW UP

THRIVING

SAFE

INCLUDED

HAPPY

HEALTHY

We are THRIVING, because we are…

CONNECTED to meaningful opportunities and we are prepared for adulthood.

CONFIDENT to connect with help we can trust at the right time, right place.

INCLUDED and get the most we can from our home, school and community.

HEALTHY as possible and nurtured throughout our life course.

SAFE at home, and in places and spaces outside of our families and schools.

HAPPY and **RESPECTED** Our voices and lived experience matter.

BIRMINGHAM'S ACHIEVEMENTS

We think that Birmingham has lots to be proud of in what we have achieved with and for children and young people

WHAT MAKES BIRMINGHAM A GREAT PLACE TO GROW UP?

Things that children and young people have told us about our city

"Range of different cultures living side by side, mostly getting along well. The range of leisure activities from shopping centres, sports, parks, and activity centres"

"It is a very happy and fun community to live in"

"A super-diverse city!"

"It's a welcoming city. Not as crowded as London. There are some nice places. Lots of fun activities for children. Great museums and places to go."

"The city is alive!"

Source: survey with 899 children and young people 2023

We are RESPECTED.

UNICEF RIGHTS RESPECTING SCHOOLS AWARD

210 of Birmingham's education settings have achieved the Bronze, Silver, and Gold Award

More than 103,800 children and young people have benefited from attending a school involved in the RRSA programme.

Source: UNICEF

We are CONFIDENT.

Young people make educational progress

In 2021, 51.20% of 15-year-old pupils from state funded schools entered higher education.

6.8% above the England average.

61.70% of young people studying at the age of 16 attained a Level 3 qualification by the age of 19.

2.2% above the England average.

Source: Department for Education

We are INCLUDED.

Secondary Phase Transfers

The rate of Secondary Phase Transfers completed by the 15 February deadline has significantly increased:

0% in 2021,
98.82% February 2022
99.4% in February 2023.

These transfers are when children with special education needs, and their families know what secondary school they are going to attend at the next stage of their education.
Source: Birmingham City Council and Department for Education

We are SAFE.

Improvements in the Children and Young People's Travel Service

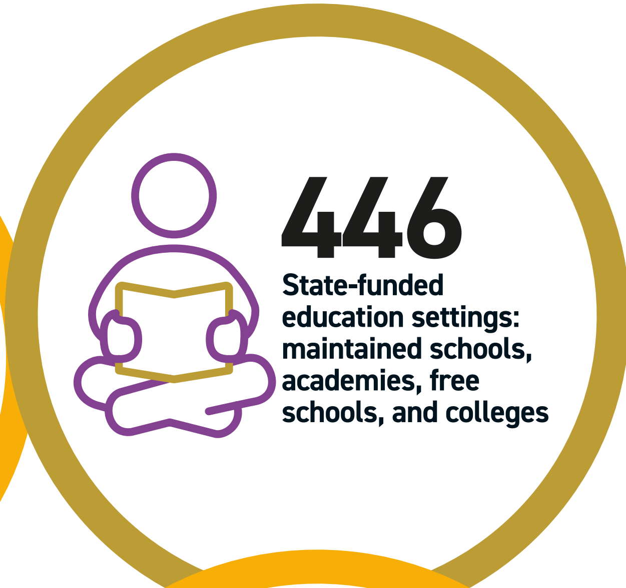
Since September 2021 when the percentage of eligible students accessing Transport support was 88.25%, significant improvements have been made in the way students are identified as needing transport and added to routes and our figures are now consistently above 99% each month.
Source: BCC

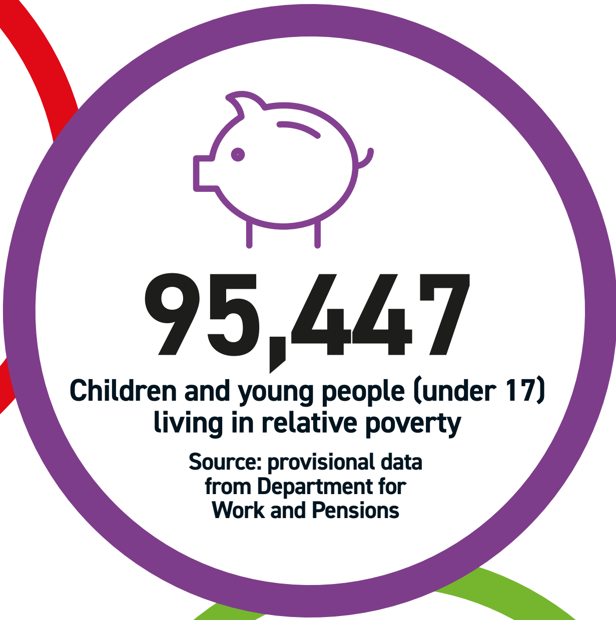
Stronger Families

Birmingham Children's Trust Stronger Families programme is a collection of services designed to support children to stay in, or return to, their families. In the year, 62 children have returned from care to their families, and 370 children have been supported to stay with their families when there was a risk of harm or family breakdown, and they have gone on to need lower levels of support than had been the case
Source: Birmingham Children's Trust

WHAT WE KNOW

Here are some data about what we know about children and young people in Birmingham:





Source: Birmingham Children's Trust

OUR VALUES

OPENNESS

We are open and honest as with each other, and with children, young people, families, and communities

INTEGRITY

We take responsibility for our actions, and we keep the commitments we make to partners and to children, young people, and their families

BOLDNESS

We support and challenge each other to take risks and we committed to action, and making things happen

COLLABORATION

We value the contribution made by all our partners, we build and maintain good quality relationships with children, young people, and families

LEARNING

Our partnership will achieve the best possible outcomes for children and young people if we create opportunities to learn together as a system

HOW WE WILL WORK

As a partnership, all our work together is underpinned by our shared values and principles.

Children and young people are at the heart of everything we do

We are committed to creating opportunities for children, young people, and families to participate fully in the codesign of services throughout everything we do. We will continue to refine and adapt our plan in response to views and lived experience of children and young people.

We are ambitious for every child and young person in Birmingham

We will work together to improve universal help and early support. We know we must tackle inequalities and improve outcomes for our vulnerable groups. We will make use of the best available data and evidence. Our plan will focus on children and young people who face outcome inequalities, and we will tackle racism and disproportionality.

We are one partnership, with one set of priorities.

The shared ambition of our plan is to make Birmingham a great place to grow up. We are taking a place-based approach to deliver this ambition, and we know as system leaders that we must forge effective cross-sectoral and multi-disciplinary collaboration around agreed and collective strategic actions. Our organisations have different transformation plans, but we work in unison toward our shared ambition.

We are relationship based and restorative in our approach.

We invest in relationships. We work with respect and compassion with children, young people, families, communities, and professionals.

We create inclusive organisational cultures. We are proactive in reaching out to children, young people and families who need support.

We are aware of and responsive to trauma and adversity. We use restorative responses to conflict and harm.

OUR PARTNERSHIP COMMITMENTS

We will provide bold system leadership.

Our children, young people and families face complex change and challenges. To respond effectively alongside them, and to make Birmingham a great place to grow up, we will work together as leaders across our disciplines and sectors.

In this way, we will set the example for colleagues across all our organisations to collaborate in decisions and actions that will improve outcomes. We will provide bold system leadership that changes the conditions of our children and young people.

We will hold each other to account with support, oversight, and challenge.

We will be driven in all our work by our determination to improve outcomes for children and young people, to tackle the system conditions faced by families and communities, especially in relation to poverty and structural inequalities.

As partners we will actively support and challenge each other to collaborate on the practical steps we need to take to achieve the change.

We will base our offer to children and young people in the best available evidence.

We know that the effects of disadvantage and adversity in early life can be negative, but we also know that these effects are not universal or irreversible.

We will draw on available evidence, and we will test programmes of support, and learn from the findings.

We will know what difference we make.

We believe that help and support can substantially improve the life changes of our children and young people, if it is delivered to the highest standard with the families who need it most.

We will make use of data, evidence and seek the voice and lived experience of children, young people, and families to understand whether and how our offer has been effective in improving outcomes. We will use this information to influence future decisions and to refine our plan.

BIRMINGHAM:
A GREAT PLACE
TO GROW UP

CONNECTED

RESPECTED

CONFIDENT

INCLUDED

HEALTHY

HAPPY

SAFE

OUR COLLECTIVE ACTIONS

By analysing data and listening to the voices of children, young people and families, partners have agreed three collective strategic actions to achieve our ambition and to improve outcomes

JOIN UP OUR OFFER

in local places so our children, young people, and families can connect with help and support they trust throughout the life-course

A theme across all three of our collective actions is: acting together as partners to break down barriers of poverty and inequality faced by Birmingham's children, young people, families, and communities.

CREATE AN INCLUSIVE CITY

so all our children and young people can connect with meaningful opportunities and thrive

BUILD SAFETY

with children, young people, their families, and communities at home and outside of home

Partners have agreed to join the UNICEF Child Friendly Cities and Communities initiative to support our commitment to the rights of children and young people and strengthen delivery of our collective actions.

To support delivery of our three collective actions, partners are committed to implementing relationship-based practice across all our settings and services.

"Help more children and young people feel included in opportunities and events."
"Tackle racism!"
TAG

CREATE AN INCLUSIVE CITY

so all our children and young people can connect with meaningful opportunities and thrive

What we will do

- Connect our families, babies, children, and young people with joyful things to do, such as arts, heritage, sport, and leisure
- Create safe, happy, welcoming, and inclusive places to learn and grow.
- Support and empower children and young people to develop strong voices, get involved, influence decision-making, setting them up as confident adults.
- Respond effectively to babies, children, and young people with SEND and to those with additional needs, identifying those needs at the earliest possible point.
- Create inclusive cultures in our organisations and services, and reduce exclusion from education settings.
- Support our workforce to use relationship-based approaches in their work with babies, children, young people, and their families.
- Increase diversity and build cultural competence across all parts of the children and young people's workforce.

"Safer streets are very important. Crime rates are very high, for anyone at all, going out alone seems like a dangerous journey and many may not be allowed to go out alone because of the danger. Improved safety would also save many lives."

BUILD SAFETY

with children, young people, their families, and communities at home and outside of home

What we will do

- Take place-based and life-course approaches to building safety with children, young people, families in physical and virtual spaces, at home and outside of home.
- Help children and young people to connect with support, safeguarding and protection from harm, wherever and whenever harm is happening.
- Build safety with children, young people, and families where there is harm from domestic abuse and substance misuse.
- Help and support young people as they transition to adulthood including those with SEND and additional needs.
- Design structures across our partnership so that children, young people, and families can build enduring relationships that help to keep them safe.

JOIN UP OUR OFFER

in local places so our children, young people, and families can connect with help and support they trust throughout the life-course

What we will do

- Design integrated service systems, so professionals from different services can work together effectively, and families can connect with help and support they trust when and where they need it.
- Offer help and support close to where children, young people and families live, whether at school, in children's centres, libraries or community buildings.
- Connect families to help and support that improves outcomes for babies, children, and young people, from preconception, through early years, childhood, and adolescence, and into young adulthood.
- Improve our digital offer, so that children, young people, and families can connect with digital information, advice, and support.

INCLUSIVE CITY

How we will know we are making a difference

- 2-year-old children benefitting from funded early education
- 3- and 4-year-old taking up some free education
- Children achieving a Good Level of Development at Foundation Stage (including FSM and SEN)
- Children achieving expected standard across all early learning goals at foundation stage
- Percentage of new educational health care plans (EHCP) issued within 20 weeks, excluding exceptions
- KS2 attainment - attaining at least the expected level against Reading, Writing and Maths
- Attainment and Progress 8 (all, disadvantaged and SEN pupils)
- Overall absence rate Primary and Secondary
- Fixed period exclusions – Primary, Secondary, Special School, and LAC and CIN
- Attainment of level 2 and 3 qualifications by the age of 19
- KS4 pupils with SEN support going to, or remaining in education and employment / training

BUILD SAFETY

How we will know we are making a difference

- Prevalence of obesity – Reception and Year 6
- Percentage of physically active children and young people
- Access to parks and greenspaces (distance from home)
- Re-referral to children's social care within 12 months
- Children who become the subject of a Child Protection plan for a second or subsequent time within the last 2 years
- Children in care experiencing three or more moves within a year
- Children in need subject to a Child Protection Plan who are persistent absentees (6 half term)
- Number of children who have been adopted in year or who leave care
- Average time between a child coming into care and being placed with an adoptive family
- First time entrants to the youth justice system (per 100,000 children)
- Youth violence crime exploitation location count in Birmingham
- Domestic Abuse rate over 16
- Under 18s conception rate

OUR OFFER

How we will know we are making a difference

- Total numbers of families in Bed and Breakfast over 6 weeks
- Care levers in suitable accommodation
- Early Help Plans
- Number of children and young people with EHCP awaiting specialist placements for more than 12 weeks
- Workless households
- 19- to 21-year-old care leavers in education, employment, or training
- NEET and NEET rate (ages 16-17) Unknown
- Youth unemployment levels 18 to 24
- Proportion of people with a learning disability living in their own home or with family
- Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care home
- Infant mortality rate
- Children aged 2-2 1/2 years receiving AQA-3
- Hospital admissions for asthma under 19 years
- Hospital admissions - substance misuse, self-harm, mental health, alcohol-specific conditions

BIRMINGHAM 2022
FESTIVAL

GOVERNANCE AND ALIGNMENT

Birmingham Children and Young People's Partnership Board will oversee the progress made in the delivery of our plan, so that we know the difference we are making.
An annual report will be published in each year to report on the progress made throughout the duration of plan.
This report will include a 'you said, we did' section in response to the views of children and young people.
The plan has been developed in alignment with the following Boards, strategies and plans:

Birmingham and Solihull Integrated Care Board – Place Board

Birmingham Health and Wellbeing Board

Birmingham Safeguarding Children Partnership

Birmingham Community Safety Partnership

Birmingham Safeguarding Adults Board

Birmingham Reducing Violence Board

West Midlands Violence Reduction Partnership

Birmingham City Council Corporate Plan 2022-2026

Birmingham and Solihull Integrated Care System Ten Year Masterplan

Learning Disabilities and Autism 10 Year Framework for Change

Birmingham SEND Strategy 2023-2028 – link when available

Birmingham Inclusion Strategy 2023-2028 – link when available

Birmingham Domestic Abuse Strategy

greatplacetogrowup@birmingham.gov.uk

BIRMINGHAM
HEALTH AND WELLBEING
BOARD

	Agenda Item: 12
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18th July 2023**
TITLE:	**ICB 5 YEAR JOINT FORWARD PLAN**
Organisation	**NHS Birmingham & Solihull ICB**
Presenting Officer	**Rob Checketts, Chief Officer for Policy, BSOL ICB**

Report Type:	**Information & Discussion**

1. Purpose:

1.1. To update the board on the development of the 5-year Joint Forward Plan and how it links in with the10 year ICP Strategy

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	x
	Theme 1: Healthy and Affordable Food	x
	Theme 2: Mental Wellness and Balance	x
	Theme 3: Active at Every Age and Ability	x
	Theme 4: Contributing to a Green and Sustainable Future	x
	Theme 5: Protect and Detect	x
	Getting the Best Start in Life	x
	Living, Working and Learning Well	x
	Ageing and Dying Well	x
Joint Strategic Needs Assessment		x

3. Recommendation

3.1. For information on collaborative approach to delivery of the Joint Forward Plan.

3.2. Engagement to deliver Joint Forward Plan.

A BOLDER HEALTHIER BIRMINGHAM

4. Report Body

Background

1.1 The 10-year strategy for health and social care: *'A Bolder, Healthier Future for the People of Birmingham and Solihull'* has been published by the Integrated Care Partnership on behalf of the ICS. The strategy, which was developed following extensive engagement with citizens, partner organisations and frontline professionals, highlights the ICS vision for the future and the conditions we need for change, so that people who live, work and receive care in Birmingham and Solihull can live longer, happier and healthier lives by 2033.

The Joint Forward Plan (JFP) will provide strategic focus and alignment, setting our system five-year delivery plan. The JFP should also align with key strategic documents such as our Inception Framework, BSOL ICS Operating Framework and 10 Year ICP Strategy. The Joint Forward Plan will align with the Joint Local Health and Wellbeing Strategies.

The system has flexibility to determine the scope of the JFP, as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts.

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

5.1.1. For information for the HWBB on the approach to developing the Joint Forward Plan with partners across the ICS. HWBB to be kept updated prior to sign off in June 2023.

5.2. Management Responsibility

5.2.1. Engagement with development and consultation.

5.2.2. Reporting to ICB Board and ICP

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Appendices

Appendix 1 - ICB 5 Year Joint Forward Plan Presentation

Additional Information:

NHS BSOL Inception Framework -
Birmingham_and_Solihull_Inception_Framework_June_2022.pdf (icb.nhs.uk)

NHS BSOL Operating Framework - B&S NHS 01 (icb.nhs.uk)

NHSE/I Guidance on Developing the Joint Forward Plan - NHS England » Guidance on developing the joint forward plan

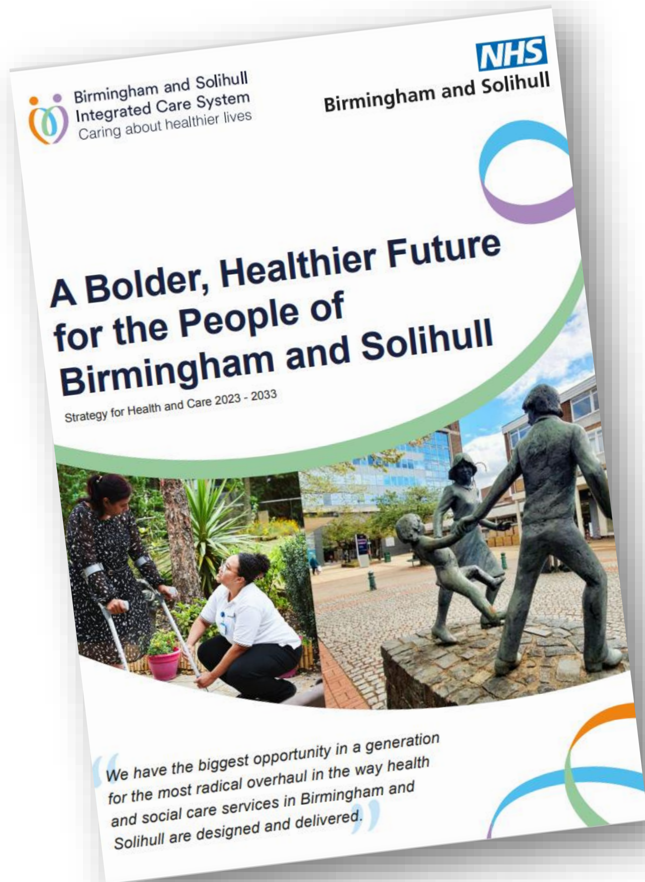
The following people have been involved in the preparation of this board paper:
Rob Checketts – Chief Officer for Policy, NHS BSOL ICB

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Joint Forward Plan

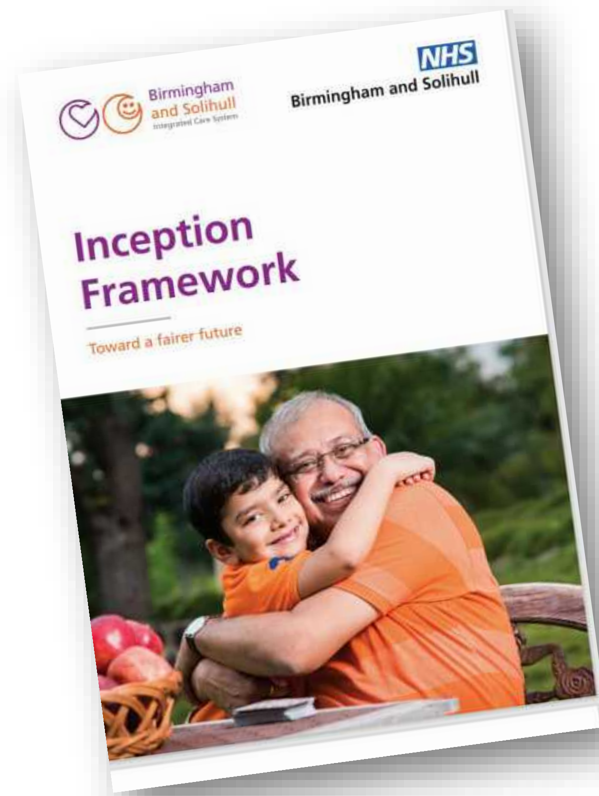
Birmingham Health & Wellbeing Board – July 2023

JFP ESSAY PLAN – INTRODUCTION



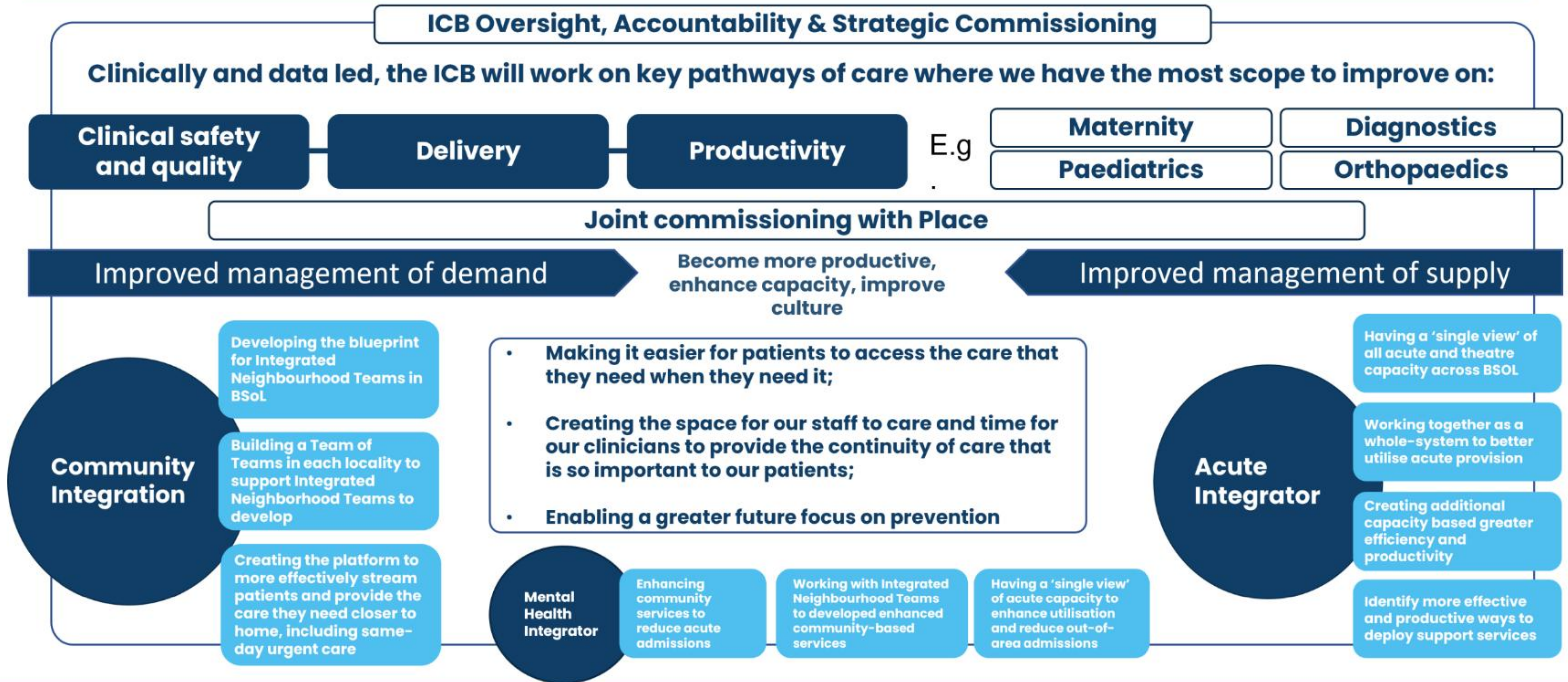
1. Section on demographics, geography, scale of challenges we face, what we inherited as an ICB (reiterating a short summary of what is in the 10 year strategy).
2. Restate the aims, principles and enablers that guide us on our journey.
3. The JFP is a response to the 10 year strategy giving us an opportunity to set out the changes we are making in the way we work – shift to system and partnership working, focussed on delivering today *and* improving outcomes for population.

JFP ESSAY PLAN – OUR JOUNEY SO FAR

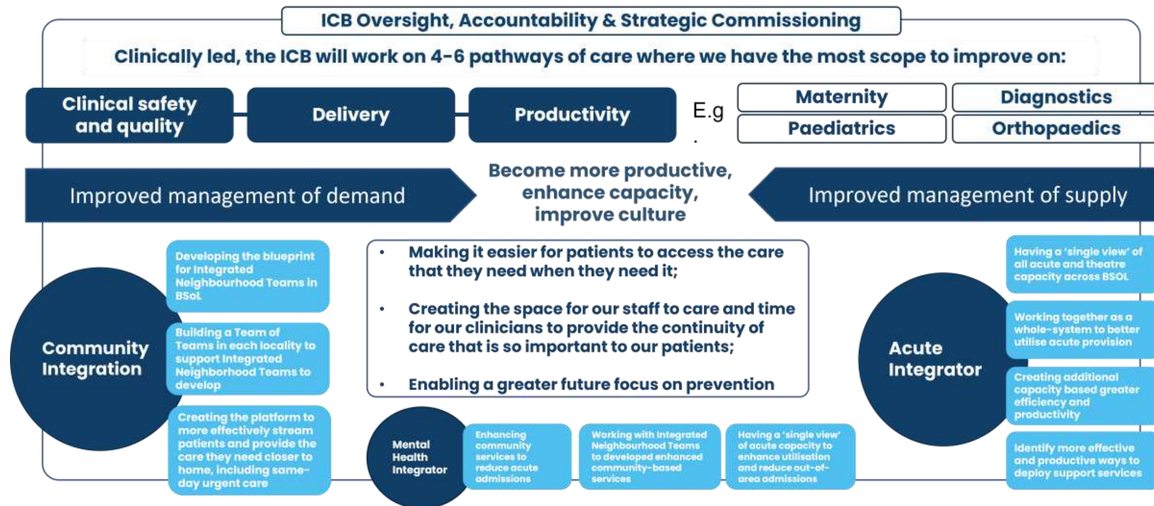


1. Our journey so far – Inception Framework, Operating Framework, moving to one conversation & system working.
2. Key early improvements we've seen in delivery (urgent care, cancer etc) and how this is already starting to impact on improving patient care.
3. Commitment to subsidiarity / local decision making: Laying the ground work for integrator model, maturing Place committees (some early wins, e.g. FFF more power shifting over time).
4. Commitment to working with and through our broader partnership – summary of work of Partnership Board, hard-wiring HOSCs into our routine work, acting on concerns when they arise.

JFP ESSAY PLAN – THE INTEGRATOR MODEL



JFP ESSAY PLAN – THE INTEGRATOR MODEL



- Set out the integrator model and the value this will bring;
- All about improving access and making care more accessible as close to home as possible (tie in approach to primary and urgent care);
- Making better use of the resources we have by working today to deliver more co-ordinated care – for example **joint commissioning**
- Creating teams of teams in our neighbourhoods – designing and delivering care in the way their communities want and need.

What this means for:

- The public
- Our staff
- Our organisations
- Our system

JFP ESSAY PLAN – HOW WILL WE KNOW IF WE'RE SUCCEEDING?

1. Continued improvement in day-to-day delivery, in particular around access;
2. Giving greater focus to determinants of poor health: our Outcomes Framework (initially 10 measures against each of the five priority areas set out in the 10 year strategy);
3. Demonstrate how this is improving the quality of those services and reduce inequalities in access and outcomes;
4. Demonstrate how this helps us achieve the 'triple aim' (health & wellbeing, quality, sustainable use of resources.

JFP ESSAY PLAN – FINANCE AS AN ENABLER

1. Throughout 22/23, Birmingham and Solihull ICB have been using finance, whenever possible, as an enabler for change;

2. For example, the £18 Fairer Futures Fund is not only creating funding streams for voluntary, community and faith sector organisations who, through their work, are already making a real difference to improving outcomes and tackling the determinants of poor health;

3. Increasingly, in the work to redesign pathways and create new models of care through the integrator approach, finance will be used to re-shape investments through greater pooling of resources (where appropriate): driving greater productivity and whilst improving delivery and quality at the same time;

4. That is why it is essential that the ICB continues to drive it's plan to achieve financial balance in 23/24: creating the headroom for finance to focus more on transformation in this transition year.

JFP ESSAY PLAN – HARD-WIRING IMPROVING QUALITY IN EVERYTHING WE DO

- Working together to redesign end-to-end pathways of care (supporting triple aim);
- Clinical charter – creating a sense of joint purpose across clinical teams;
- Delivering improved access, experience and outcomes;
- Big challenges around Pharmacy, Optometry & Dentistry – in terms of quality and access.

JFP ESSAY PLAN – WORKFORCE

1. A shared commitment to focus on improving culture with a view to significantly improving retention in BSoL – using the changes we're implementing to make BSoL an attractive place to work;

2. Removing waste – reducing our reliance on agency, bank and overseas: enabling even greater investment in retention over time;

3. Attracting more of our workforce into primary care to enable more care closer to home through, for example, integrated neighbourhood teams.

JFP ESSAY PLAN – DIGITAL

- Summary of digital strategy;
- How this will help to enable the delivery of our new model;
- What the benefits to patients, our staff, our services & our communities;
- For example, how the single patient record will support improvement in patient care;
- Also how the cloud based technology will support improvement in streaming patients and how roll out of the app can make care more accessible to patients.

ENABLING OUR STAFF AND COMMUNITIES TO HELP US SHAPE OUR NEW APPROACH

- Initial compliance focused consultation phase with HOSCs, HWBs, voluntary sector and patient representative organisations.

- **Staff engagement** campaign focused on the hearts and minds of staff working in the system. Messaging will focus on what integrated system working means for patients and services. Working through providers to ensure direct face-to-face engagement with front-line staff.

- **ICS public engagement** campaign, mixing paid for, earned and owned channels focussed on selling the impactful outcomes we expect from the JFP using compelling stories, strong images and case studies.

- **ICS stakeholder engagement** campaign focused on proactive targeted face-to-face engagements and visits using a targeted approach focused on our strategic ambitions and member interests.

ALSO TO COVER…..

- Duty in respect of research;
- Duty to promote education and training;
- Duty as to climate change
- Addressing the particular; needs of children and young persons;
- Addressing the particular needs of victims of abuse.

BIRMINGHAM HEALTH AND WELLBEING BOARD

	Agenda Item: 13
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18th July 2023**
TITLE:	**RIGHT CARE RIGHT PERSON**
Organisation	**West Midlands Police**
Presenting Officer	**Chief Superintendent**

Report Type:	**Information / Discussion**

1. Purpose:

1.1 Right Care, Right Person (RCRP) is a national approach agreed between the Home Office and Health partners to ensure that the right person and agency, with the right skills, training, and experience responds to calls relating to mental health or other concerns for welfare.

1.2 Our local analysis shows that West Midlands Police (WMP) currently receive and respond to thousands of calls each year, which include non-crime incidents such as concerns about someone's welfare, vulnerabilities or mental health, when the police are not always the best agency to support the person in need.

1.3 The purpose of this document is to share the details of the national approach with local partners to support the journey towards implementation.

1. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	x
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	
	Living, Working and Learning Well	

	Ageing and Dying Well	
Joint Strategic Needs Assessment		

2. Recommendation

2.1. WMP are working towards implementing the Right Care, Right Person model and recommend a joint approach with key local partners to introduce the model and consider the impacts, opportunities and risks to ensure we are aligned and can collectively deliver the best public service to our communities.

3. Report Body

Background

3.1 Right Care, Right Person is about getting the right resources to a vulnerable person in need. This includes some Mental Health calls, other health-related requests, missing persons reports, walk out of healthcare facilities and concern for safety calls.

3.2 It is important people are seen by the right healthcare professional to get the appropriate assessment or treatment in the right environment.

3.3 Pointing vulnerable persons in need to the right service with the appropriate resources and training to help, not only ensures they are seen by the right person who can deliver the right care but ensures that police resources are able to deliver on the policing purpose – that of preventing and investigation of Crime, Keeping the Kings Peace and using our Common Law Policing Powers. The responsibility on policing in relation to the *European Convention on Human Rights* Article 2 *Right to Life* and Article 3 *Real and Immediate Risk of a person being subject to serious harm or other inhuman treatment* also remains.

3.4 RCRP is a national initiative following the successful implementation of the model in Humberside Police in 2020. It involves the police, local authorities, mental health providers, acute hospital trusts, ICBs, third sector charities and organisations and ambulance trusts whose aim is to ensure those in mental health crisis or other vulnerabilities are directed to the right person/agency that can assist them.

3.5 Full details can be found in the link to the College of Policing website in the Appendices section & Powerpoint also attached.

4. Compliance Issues

4.1. HWBB Forum Responsibility and Board Update

4.1.1. N/A

4.2. **Management Responsibility**
4.2.1. N/A

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

Appendices
Appendix 1 – Right Care Right Person Presentation Right Care Right Person – Humberside Police | College of Policing

The following people have been involved in the preparation of this board paper:

Chief Superintendent Kim Madill

Right Care, Right Person Birmingham Heath & Wellbeing Board Briefing 18th July 2023

West Midlands POLICE

What is RCRP

RCRP – Right Care Right Person

Is an operating model for police and partners, to ensure HEALTH & CONCERN For WELFARE CALLS for service are responded to by those with the **right skills and expertise** to provide the **best possible service.**

Aims and Objectives

This policy would assist officers and staff to make operational decisions when responding to calls for service involving requests to carry out welfare checks on members of the public.

The overall aim of this policy is to ensure that West Midlands Police as respond in respect of Concern for Welfare calls are proportionate and comply with our legal duties of the core policing principles of:-

- Common Law Policing Powers
- Prevention and Investigation of crime
- To keep the Kings Peace

However WMP must also ensure it complies with our legal duty under

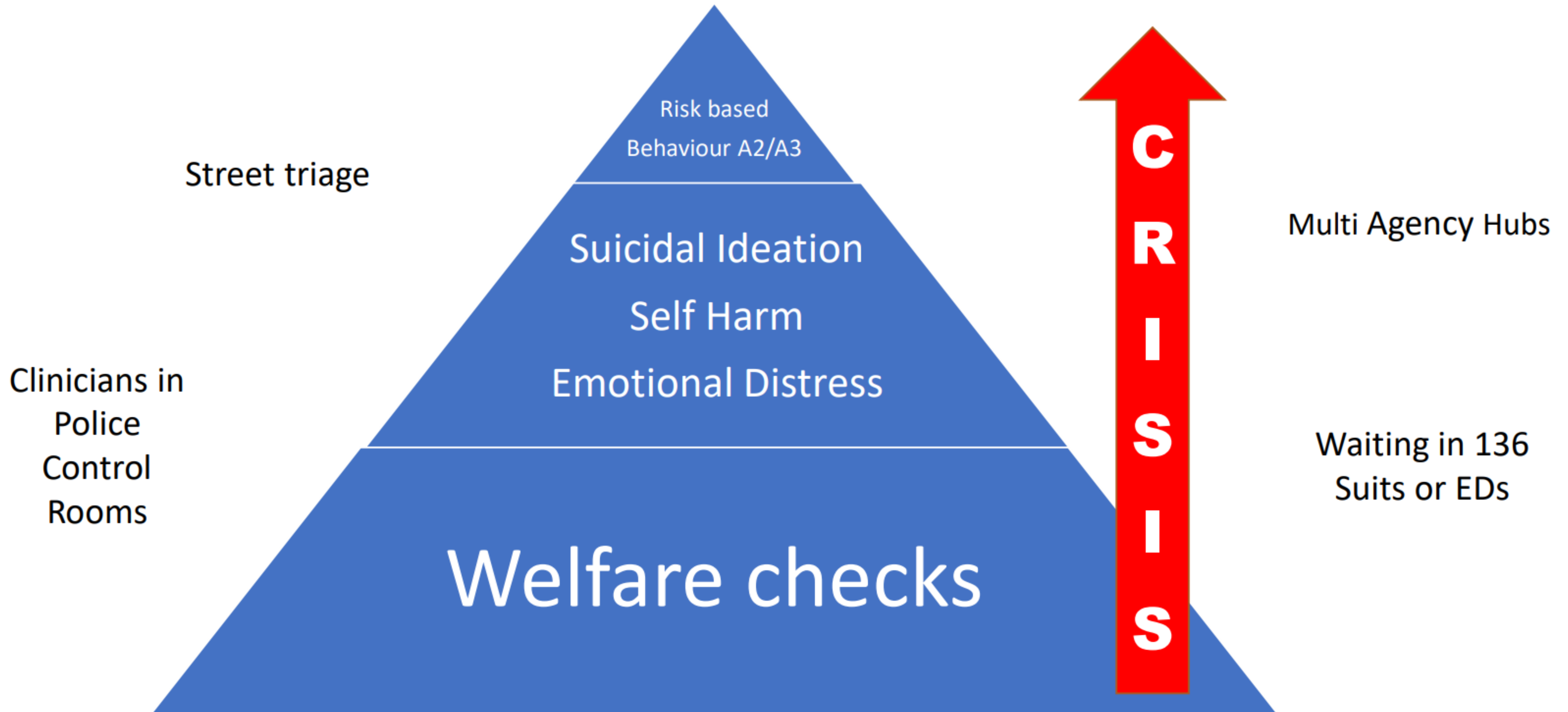
- Article 2 ECHR Right to Life & Article 3 ECHR Real & Immediate Risk of a person being subject to serious harm or other inhuman treatment

Applicable to <u>Partner and Public</u> calls Concern for Safety/Welfare, Missing and MH requests for service

Why implement RCRP

- Lack of clarity on which incidents should be attended by which agency.
- Inappropriate service offered to the public who may be better supported by other agencies with more specialist training and subject matter expertise.
- Lack of clarity on the duty of care assigned to the police service.
- Increasingly large proportion of police resource used to attend health and welfare related incidents.
- Inefficient allocation of resourcing, resulting in loss of police core function hours.

What currently happens in Policing



P1 IMMEDIATE RESPONSE
17 year old sister has self harmed at care home and staff did not call ambo. Have not allowed her out today even though is permitted. Victim is 17 year old female with mental health issues.

P2 PRIORITY RESPONSE
Caller is stranded in Birmingham, he does not have any way of getting home or anyway to call for help

P3 PRIORITY INVESTIGATION
I'm living in support accommodation and I am moving out, there is a male inside the accommodation shouting saying to come and kick my door in.

P1 IMMEDIATE RESPONSE
Ambo have a mental health patient, threatening suicide, wants to take a overdose and jump in front of a train. Ambo are there, and he is not answering the door. This patient is under a home treatment team and does have an appointment for the morning for a medical review. Ambo asking for access

P2 PRIORITY RESPONSE
Hospital requesting police do a safe and well check on a patient with capacity who left A&E but requires follow-up treatment (no immediate threat to life).
Log initially put on and sent to the RADs for P2 police officer attendance – intercepted by Duty Inspector and cancelled

Type of call	Example
Concern for welfare	Mental health services reporting that an individual hadn’t attended their appointment the previous day and they had concerns about them.
Voluntary mental health patients	Voluntary patient taken by police to emergency department of an acute hospital after a minor self-harm episode as no ambulances free. Police were asked to remain as the individual was assessed as potentially suicidal.
Transportation	Police asked to convey patients (from acute hospital to mental health facilities). Police conveying s136 or voluntary mental health patients to places of safety

Official Sensitive

Other Types of Call 2

Type of call	Example
Mental Health Act S136	Section 136 of the Mental Health Act used to detain someone in crisis. Police attend the 136 suite but couldn't handover to clinicians as no one free to accept. Police remained for 12 hours.
AWOL (Absent without leave)	Sectioned patient had gone AWOL after s17 escorted leave with staff, last seen in the pub. Later located at home address by officers and returned to mental health unit.
Transportation	Police asked to convey patients (from acute hospital to mental health facilities). Police conveying s136 or voluntary mental health patients to places of safety

Official Sensitive

Expected Impacts

- Reduction in number of RCRP calls for service attended by police.
- Increase in data sharing between police and other agencies including health
- Increase in police resource available for other crime- and vulnerability-related calls for service.

- Reduction in cases of inappropriate attendance at mental health-related & other health related incidents by police.
- Improved multi-agency and partnership responses to mental health & other vulnerability related incidents.
- Improved service provided to the public who are better able to access subject matter expert and appropriate support.
- Improved relationships between police and public with a greater sense of legitimacy.

Following RCRP implementation

Right skills, training, expertise and experience

Department of Health & Social Care

WMP Analysis

West Midlands
POLICE

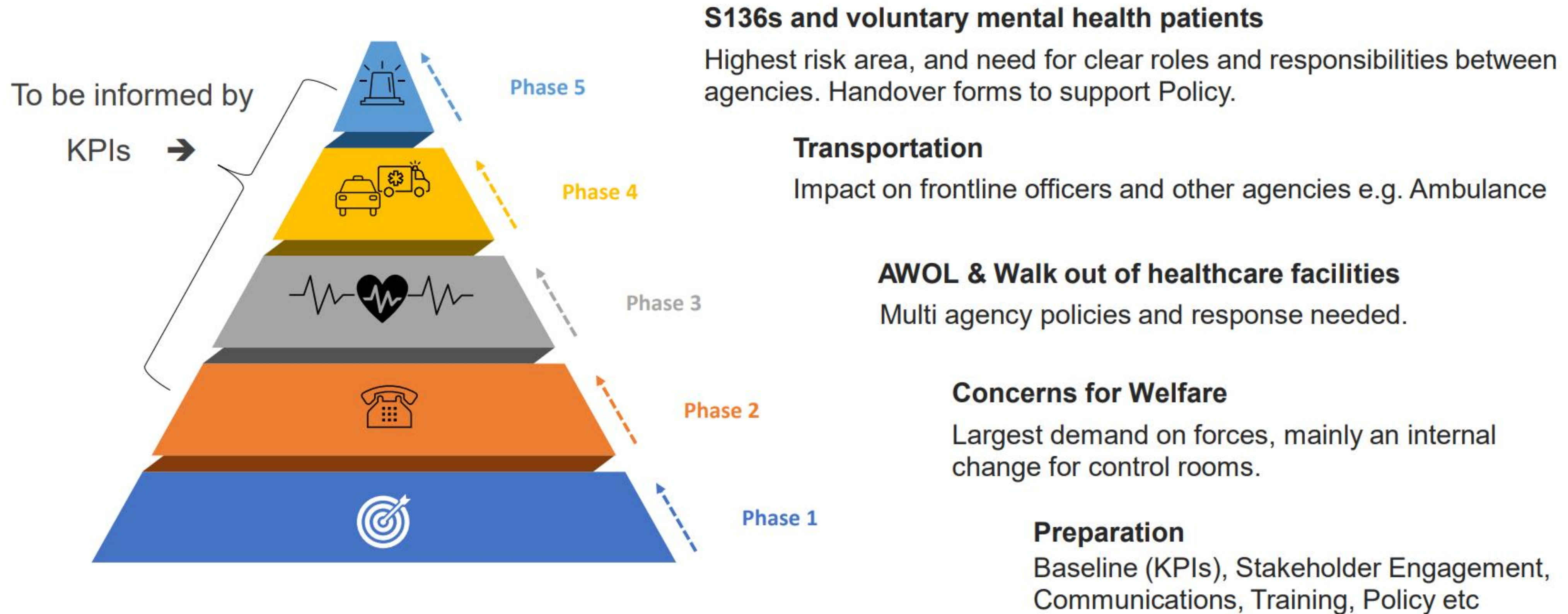
Implementation

West Midlands POLICE

- **Policy & Project Lead** Chief Superintendent Kim Madill
- **Legal Advice** Sabrina Robinson – Principal Lawyer
- **Referral Pathways** DCI Allan Green – PPU
- **Process Mapping** – Insp Simon Guilfoyle
- **System/Vulnerability Hub** Supt Erica Field - Force Contact
- **Training Development** Natalie Stokes – L&D
- **Mental Health Response** Supt Chris Mallet/Insp Stephen Taylor
- **Equality Analysis** Sgt Greg Richards – D&I Team

Official Sensitive

Journey to RCRP



Vulnerability Vacuum	Referral pathway options – Partnership Vulnerability Officer
Vulnerabilities driver for public service interventions due to unmet need = potential escalation Potential to increase individual risks	Social Prescribing model – costs and responsibility DY Model CVS - NHS funded and referrals (6 key workers, £440k/year support 1000 people, 2 key workers for high risk £144k/year support 50 people) WV Model CVS – NHS Funded. Options to refer police demand already being developed

BIRMINGHAM HEALTH AND WELLBEING BOARD

	Agenda Item: 14
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18th July 2023**
TITLE:	**BETTER CARE FUND – END OF YEAR RETURN 2022/23**
Organisation	**Birmingham City Council**
Presenting Officer	**Michael Walsh**

Report Type:	**Approval**

1. Purpose:

1.1. To approve the Birmingham Better Care Fund – End of Year Return for 2022/23

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	
	Theme 3: Active at Every Age and Ability	✓
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	
	Living, Working and Learning Well	✓
	Ageing and Dying Well	✓
Joint Strategic Needs Assessment		

3. Recommendation

3.1. To approve the Birmingham Better Care Fund – End of Year Return for 2022/23

A BOLDER HEALTHIER BIRMINGHAM

4. Report Body

Background

4.1. Each year the health and social care system is required to submit a Better Care Fund (BCF) Plan to outline the areas of priority for the year ahead, the areas of income into the fund and the planned expenditure, as well as setting performance targets against the BCF Metrics.

4.2. For 2022/23 Birmingham set bold ambitions to utilise the BCF as a pooled/aligned fund to deliver the Early Intervention Programme and bring together funding from across the health and social care system. This was a focused-on transparency, development and joint commissioning for the improved outcomes of citizens. With the focus on no wrong door and for support to be provided at the right time, at the right place for the citizen.

4.3. The End of Year report highlights that the pressure has remained on services since Covid-19 and that demand within services and acutes hospitals remain high, this impacted on the metrics and performance:

- For all on the metrics there has been significant progress but there is still further work to be completed and the performance against the targets evidence this.
- Avoidable admissions – significant increase in admissions during the winter period affected performance
- Discharge to normal place of residence - 0.1% below target
- Residential admissions – there was a data reporting issue in previous years which makes comparison difficult. Admissions into long-term residential care are reported at 653.9 per 100,000 population, which represents an ongoing reduction from a high point during the pandemic
- Reablement – target achieved for 80% of citizens discharged (65 and over) were still home 91 days after discharged with an end of year figure of 80.8%

4.4. The combined financial value for the BCF Plan for 2022/23 was £222,456,622, this includes the required minimum contribution from the Integrated Care Board of £97,901,719. The plan also confirms that the minimum contribution of £38,830,118 towards Adult Social Care provision has also been achieved.

4.5. There was also in year additional investment into the Better Care Fund through the announcement of the Adult Social Care Discharge Fund which allocated Birmingham an additional £8,910,913 to provide additional provision to support discharges and increase flow into hospitals. This is reflected in the overall summary above.

4.6. Overall, 2022/23 enabled further development and integration of health and social care services and funding for Birmingham. Providing better services and improved outcomes for the citizens of Birmingham.

5. Compliance Issues
5.1. **HWBB Forum Responsibility and Board Update**
5.1.1. The Better Care Fund Plan has been monitored through the Better Care Fund Commissioning Executive. A key focus of the Commissioning Executive is to take a whole system approach to maximise the investment of any schemes funded under the BCF.
5.2. **Management Responsibility**
5.2.1. The Health and Wellbeing Board are ultimately responsible for the Better Care Fund providing strategic direction and decision making as required utilising the Better Care Fund Commissioning Executive.

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

Appendices
Appendix 1 - Birmingham Better Care Fund End of Year Return 2022/23

The following people have been involved in the preparation of this board paper:

- Michael Walsh – Head of Service (Birmingham City Council)
- Alan Butler – Acting Associate Director of Delivery and Development (Birmingham and Solihull Integrated Care System)
- Samantha Bloomfield – Finance Business Partner (Birmingham City Council)
- Heather Moorhouse – Director of Finance (Birmingham and Solihull Integrated Care System)
- Sarah Feeley – Commissioning Manager (Birmingham City Council)

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of
4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.
Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.
header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- *The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.*
- *At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*
- *All information will be supplied to BCF partners to inform policy development.*
- *This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

			Checklist Complete:
Health and Wellbeing Board:	Birmingham		Yes
Completed by:	Sarah Feeley		Yes
E-mail:	sarah.feeley@birmingham.gov.uk		Yes
Contact number:	07704 538632		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Tue 18/07/2023	<< Please enter using the format, DD/MM/YYYY	Yes

template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board: Birmingham

Confirmation of Nation Conditions			Checklist
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Birmingham

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,155.0	Not on track to meet target	Target will not be achieved across any of the four quarters of 2022/23. Winter months have seen the largest increased in admissions (Oct 22-Feb 23), particularly in COPD and asthma admissions. Increase in	Although progress has been made, there is still a long way to working to achieve this target which will be a priority for the next BCF plan.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.3%	Not on track to meet target	Currently achieving just under 94.3% across the first 11 months, so less that 0.1% below target. December 2022 saw a peak in the number of people discharged to non-usual place of residence (a 3 year peak) at a time	Target achieved for 7 out of the 11 months so far this year.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	464	Not on track to meet target	There was an error in the original return with the figure for the numerator which should have been the target and this will be updated as part of the planning round for 2023-25. Performance has improved with	On track to meet the target for supported residiential admissions based on the revised numerator information	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	80.0%	On track to meet target	This remains challenging in being able to accurately report on this target but data and information sharing have improved to enable better reporting	Achieving the target with 80.8%	Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Birmingham

Income

	2022-23						Checklist Complete:
Disabled Facilities Grant	£12,943,092						
Improved Better Care Fund	£67,918,344						
NHS Minimum Fund	£97,901,719						
Minimum Sub Total		£178,763,155					
	Planned		Actual				
NHS Additional Funding	£3,174,348		Do you wish to change your additional actual NHS funding?	Yes	£4,124,348		Yes
LA Additional Funding	£30,608,926		Do you wish to change your additional actual LA funding?	No			Yes
Additional Sub Total		£33,783,274				£34,733,274	

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£212,546,429	£213,496,429

	ASC Discharge Fund						Checklist Complete:
	Planned		Actual				
LA Plan Spend	£4,666,193		Do you wish to change your additional actual LA funding?	No			Yes
ICB Plan Spend	£4,244,000		Do you wish to change your additional actual ICB funding?	No			Yes
ASC Discharge Fund Total		£8,910,193				£8,910,193	

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£221,456,622	£222,406,622

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	Within Birmingham we have focused on aligning services that support the delivery of the metrics but that also support the wider system development which was the delivery of the Birmingham Integrated Care Partnership. Additional investment in year was a result of aligning additional services into the BCF arrangements.	Yes

Expenditure

	2022-23	Checklist Complete:
Plan	£212,546,429	
Do you wish to change your actual BCF expenditure?	Yes	Yes
Actual	£198,905,000	Yes

	ASC Discharge Fund	Checklist Complete:
Plan	£8,910,193	
Do you wish to change your actual BCF expenditure?	No	Yes
Actual	£8,910,913	Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	As a system Birmingham has been on a transformation journey to realign and develop the services and areas delivered through the BCF. This has included making significant additional contributions into the BCF. Whilst the total expenditure via the BCF exceeds the minimum requirements, there is an underspend against the plan as a result of the inclusion of a longer-term Transformation Fund within the plan. The underspend identified will be carried forward	Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Birmingham

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Birmingham's joint working has continued to develop and is a local priority to look for opportuniites for joint commissioning and areas for collaboration. This is also highlighted through the strong health and social care system governance that's in place.	Yes
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	The delivery of the BCF plan was as expected although there are some areas of underspend that have been as a result of other funding streams available throughout the year.	Yes
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Birmingham continues to strive to improving outcomes for citizens who are supported through the health and social care system.	Yes

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	Checklist Complete:
Success 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	The approval and implementation of the Staying Independent at Home Policy in March 2022 has meant that the use of the Disabled Facilities Grant has been widened. This has provided a greater oppportunity to provide assistance to citizens especially those who are being discharged from hospital or pathway 2 beds. The redesign of the services to deliver wider support is now complete and a new model has been signed off through the Better Care Fund for implementation in the next financial year.	Yes
Success 2	2. Strong, system-wide governance and systems leadership	The creation of BSOL ICS in July 2022 has enabled a strengthening of governance and accountability. Birmingham is one of 2 places in the ICS. We have taken this opportunitiy to establish a Place Committee that is accountable to the Integrated Care Board. The BCF Commissioning Executive is aligned to the Place Committee and oversees delivery of key place priorities including Integrated Neighbourhood teams and Intermediate Care. We are seeking to further integrate the BCF with Place arrangements.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	Checklist Complete:
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Recruitment and retention across the system remains a challenge, this is across both health and social care, with pressures highlighted in the care sector. The situation remains that recruitment and retention are a high priority for the system and has prioritised areas through funding to aim to stablise and maintain the workforce to ensure that citizens are able to receive the care and support they require.	Yes
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	A key challenge has been ensuring that all community initiatives embedded create a clear offer, in the context of the system needing to offer both standardised system level, and locality and neighbourhood level responses to meet need. To address this in the year ahead our BCF initiatives will be aligned as much as possible to our new Intermediate Care Progreamme, so regardless of whether an initiative is at place, locality or neighbourhood level, they all point to the same objectives. Added to this the system will finalise an Urgent and Emergency Care Strategy.	Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board: Birmingham

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each sheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.
1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).
2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
6) For 'Assistive Techonologies and Equipment' , please state the number of unique beneficiaries through the fund.
7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
BCC Assessment and Coordination Capacity	Improve retention of existing workforce	Retention bonuses for existing care staff	£250,000	£250,000	80	number of staff	No		Yes	Stablised workforce to ensure that there was sufficient capacity to support hospital discharges. Although the volume of citizens being discharged reached a peak there was still flow out of the	Provided stability within the social care workforce and will remain a priority for
BCC Assessment and Coordination Capacity	Increase hours worked by existing workforce	Overtime for existing staff.	£500,000	£500,000	16,858	hours worked	No		Yes	Stablised workforce to ensure that there was sufficient capacity to support hospital discharges.	As above
Care Home High Intensity	Bed Based Intermediate Care Services	Other	£300,000	£300,000		Number of beds	Yes	The project was not able to be completed within the given timeframe therefore the funding was mobilsed to support other services to faciliate quicker discharges for citizens	Yes	The funding was mobilsed to support Home from Hospital, providing food, befriending and discharge support to citizens. Then the remaining funding provided additional rapid access to	Additional funding ensured that capacity was sufficient to meet the system
Care Provider Workforce - Recruitment and Retention	Improve retention of existing workforce	Incentive payments	£6,040,193	£6,040,193	1,173	number of staff	No		Yes	The funding provided ensured that there was a focus on recruitment and retention within the care sector. The funding ensured that an additional 1173 staff members were recruited	This has proven to be an effective way of maintaining and increasing
Contingency	Contingency		£100,000	£100,000	390	N/A	Yes	Contingency utilised to support system delivery, 390 weeks worth of provision based on independent living with support to return home or to find an alternative suitable home.	Yes	The funding provided additional capacity to support discharges for citizens who were homeless with care and support needs, through providing accommodation and support, in place of a	Provision for discharge needs to focus back into the community first with
Discharges outside of existing pathways	Other		£300,000	£300,000	8	N/A	Yes	Linked with the mental health provision, provided provision for citizens who did not fit within a specific pathway or service enabling a swift alternative provision to support discharge.	Yes	Provided alternative opportunities for discharge through spot purchase provision to ensure that the needs of the citizen were met. The balance of this funding provided additional one to	
Mental Health Homeless Pathway	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£200,000	£200,000	20	Number of beds	No		Yes	Provided a suitable discharge location for complex mental health patients who would have previously been kept in hospital.	There continues to be a demand for this type of service and we are
Mental Health Homeless Pathway	Other		£300,000	£300,000	14	N/A	No		Yes	Provided enhanced support to professionals to support discharges of complex mental health citizens back into the community, increasing the opportunity of support,	
Mental Health Step-down provision	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£420,000	£420,000	2,244	Hours of care	Yes	2244 bed days with additional 1:1 support capacity for complex mental health patients, linked to mental health step down and discharge outside existing pathway	Yes	Provided a suitable discharge location for complex mental health patients who would have previously been kept in hospital.	There continues to be a demand for this type of service and we are
P1 Capacity	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£500,000	£500,000	25,489	Hours of care	No		Yes	Provided additional P1 care capacity to support discharges back into the community.	Funding ensured that there was sufficient community capacity in order to meet

BIRMINGHAM HEALTH AND WELLBEING BOARD

	Agenda Item: 15
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18th July 2023**
TITLE:	**BETTER CARE FUND PLAN 2023-25**
Organisation	**Birmingham City Council**
Presenting Officer	**Michael Walsh**

Report Type:	**Approval**

1. Purpose:
1.1. To approve the Birmingham Better Care Fund Plan for 2023-25

2. Implications (tick all that apply):		
Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	
	Theme 3: Active at Every Age and Ability	✓
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	
	Living, Working and Learning Well	✓
	Ageing and Dying Well	✓
Joint Strategic Needs Assessment		

3. Recommendation
3.1. To approve the Birmingham Better Care Fund Plan for 2023-25

4. Report Body

Background

4.1. Each year the health and social care system is required to submit a Better Care Fund (BCF) Plan to outline the areas of priority for the year ahead, the areas of income into the fund and the planned expenditure, as well as setting performance targets against the BCF Metrics. This year sees the development of a BCF Plan for 2023-25, allowing greater stability and development planning for the 2-year period.

4.2. The guidance on what was required for the BCF Plan for 2023-25 was published by NHS England on the 4 April 2023, including the Policy Framework published by the Government on the same date. The vision for the BCF is underpinned by 2 core objectives, to:

- Enable people to stay well, safe and independent at home for longer
- Provider people with the right care, at the right place, at the right time

4.3. The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's plan for recovering urgent and emergency (UEC) services, as well as supporting the delivery of Next steps to put People at the Heart of Care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.

4.4. The focus for 2023-25 is for areas to deliver more joined-up care across health and social care, with greater certainty to plan the use of the BCF funding over a 2-year cycle. The delivery of the BCF will support 2 key priorities for the health and care system that align with the 2 existing BCF objectives:

- Improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services

- Tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow

4.5. The Birmingham BCF Plan continues to focus on home first principles and support citizens to receive support and services within the community, alongside a strong priority of supporting and enabling discharges through a range of services and interventions. The Plan which has been jointly developed across the health and social care system is recognition of the hard work that has already been undertaken and the commitment to further develop services to improve outcomes for citizens even further.

4.6. The National Conditions for the BCF for 2023-25 are as follows:

- National Condition 1 – Plans jointly agreed. The plan has been jointly developed by Officers from the Integrated Care Board and the Local Authority, including finance leads.

- National Condition 2 – Enabling people to stay well, safe and independent at home for longer. The Narrative Plan describes in detail

how the services funded and delivered through the BCF will support achievement of this condition.

- National Condition 3 – Provide the right care in the right place at the right time. The Narrative Plan describes in detail how the services funded and delivered through the BCF will support achievement of this condition.

- National Condition 4 – Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services. The Planning document and expenditure for the BCF confirms that the minimum contributions have been achieved for all areas.

4.7. The continuation of the Adult Social Care Discharge Fund (ASCDF) is also detailed within the Narrative Plan and Planning Template with services and support focused on enabling timely discharges. There is a significant increase in the ASCDF for Year 2 (2024-25) which has been captured and allocated to services including workforce retention and recruitment (social care and care market), intermediate care beds, homeless pathways and system capacity.

4.8. The combined financial value for the BCF Plan for 2023-24 is £225,305,359 and for 2024-25 is £236,729,584, this includes the required minimum contribution from the Integrated Care Board each year. The plan also confirms that the minimum contribution of towards Adult Social Care provision has also been achieved for both years.

4.9. Overall, the BCF Plan for 2023-25 meets all the requirements set out in the National Conditions as outlined within this report.

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

5.1.1. The Better Care Fund Plan will continue to be monitored through the Better Care Fund Commissioning Executive. A key focus of the Commissioning Executive is to take a whole system approach to maximise the investment of any schemes funded under the BCF, including monitoring performance against the BCF metrics.

5.2. Management Responsibility

5.2.1. The Health and Wellbeing Board are ultimately responsible for the Better Care Fund providing strategic direction and decision making as required utilising the Better Care Fund Commissioning Executive.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Failure to meet NHSE assurance requirements	L	H	Joint ICB/BCC preparation of BCF plan and oversight from

			BCF Commissioning Executive.

Appendices
Appendix 1 - Birmingham Better Care Fund Narrative Plan 2023-25 **Appendix 2** - Birmingham Better Care Fund Planning Template 2023-25

The following people have been involved in the preparation of this board paper:

- Michael Walsh – Head of Service (Birmingham City Council)
- Alan Butler – Acting Associate Director of Delivery and Development (Birmingham and Solihull Integrated Care System)
- Samantha Bloomfield – Finance Business Partner (Birmingham City Council)
- Heather Moorhouse – Director of Finance (Birmingham and Solihull Integrated Care System)
- Sarah Feeley – Commissioning Manager (Birmingham City Council)

NHS England

Birmingham BCF narrative plan 2023-25

Responsible to the Birmingham Health and Wellbeing Board

This Better Care Fund Plan has been developed in partnership by:

- Birmingham City Council
    - Adult Social Care
    - Housing
    - Public Health
- Birmingham and Solihull Integrated Care Board
- Birmingham Community Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Birmingham Voluntary Sector Council
- University Hospitals Birmingham NHS Foundation Trust

All of these stakeholders are closely involved in the delivery of the programme and have input into the development of the plan through the BCF Programme Board, BCF Commissioning Executive as well as the other Place based arrangements. As a consequence of the move to ICS arrangements we have reviewed BCF governance to ensure that Birmingham Community Healthcare can play an enhanced role in the development of the plan and associated commissioning arrangements for delivery.

Governance
Birmingham City Council (BCC) Cabinet and the Birmingham and Solihull Integrated Care Board (ICB) have a statutory responsibility for the delivery of services and are accountable for the proper use of the Better Care Fund (BCF) resources. The BCC Cabinet is made up of elected representatives and is accountable for making decisions on behalf of the local authority. The Integrated Care Board is responsible for developing a plan for meeting the health needs of the Birmingham and Solihull population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.

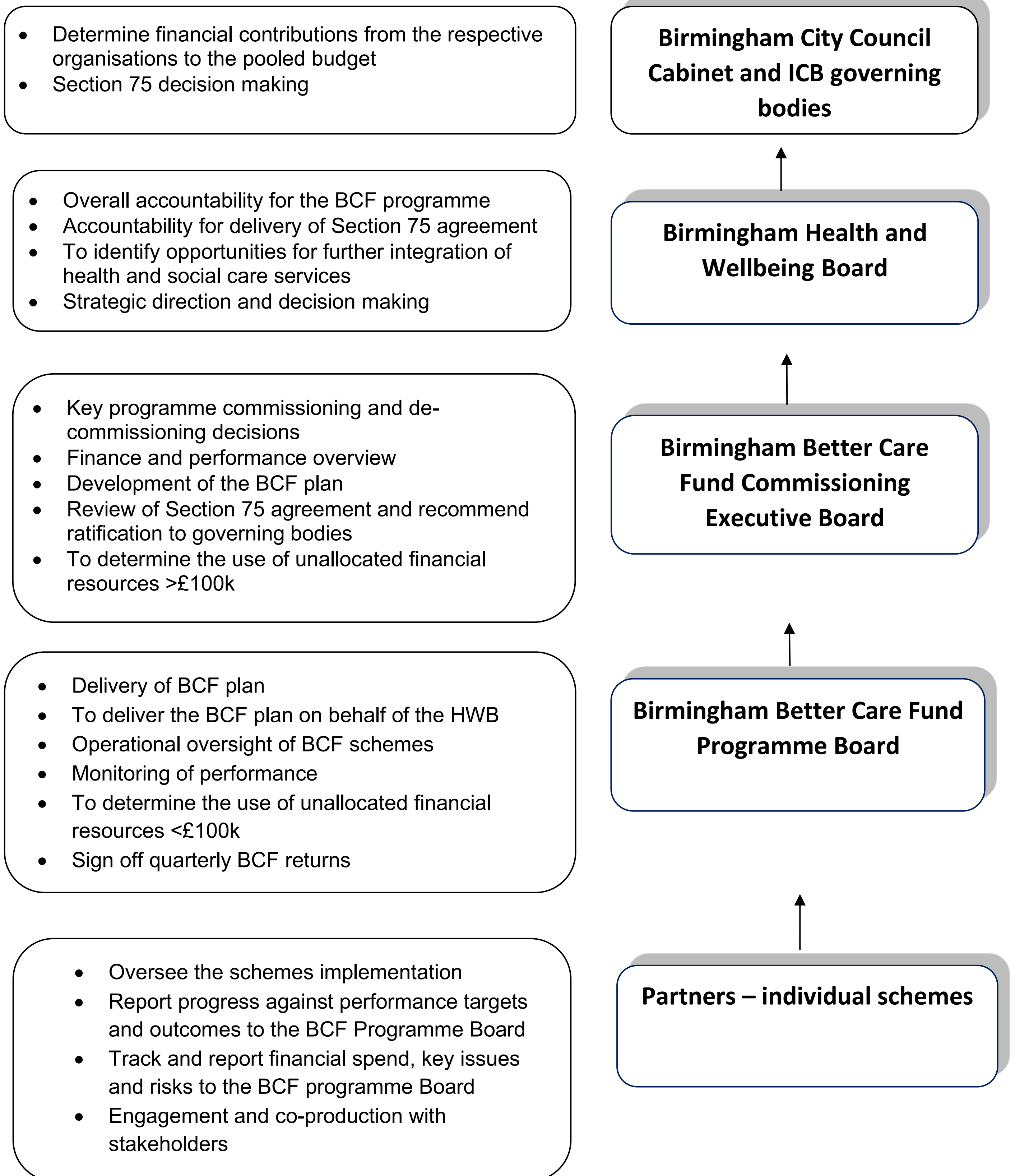
The ICB is led by a Chair and a Chief Executive. In additional, representatives from the local authorities, provider trusts and primary care attend bi-monthly board meetings. This ensures good governance and is intended to promote a culture of strong engagement with citizens, their carers, primary care, staff and stakeholders.

The Birmingham Health and Wellbeing Board has overall responsibility for ensuring the integration of health and social care functions within the city. The Board is the accountable body for the approval and implementation of the BCF plan for the whole of Birmingham. Membership of the board includes representatives from the local authority, ICB, NHS providers trusts and the Voluntary and Community Sector.

The BCF Commissioning Executive acts as a collective vehicle for integrated commissioning on behalf of the ICB and the LA. It has been established to develop and operate the BCF pooled budget arrangement (Section 75) and to provide strategic oversight and decision making in relation to the delivery of the BCF Plan. The group oversees the operational and financial delivery of the BCF and monitors its performance through bi-monthly meetings.
A key focus of the commissioning executive role is to take a whole system approach to maximise investment of any schemes funded under the BCF. The Board report regularly to the Birmingham Health and Wellbeing Board (HWB). The Commissioning Executive is supported by the BCF Programme Board. Workstreams within the BCF programme report back to the Programme Board and are led by a range of statutory and voluntary community sector organisations.

Governance arrangements have been reviewed since the creation of Integrated Care Systems in July 2022. We recognise the importance of the BCF programme in respect of delivering key outcomes at Place in respect of the Community Service Integrator role; tasked with leading improvements to outcomes for people remaining healthy in the community alongside leading our collaborative work to enhance delivery at the interface of community, acute and social care. The Community Service Integrator is commissioned through and accountable to the Birmingham Place Committee. Place Committee has an assurance role in respect of the BCF Plan in advance of submission and final approval at Health and Well-being Board.

BCF Governance – reporting and accountability structure overview



Executive Summary
Overall BCF Plan and approach to integration

We value the ability to use the Better Care Fund (BCF) to embed integrated, person-centred health, social care and housing services within our local system. Our priorities for integration are reflected throughout the plan.

The plan has been developed in the context of the evolving Integrated Care System (ICS). In respect of our Better Care Fund planning, we see this as an exciting opportunity to further strengthen focus and leadership and to increasingly align resources and integrate delivery to meet BCF policy objectives. In particular we see the creation of a Community Service Integrator as an excellent opportunity for more effective joint commissioning, planning and delivery of health and social care.

For 23/25 our key objectives as a delivery partnership in respect of BCF are:

Intermediate Care Programme – launched in March 2023 across Birmingham and Solihull. Primarily focused on BCF objective 2: "Provide the right care in the right place at the right time"; but also impacting on BCF objective 1 in respect of reducing admissions into acute care from the community. The aim is to drive improvement and capacity in the functions that sit between acute hospital services and core community services. This will ensure:

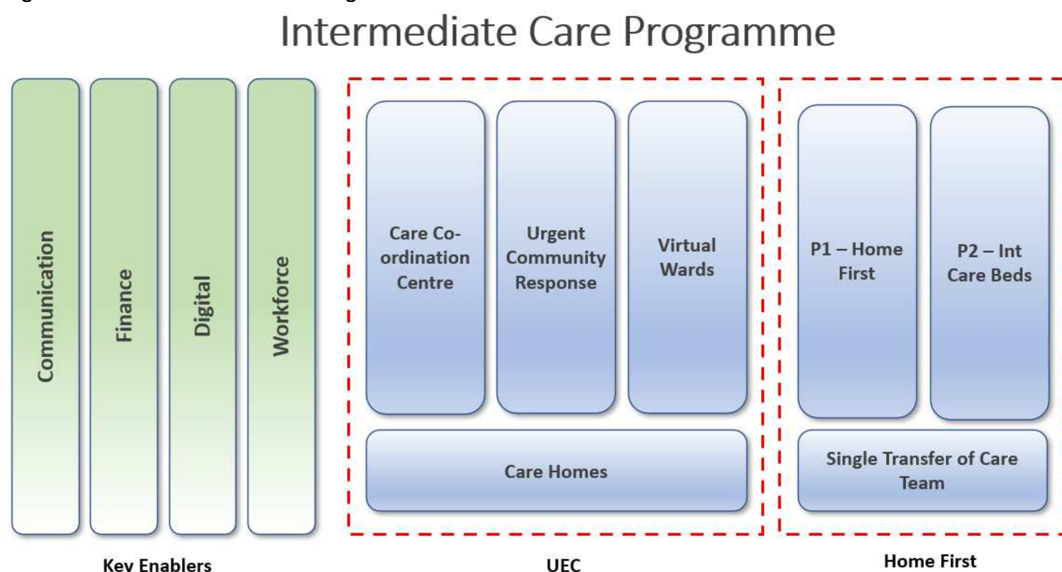
- Expansion of out of hospital services
- Support citizens to avoid hospital attendance or admission
- Support citizens to leave in a timely way
- Reduce length of stay

The programme consists of the following workstreams:

- Unscheduled care -coordination
- Urgent Community Response
- Pathway 1 – Home First
- Pathway 2 beds
- Virtual Wards
- Enhanced Health in Care Homes
- Single Transfer of Care Team

Each of the priority areas in the Intermediate Care Programme detailed in diagram 1 (below) is being progressed jointly between the community integrator, commissioners, clinical leaders and care professionals in the first half of 2023 and delivered locally to test the impact they have. Investment will respond to the success we are able to demonstrate in making an impact on improving citizen's outcomes and we will scale up services over 2023-25 as evidence of efficacy is achieved. This will affect BCF spending priorities during the life of this plan. The schemes of spending in the 2023-25 BCF submission have been aligned to the intermediate care programme workstreams where appropriate, to evidence how the BCF funding is being used to deliver clear thematic priorities, that ultimately support the BCF national conditions and metrics.

Diagram 1: Intermediate Care Programme



Integrated Neighbourhood Teams – This primarily delivers against BCF Objective 1: “Enabling people to stay well, safe and independent at home for longer.” This leads our Place response to the Fuller Stocktake through the creation of integrated, multi-disciplinary teams at a neighbourhood level. We are jointly committing operational resources to support this programme and have commissioned external transformation capacity to design and develop an operating model.

Care Act – Supporting citizens with eligible care needs is a core element of the BCF plan. Within this, our vision and strategy is to promote independence, focus on preventative actions and support unpaid carers.

Independent at Home – Embedding new delivery arrangements for Disabled Facilities Grants following the implementation of a Regulatory Reform Order policy that makes use of the flexibilities to deliver discretionary forms of assistance to support people to remain living at home and to be discharged more rapidly from hospital. Driving further integration through our jointly commissioned Community Equipment Loan service.

Key Changes in the 2023/25 Plan

Key changes for the 23/25 Plan reflect the progress we have made over the past 12 months. New elements for this two-year plan include:

- Additional resource for Community Equipment – demand is increasing; in part due to the success of Home First discharge pathways and enabling people to remain independent at home for longer
- Making use of the Discharge Fund to address pressure on P2 capacity with a planned approach to decommissioning P2 beds over the plan period
- Investment from our Transformation Fund in our Integrated Neighbourhood Teams programme to support our ambition to establish teams in each Primary Care Neighbourhood
- Improvements to Homeless Discharge Pathways
- Recommissioning P0 out of hospital support
- Investing ASC Discharge Fund to support workforce recruitment and retention in the independent care sector

Enabling people to stay well, safe and independent at home for longer.

Integrated Neighbourhood Teams
One of the primary objectives of the BCF includes enabling people to stay well, safe and independent at home for longer through investment in prevention and de-escalation. To do this, we are taking a collaborative, cross-sector approach to support the proactive prevention of crises for our citizens and driving early interventions outside of hospital settings.

BSOL ICB plans to integrate its service provision at every level of its operating framework, including at the locality level (c.200-300k population) and at the neighbourhood level beneath that (c.30-50k population). This will involve developing multi-disciplinary teams and integrated service offerings at each of these footprints.

We are anchoring our integration work and our care services by using locality 'hubs' to support at the locality level, and by using emerging Integrated Neighbourhood Teams (INTs) to deliver at the neighbourhood level.

These locality 'hubs' will provide greater system resilience by offering face-to-face and virtual assessments, point-of-care diagnostics, and therapeutic interventions for citizens with complex conditions who cannot receive the specialist care they need at the GP practice or neighbourhood level. Some hub pilots have also hosted voluntary and social care alliances, signposting citizens to social services and providing advice and support in the same place.

These hub models will therefore improve citizens' access to health and care services and information in the community and can be used to support future integration with social care and mental health services. They can also add extra same-day urgent care capacity by offering more appointments to people when the wider system comes under operational pressure (e.g., during seasonal spikes in demand).

Further to the establishment of the Locality Hubs, it is a clear priority to progress the development and mobilisation of Integrated Neighbourhood Teams (INT) as per *The Fuller Stocktake report (May'22): "Next steps for integrating primary care"*.

The INT programme will see the establishment of INTs across each Primary Care Network in Birmingham, with a vision to ''*support people to live healthier, happier and more independent lives in the neighbourhood and communities they call home".*

The INT's will be the delivery arm of population health management for their respective PCN footprints (circa 30k – 50k population). Each INT will have access to, and utilise, more specialist health and social care intervention which will be provided on a Locality footprint

Partners across the Health and Social Care system in Birmingham have come together through our Integrated Neighbourhood Teams programme to design, test and iterate new ways of working within neighbourhoods to improve outcomes for citizens. The programme is being led by Birmingham Community Healthcare NHS Foundation Trust (BCHC) in their capacity as the commissioned Community Service Integrator. 5 test sites have now been established – one in each of the 5 localities in the City. Test teams are based around Primary Care Networks (PCN) and comprise representatives from primary care, community health care, community mental health, social care and the voluntary and community sectors.

External transformation capacity has been commissioned through the BCF to support the programme. This has enabled us to accelerate data sharing and to identify high frequency service users at a neighbourhood level across all test sites. Using this data has enabled teams to review cases, to explore opportunities to better integrate care and to improve

outcomes for citizens. Appropriate data sharing and information governance protocols are in place.

Whilst we are working with teams across the city, we are particularly focusing resource within the East and West localities - areas that experience high levels of health inequalities associated with multiple deprivation factors. Here the test teams we are using the external capacity to go further; through undertaking structured case reviews at scale in order to identify trends in respect of cohorts who are disproportionately accessing services and through undertaking design sprints with front-line staff to develop a sustainable operating model for INT. Our intention is to embed and test the operating model in these 2 locations during a 3-month period in late 2023 before rolling out to the 3 fast-follower sites and then across the remaining 26 PCNs. This will require additional capacity both in terms of the partner organisations and external transformation resource. Resources from our BCF Transformation Fund have been allocated in the plan to support delivery of this key priority.

In respect of BCF metrics this activity is intended to have an impact on unplanned admissions to hospital for chronic ambulatory care sensitive conditions; emergency hospital admissions following a fall for people over the age of 65 and the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes.

Falls

A multi-agency Birmingham Falls Group meets monthly to make links between stakeholders, to support each other to work more effectively and to collaborate. The group maintains a falls dashboard to gain intelligence on themes and trends and to inform practice and activity. Birmingham Community Healthcare NHS Foundation Trust (BCHC) operates a Falls Prevention Service for citizens living in North, East, Central and West Birmingham. This is a Therapy led team assessing and providing interventions for high-risk fallers within community settings. It is a multidisciplinary team made up of Physiotherapists, Occupational Therapists, Rehab Technicians, and a Specialist Nurse. The team complete a holistic initial assessment of each citizen in their own home, (includes care, residential and nursing homes) and analyses the risk factors for each citizen and implements change to reduce their risk of falling. The BCHC Falls Prevention Team, work alongside many other teams such as the Early Intervention Community Teams, Speech and Language, District Nurses, Care/Nursing Homes, Neurotherapy teams, Continence teams, Dieticians and GP's from across the city, to ensure that citizens care, and wellbeing are of high standard.

There were 26 care and residential homes in Birmingham were selected by BCHC and BSOL CCG to take part in a falls pilot scheme for 12 months beginning August 2021. This proof-of-concept pilot provided support to participating care homes for early hospital discharge, supporting hospital admissions, personalised care planning, and care home staff training and education. Support was delivered by a team of Advanced Nurse Practitioners, including a clinical educator/trainer, working closely with other organisations and specialist services across primary, secondary and community care settings. The pilot demonstrated a 32.6% reduction in falls admissions to hospital from participating care homes. This is now being mainstreamed through the Care Homes workstream of the Intermediate Care Programme. Other initiatives to reduce falls include the provision of lifting cushions and training on the IStumble App for care homes; a falls pathway as part of UCR provision and use of discretionary assistance utilising Disabled Facilities Grant to more rapidly respond to citizens at risk.

Activity to enable people to remain living independently for longer at home in respect of housing adaptions and support for carers is included later in this plan (sections Disabled Facilities Grant and Supporting Unpaid Carers respectively).

Provide the right care in the right place at the right time.

Addressing this policy objective has been, and remains, a core driver for integration in our local health and social care system. We have worked hard to structure our BCF plan so that we have clarity on the use of system resources to support timely and safe discharges, to promote a home first approach and to maximise the impact of post-discharge rehabilitation in respect of ongoing independence.

As a partnership we have been keen to build on the success of our Early Intervention programme which has transformed the way in which we work together and has improved outcomes for citizens. Our Intermediate Care Programme is the next step on the journey – reflecting the post-pandemic environment and new duties – particularly in respect of 2-hour urgent care response. The key workstreams that deliver against this BCF policy objective are:

- Unscheduled care co-ordination
- Urgent Community Response (UCR)
- Pathway 1 – Home First
- Pathway 2 beds
- Virtual Wards
- Enhanced Health in Care Homes
- Single Transfer of Care Team

Unscheduled Care Co-ordination
BCHC currently provides call handling for referrals into their UCR and community provision **to enable people to stay at home longer**. Since mid-January 2023, there has been a significant increase in West Midlands Ambulance Service referrals daily for UHB citizens that require a community pathway. Current changes to the 111 service provider will also need to be addressed to ensure no duplication is created. This aspect of the programme will deliver against 6 key priorities:

1) Coverage & Conditions
    - Ensure a 'minimum coverage offer' for Primary Care, WMAS and Care Homes to address immediate demand
    - Map out all "Single Points of Access" and define scope and plan for Care Coordination Centre (CCC)
    - Develop operating model for usual and out of hours ability to provide a 24/7 model
2) Increasing Calls
    - Increase referrals from the 3 main sources: Primary Care, Care Homes and WMAS
    - Review current 3-way MDT calls process (with WMAS, OPAL+ and CCC) to allow crews to contact CCC directly if not an OPAL+ patient to build on current call-before-convey principle • Develop communication plan for Primary Care and Care homes to encompass all key services i.e., 2hr UCR.
3) Workforce
    - Development of a workforce model • Recruitment to additional roles i.e., paramedics to support teams located within CCC • Recruitment and training plan for increasing the capacity within the team

4) Productivity & Performance
    - Define and deliver against a minimum response standard for “call response time” and “call pick-up” rates
    - Continue demand and capacity planning to manage increased demand pressures
5) Data
    - Ensure alignment between Solihull & Birmingham triage models to ensure consistent recording of CCC activity • Coordinate all ‘unplanned / unscheduled’ call activity and capture in a simple dashboard and sit-rep return • Provide remote, live access of call activity, response times and performance to support system coordination • Revise reporting to show source of referrals i.e. WMAS, Care Homes, Primary Care, Other
6) Infrastructure (Digital and Estates)
    - Identify appropriate estate for CCC team and alignment with other services
    - Align digital requirements with wider IC programme – virtual ward digital monitoring etc.
    - Scope requirements for single CCC across BSOL and deliver integrated telephony services.

Urgent Community Response (UCR)
To address this challenge, Community Service UCR teams are implementing several strategies, to increase the availability and accessibility of community-based services that provide alternatives to hospital admission, through home-based care. This helps to provide citizens with more convenient and appropriate options for their care needs whilst reducing pressure on acute services.

Urgent Community Response allows the provision of timely and appropriate care in the community for citizens with urgent or worsening health needs, including services such as rapid assessment, treatment, monitoring, and support by multidisciplinary teams of health professionals.

Urgent community response aims to reduce unplanned admissions to hospital by focussing on the following 9 clinical conditions:
1) Falls (with no apparent serious injury)
2) Decompensation of frailty
3) Reduced function/deconditioning/reduced mobility
4) Palliative/End of life crisis support
5) Urgent Equipment provision to support a person experiencing a crisis / at risk of hospital admission
6) Confusion / delirium
7) Urgent Catheter care
8) Urgent support for diabetes
9) Unpaid carer breakdown, which if unresolved, will result in a healthcare crisis for cared for person

This focus allows UCR to:
- Prevent further deterioration through early identification and intervention
- Provide an alternative to an emergency department visit and potential of hospitalisation for citizens who can be safely treated and supported within the community in their usual place of residence.

- Onward referral from UCR team will also enhance coordination and communication among primary care providers, community services, and acutes.
- Improve citizen satisfaction and quality of life by reducing unnecessary hospital visits and stays

By reducing unplanned admissions to hospital, urgent community response can also benefit the health system by:

- Saving resources and costs associated with hospital care
- Reducing pressure and overcrowding in emergency departments and wards
- Improving efficiency and effectiveness of care delivery
- Promoting integration and collaboration across different levels and sectors of care

UCR teams are continuing to increase awareness of the service to Care Homes across Birmingham, via communication and educational materials to ensure that Care Home staff consistently turn to UCR for appropriate referrals that can be diverted away from a previously made 999 call.

In response to the escalation to address category 3 & 4 West Midlands Ambulance Service (WMAS) calls for non-harm falls, BSol UEC system has a community-based falls response service for people who have fallen at home, including in care homes. The incidence of falls is slowly reducing, to continue this trend BSOL system priorities are:

- Continue to Implement a post-fall decision-support tool (istumble) for assessing injury and response, and safe patient lifting cushions to aid the post-fall management of care home residents, plus ensure the right care at the right time. 74 lifting cushions have been distributed to urgent crisis response teams and care homes highlighted as frequent callers by WMAS for category 3 and 4 calls across BSol ICS.
- The outstanding 120 care homes to have received the lifting device and post-fall management training in time to support 2023/24 winter pressures.

Further advancement of the team, such as current integration of paramedics, allows for a multidisciplinary team approach that provides coordinated care for citizens with complex needs and multiple long-term conditions, and working alongside BCHC care coordination team ensures onward referral if required can be swiftly enacted, involving health and social care professionals, voluntary sector organisations, and carers when and where needed.

This onward referral and wraparound of further community services allows UCR team to be an initial start point for ongoing patient provision to avoid hospital admission via use of community-based services that deliver intermediate care, rehabilitation, and reablement for citizens who need support to avoid admission, or after a hospital stay. This allows us to improve the integration and coordination of care across different providers and settings and can help to ensure that citizens with complex needs receive timely and appropriate care, avoid duplication of services, and reduce fragmentation of care.

In conclusion, urgent community response can reduce unplanned admissions to hospital by providing timely and appropriate care in the community for patients with urgent or worsening health needs. This can improve outcomes for patients and the health system by preventing patient deterioration, providing alternatives to hospitalisation, enhancing coordination and communication, and improving citizen satisfaction and quality of life.

Pathway 1 – Home First

Pathway 1 (P1) is a route to a citizen's own home to; assess, recover and rehabilitate with support from social care and / or health support.

With the changes in the ICS and the move to a single community integrator, we are in a position to move forward at pace with the Intermediate Care plan; looking to provide truly integrated and responsive services across BSOL, with a care centre focused. As part of this we must provide a consistent 7-day model at both Places which acts as a 'one-stop-shop' for P1 care in the community.

The model in Birmingham is delivered via the Early Intervention in the Community Team (EICT) and was rolled out in 2020 after a comprehensive system redesign. The team is a combination of resources aligned from Birmingham Community Healthcare NHS Foundation Trust (BCHC), Birmingham City Council (BCC), and the private sector offering support to anybody 17 years old or above across Birmingham.

The team consists of:

- BCHC nurses, physiotherapists and occupational therapists
- BCC Social Workers
- Home care – private sector domiciliary care agency providing home support

The aims of the service are to:

- Proactively prevent delays in hospital
- Ensure citizens remain in an acute hospital as short a time as possible
- Prevent citizens from requiring an acute admission (admission avoidance)
- Support citizens to return home wherever possible

The P1 approach is a key part of the Intermediate Care Programme and BSOL approach to improving services and pathways for patients. Birmingham and Solihull P1 offers are currently very different, creating challenges when attempting to integrate and align with concurrent workstreams.

Key aims of this workstream:

- To support a Home First approach
- To deliver a consistent approach to P1 across BSOL
- The service must have consistent and meaningful reporting frameworks with a single set of metrics.
- The level of demand for the domiciliary service is exceeding commissioned capacity and contract is due to end next year. Therefore, a procurement exercise will need to be undertaken to secure the domiciliary care provider.

Pathway 2 Beds

The key priorities in the pathway 2 bed intermediate care workstream are to:

- To de-escalate independent sector surge capacity and prepare for winter
- Focus on optimising length of stay across all sites
- Commission an independent rehabilitation acuity and complexity audit to evidence citizen care needs and how these can be provided by nursing, therapy, and medical workforce
- Establish a system baseline that is sustainable for the longer-term model
- Develop a BSOL operational model and outcomes framework
- Confirm the overall number of sites required for a long term P2 bed model and underlying principles – e.g., locality based and citizen flow.
- Within this agree the capacity required for complex citizens, agree and commission the future delivery model
- Link in with single discharge team workstream regarding the development of a single information system and the development of a streamlined D2A process for placement into P2 beds

- As part of to be established overarching BSOL D2A governance have oversight of overall place based P2 metrics and outcomes
- Prepare the resilience plan for next winter; ensure that a more sustainable approach to capacity is delivered in line with the longer term aims toward locality / place-based pathway 2 bed model, that maximises statutory provision
- Prepare the business case for a long-term pathway 2 provision, including:
    - Clearly define what subacute care is and what provision is required to meet that.
    - Undertake the detailed planning work on the final locality-based model to be implemented on longer term, factoring in what the new steady state demand and patient flows materialise after de-escalation and draw down on surge/ winter demand.
- Rationalise independent sector provision across BSol Footprint.

Virtual Wards
The 23/24 virtual ward plan maintains the 22/23 ambition to deliver a virtual ward capacity of 135 beds across respiratory, frailty and surgical pathways by end of April 2023.

This is dependent on recruitment as well as expanding the surgery virtual ward to additional citizen cohorts. Detailed delivery plans are in place to achieve this. A workforce plan is also in place and aligned with the 23/24 virtual ward trajectory.

Average length of stay across all virtual ward pathways was 6 days in 22/23. This was less than the pre go-live assumption that average length of stay would be 10 days. However, the 22/23 plan to admit a total of 1,400 citizens has been achieved. This meant that fewer beds were occupied by the planned number of citizens. This presents an opportunity in 23/24 to increase utilisation of the 135 beds and increase the number of admissions beyond that in the original plan. At 80% utilisation it is anticipated that up to 500 admissions per month can be achieved and this would equate to 3,000 virtual ward occupied bed days each month. The virtual ward delivery plan has a particular focus on improving utilisation of capacity. For example, a communication and engagement plan is aimed at raising awareness and increasing confidence levels amongst referring clinicians. Another key priority for virtual wards in 23/24 is to complete the roll out of remote monitoring technology. This will improve clinical oversight of virtual ward citizens as well as facilitate the automatic capture of Patient Reported Outcome Measures (PROMs) and (PREMs).

Single Transfer of Care Team
Development of the Single Transfer of Care Team will be pivotal to providing the right care, and the right place at the right time. During 23/24, we are looking to establish a single BSOL Transfer of Care approach. This will have the following objectives:

1. To establish a single Birmingham & Solihull Transfer of Care approach via multi-disciplinary working, to deliver the ‘pull’ **from the acute and community bedded settings into people’s homes** to ensure people are in the right place, at the right time to meet their needs.
2. To establish consistent professional decision making across discharge pathways underpinned by necessary agreements between organisations including data and risk sharing, and trusted assessments as required.
3. To develop and deliver the single IT system and operational processes required to support the transfer of care and managerial oversight, including ongoing improvement.

4. To confirm the discharge ‘offers’ across Birmingham & Solihull including voluntary and community service support for settling in post discharge, 48hour short term support, offers for homeless and extremely vulnerable people.

Packages outside of existing Pathways - A panel is to be established and chaired by the ICB with health and social care system representation to oversee the spend of BCF allocated funds on bespoke packages for citizens who do not fit in to existing or traditional pathway.

Housing and Homeless Pathways - The impact of poor housing conditions or homelessness had already been identified as an area of improvement prior to the pandemic and has continued to remain a priority. Although the numbers being delayed due to housing issues remain relatively small, the length of stay within acute per citizen was often significant.

In response, we continue to commission independent living, temporary accommodation to enable discharge from acute/enablement beds whilst long-term housing solutions are explored. This has been developed in collaboration with housing colleagues and the provision also includes dedicated Birmingham City Council Housing Officers who are able to prioritise and review those citizens who present as homeless at point of discharge with ongoing care and support needs. This has reduced admissions into short and long-term residential care for this cohort.

Birmingham was also successful in bidding for Out of Hospital Care Model funding from the Department for Health and Social Care, to improve the support and pathways for citizens who present homeless at the point of discharge. The funding has allowed Birmingham to have dedicated staff based within the 4 Birmingham acutes to provide support, assessments, advice and move on for those citizens referred into the service. The service has identified really benefits to the wider health and social care system by supporting citizens as early as possible within their hospital or enablement bed journey. Funding has now been allocated to continue the service, with this going out to procurement in 2024.

Referrals into the support remain high with the variety of support that it is able to offer, to date since 1st November 2021 there have been 1318 referrals made. The service completes a bespoke Homeless Assessment that is a holistic view of the citizen, working alongside professionals within the hospital to decide the best pathway for the citizen which can be home, into independent living or alternative accommodation as a temporary measure to ensure we give the citizen the best opportunity of returning to community living or their usual place of residence.

There has been considerable impact in the reduction of citizens remaining in hospital for housing needs and the pathways as they embed within the acute settings are offering an alternative for fast-track support for housing and homelessness.

Support Home from Hospital - Spending time in hospital or in an enablement bed (EAB) can be a challenging and stressful experience for citizens. The priority is to get citizens home as quickly as possible with the right support in the community in order to minimize the risks of loss of condition and independence that are associated with spending too long in bed-based care. The Support Home from Hospital Service is part of the community services offered to citizens providing bespoke support around befriending, benefit maximisation, access to primary care, food provision, home safety and social reintegration. The service is focused on supporting citizens from the day of discharge for up to 6 weeks post discharge with the aim of enabling the citizen to remain within the community and to avoid unnecessary readmission to hospital.

Capacity and Demand

Key features of the 2023/2024 capacity and demand submission in relation to both discharge from acute and demand from community settings:

- **Hospital Discharge Capacity and Demand**
  - Capacity either equates to or exceeds demand for all lines, with the exception of the P2 activity (see narrative below)
- **Community Capacity and Demand –**
  - Capacity either equates to or exceeds demand for all lines ***as a year-end total***
  - Demand exceeds capacity ***for some individual months*** for both UCR activity and rehabilitation at home
- The **key context** to the above is that:
  - The **forecasts** are based on historic demand.
  - **Support at home (pathway 1) - The** emphasis, as reflected in the capacity and demand forecast, is on pathway 1 in this financial year, in supporting as many citizens at home as possible, and is entirely in line with the Home First approach at the core of the Intermediate Care Programme described in earlier sections of this document. There is sufficient capacity for discharge 'step down' all year, and a forecast deficit in some months for 'step up' community demand. However, the pathway 1 caseload is managed in its entirety by EICT, giving flexibility to manage across discharge and step up community pathways.
  - **Bed based intermediate care (pathway 2)-** The emphasis on maintaining a 'steady state' in terms of bed-based pathway 2 intermediate care and avoiding a cycle of surging and then de-escalating bed capacity – as we know as a system that this can a) perpetuate a culture of reliance on bed based care and b) lead to significant issues in de-escalating beds as the system comes out of winter. The expectation is that the actual demand for pathway 2 will reduce compared to historic demand levels and the forecast submitted, with the introduction of the intermediate care programme. To mitigate against any unmet demand, a framework call-off agreement is being put in place ahead of winter so some beds can be stepped up if required.
  - **UCR** – UCR activity or opening hours can be stepped up very easily to expand capacity, and therefore in the any individual months where actual demand is being seen to exceed capacity, this can be done with 24hrs notice. The intention would not be to significantly increase UCR capacity at present in light of a marginal amount of seasonal demand that can be met at short notice.

Learning from 22-23

- Overall, the data available for 23/24 is more intelligent and nuances compared to last year's submission, allowing for more accurate forecast capacity and demand in the relevant format.
- Pathway 2 beds forecast for capacity and demand is higher for 23/24 than 22/23. This year more intelligent data is available from our joined-up Bed Management Hub.
- Pathway 0 – Not all pathway 0 data is included that year and has been refined to include only those with social support.

As a more general theme, learning from last year; discharges have been increasingly complex, with more younger adult mental health demand than in previous years and increased distressed behaviours relating to dementia and mental health, which have been

challenging to support in existing provision. Work is being done across the system to find better support options for this cohort to reduce the demands for one-to-one care.

Care Act Duty Delivery

Funding for Care Act duties remains a core element of our BCF Plan in terms of the utilisation of NHS minimum contributions for social care, iBCF and ASC Discharge Fund.

The Plan supports £66.4m of expenditure on long-term nursing, residential and supported living packages alongside £22.2m for domiciliary care. A further £1.2m in the plan is allocated for safeguarding, advocacy and occupational therapy.

In addition, our plans for the use of ASC Discharge Fund will ensure that Care Act duties are being delivered. Planned expenditure includes support for the independent care sector to retain and recruit workforce by directly increasing the take-home pay of care staff. This is critical if we are to maintain capacity in the sector in order to both meet Care Act duties towards citizens and also to maintain flow in the system. Similarly, the fund is being used to support retention and overtime payments for qualified social work staff. This has been targeted at teams undertaking care act assessments as part of the discharge process. Other elements of the fund include provision for increasing demand for community equipment in support of Care Act duties.

Residential admissions metric

Historically this metric was recorded and reported incorrectly, below is the data extracted. There was an increase of the number of citizens going into residential care during Covid-19, but this has reduced since. This supports the continued priority locally of the Home First principle and additional investment in services to support citizens to return to the community with services and support as required.

		Apr-19 to Mar-20	Apr-20 to Mar-21	Apr-21 to Mar-22	Apr-22 to Mar-23
65+	Admissions*	1072	1076	1138	1051
	per 100,000	710.4	713.1	754.2	696.5
Target				417.6	710

*all admissions both supported by the council and self-directed

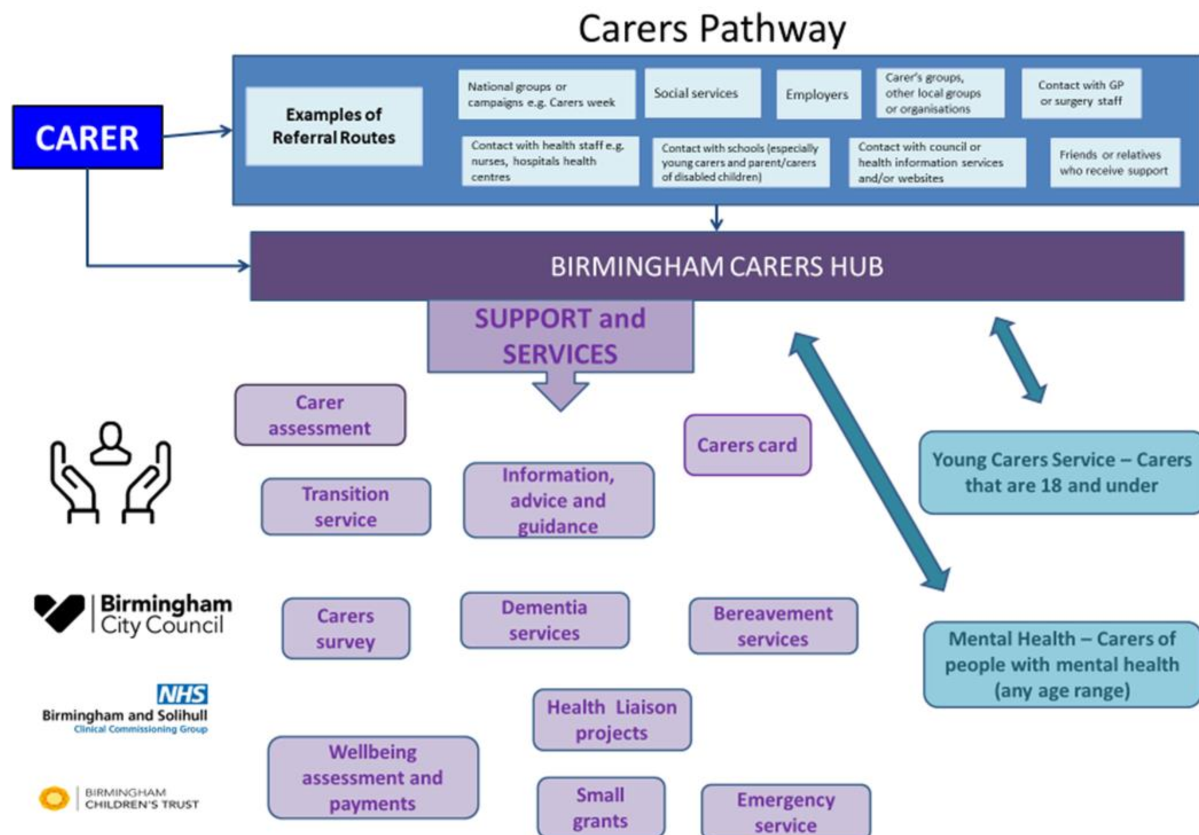
The plan for 2022/23 was 710 per 100,000 which the end of year achievement being 696.5. This highlights the continued improvement in supporting citizens to remain in the community rather than going into residential care. As well the improved outcomes as a result of the Early Intervention Community Team providing support at the right time to ensure services and support are in place to reduce the need or delay the requirement for residential care.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Birmingham Carers Hub (Hub) was commissioned in 2023 and jointly procured with Birmingham Children's Trust and Birmingham and Solihull Integrated Care Board (ICB) embedding a cohesive carers pathway for Birmingham across all carer services. The Hub is jointly funded by Adult Social Care, Birmingham City Council and the Better Care Fund. The Care Act 2014 gives carers the legal right to receive support from their local authority if they have eligible needs. This support can be accessed through a carer's assessment and should look at all the carers needs.

The Hub was commissioned as part of the carer's pathway model with Young Carer and Mental Health carer services enabling a whole life course approach. There are clear links and pathways between the services to simplify a carers journey across their life course. Referrals and introductions are made between services ensuring the carer receives the right support at the right time.



The new Hub service will provide a range of services including; statutory carer assessments, Carers Cards in a Community and Hospital setting, advice, information and guidance, practical emotional and peer support including 1:1 support and carers groups, advocacy, navigator role, awareness raising and engagement, training in relation to the caring role to include practical and manhandling particularly at home, bereavement support, carers

emergency and planned response, working with Children's Trust disabled child register to help identify parent carers and to manage the Children's Trust Disabled Children's Register, annual carers survey, transition service for young carers transitioning to adulthood, carers wellbeing payments and breaks, small grants for specialist services, health liaison project and specialist support dementia carers. The Hub will also be expected to develop a Carer Friendly Employer service and address digital inclusion and poverty.

Over the past two years services have adapted to the changing circumstances and it is expected that services will continue to develop taking on board lessons learnt. In particular, a focus on locality-based work to address isolation and improve satisfaction levels, working closely with the community and technology with training, including support for digital equipment.

The outcomes for the Hub are linked to the Care Act requirements in supporting Carers and include:

Payment by outcomes:

1. 85% of Carer assessments completed in timescale of 28 days
2. Working across the Carers Pathway
3. Working in partnership.

Number of Carers working or participating in training or education

Carers report improved health and wellbeing in carer scores from assessment to review

Number GP surgeries accessed

Number sessions held in hospital setting

Number carers assessments started and completed including parent, young and dementia Carers and % completed in 28 days

Number dementia friendly plans

Number social prescribers based at GP practices

Number of referrals from health professionals showing breakdown of source

Number groups delivered to dementia Carers

Number of Partners in Care and in the Community Cards issued

Currently Carers Breaks are not commissioned but there is a local Carers Emergency Response Service (CERS) which provides a sitting service for up to 48 hours. Carers breaks are part of the refreshing of the Carers Strategy work which will begin consultation during Carers Week on the 7th June.

Disabled Facilities Grant (DFG)

In March 2022 the Staying Independent at Home Policy was approved by Birmingham Cabinet that brings together the responsibilities and duties under:

- The Housing Grants, Construction and Regeneration Act 1996
- Care Act 2014
- The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO 2002).

As housing is a key determinant of health the policy sets out how the council will reduce the health inequality brought about by poor living standards, by providing support in the form of grants, loans or services to improve housing conditions. Ensuring that homes are decent, accessible, safe and secure, this is not only important for the health and wellbeing of the citizen but is also vital for the sustainability of communities.

The policy clearly sets out both the assistance that the Council has a duty to provide (mandatory) and assistance that will be provided through the use of discretionary powers. The discretionary assistance through the policy will be to:

- Support disabled citizens to secure necessary adaptations which cost more than the maximum allowed under the Disabled Facilities Grant
- Secure prompt discharge from hospital of citizens who might, due to accommodation difficulties, otherwise remain in hospital longer than necessary
- Address accommodation difficulties which, if not resolves, might lead to an avoidable admission to hospital, or residential care or which impact upon the ability of the citizen to live safely and independently at home.

In order to deliver the new discretionary assistance, the commissioning of a new integrated service to deliver the principles in the new policy and meet the demands of the citizens of Birmingham has commenced. It is expected that a new service model will be implemented from January 2024. In the meantime, services have been adapted and scaled up in order to deliver the new discretionary assistance and this has been in place since October 2022.

As already detailed within the homeless and housing pathways section there has been a considerable amount of work to develop effective pathways for citizens who are not able to return home for various reasons including, not having a home or this not meeting their needs (homeless), hoarding, cleanliness, health and safety and domestic abuse. The pathways have been developed through integration of housing and adult social care teams and recongising for citizens who are being discharged from hospital that a one service approach means better outcomes and the right accommodation offer being made at the right time.

Additional information (not assured)
Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services?
Yes, Birmingham published and implemented a Staying Independent at Home Policy in March 2022.

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding? Funding for discretionary services is part of the overall development of the Staying Independent at Home services and policy roll out. Provision for mandatory services will always be prioritised. There has been no specific value identified for discretionary assistance, but this is included in the procurement currently being undertaken (May-June 2023).

Equality and health inequalities

Birmingham and Solihull ICS (BSol ICS) have the biggest opportunity in a generation for the most radical overhaul in the way health and care services are delivered in Birmingham and Solihull. In shifting to a new way of working, the greatest collective impact we can make on the lives of the citizens we serve is to ensure that improving health outcomes and closing inequality is hard-wired into every plan we make, every investment we agree and every decision we take.

Whilst tackling the determinants of poor health, improving outcomes and closing inequality has always been at the heart of health and care, it hasn't always been core business: that will change under the new operating model being designed for Birmingham and Solihull Integrated Health System.

In BSol ICS Inception Framework published in February 2022, we committed to working with our citizens, health and care providers, and voluntary & community organisations to create a 10-year Master Plan which will not only be ambitious in the long-term aspirations it sets to reduce inequality but will guide our decision-making in the short and medium-term.

We are already broadening our scope to look beyond traditional performance measures and starting to measure the outcomes of decisions: not just 'are we hitting our targets?' but 'are the lives of citizens being improved?'

The National Core20Plus5 framework also sets out the national expectations for tackling health inequalities. It reflects the importance of understanding these gaps and differences better, being clear about priorities and taking evidence-based action at different levels of the ICS.

We have started to do this by focusing our Integrated Care System on six system-wide priorities. Alongside this each part of our system will focus additional activity on what matters most to citizens in their area at Place, locality, and neighbourhood level.

We have identified our six system priorities based on:

- factors that drive poor healthy life expectancy for our citizens;
- priorities of the Health & Wellbeing boards;
- priorities of the Inequalities strategy being developed for BSol ICS;
- citizens waiting longer for diagnostics and surgery;
- opportunities for improvement identified in the Birmingham & Lewisham Black African and Caribbean Health Inequalities Review (BLACHIR) across Birmingham and Solihull
  lessons learnt from the way in which COVID-19 hit hardest those who were already worst off; and
- national "Core20plus5" priorities for reducing inequalities.

We will use the ICS five-year Health Inequalities Strategy's six main priorities focussed around those populations who experience the greatest health inequalities in BSol. The priorities include:

- Better outcomes for people with disabilities, including a learning disability,
- Better prevention and detection of diseases Including respiratory
- Better outcomes for people with mental illness
- Improved outcomes for inclusion groups such as new migrants, refuges or asylum seekers

The six building blocks for delivery are:

1) Insight and impact – using data to identify drivers and consequences of inequality
2) Pathway improvement – support service improvement methods, and working with citizens to deliver change at scale
3) Targeting our prevention programmes – deliver these in a culturally sensitive way
4) Working with communities – recognise our citizens are experts
5) Supporting healthy literacy – Build health literacy
6) Anchor institutions – Use the full potential of our health and care providers

The Core20Plus5 is the national NHS England & Improvement approach to tackling inequalities in health and is the framework utlilised to deliver the BSol ICS Health Inequality Strategy. It is based on three elements.

- **Core20** - A national target population – the 20% most deprived people in the country based on the Index of Multiple Deprivation. Nearly 50% of our population live within the national 20% most deprived communities. Mainly in Birmingham but includes parts of North Solihull.
- **Plus** – focus on a locally-defined target of those experiencing worse than average outcomes needing a tailored approach. PLUS population groups include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others. Specific consideration should be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.
- **5** - five areas of focus are part of wider actions for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for adults, children and young people. Governance for these focus areas sits with national programmes; national and regional teams coordinate local systems to achieve aims. For adults these five areas are maternity, mental ill health, respiratory, cancer and hypertension). For children and young people, the focus will be on asthma, epilepsy, oral health, mental health and diabetes.

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

HM Government England

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Birmingham
Completed by:	Sarah Feeley
E-mail:	sarah.feeley@birmingham.gov.uk
Contact number:	07704 538632
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Tue 18/07/2023 << Please enter using the format, DD/MM/YYYY

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Mariam	Khan	mariam.khan@birmingham.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Paul	Athey	paul.athey@nhs.net
	Additional ICB(s) contacts if relevant		Alan	Butler	alan.butler3@nhs.net
	Local Authority Chief Executive		Deborah	Cadman	deborah.cadman@birmingham.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Professor	Graeme	Betts	graeme.betts@birmingham.gov.uk
	Better Care Fund Lead Official		Louise	Collett	louise.collet@birmingham.gov.uk
	LA Section 151 Officer		Fiona	Greenway	fiona.greenway@birmingham.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Birmingham

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£12,943,092	£12,943,092	£12,943,092	£12,943,092	£0
Minimum NHS Contribution	£103,442,957	£109,297,828	£103,442,957	£109,297,828	£0
iBCF	£67,918,344	£67,918,344	£67,918,344	£67,918,344	£0
Additional LA Contribution	£24,481,739	£19,790,377	£24,481,739	£19,790,377	£0
Additional ICB Contribution	£1,980,181	£0	£1,980,181	£0	£0
Local Authority Discharge Funding	£9,522,046	£15,806,596	£9,522,046	£15,806,596	£0
ICB Discharge Funding	£5,017,000	£10,973,347	£5,017,000	£10,973,347	£0
Total	**£225,305,359**	**£236,729,584**	**£225,305,359**	**£236,729,584**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£29,419,670	£31,084,823
Planned spend	£57,289,620	£60,561,681

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£41,027,903	£43,350,082
Planned spend	£41,027,903	£43,350,084

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	302.8	291.7	330.2	310.9

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,212.1	2,285.0
	Count	3338	3448
	Population	150892	150892

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	94.4%	94.8%	94.3%	93.3%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	418	679

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.4%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Birmingham

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month.
The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabiitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.
Further detail on definitions is provided in Appendix 2 of the Planning Requirements.
The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:
- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.
You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:
- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.	Demand based on 22/23 demand plus the increase in overall hospital discharges for 23/24 taken from Planning Return (v26-Mar23). All other Providers (B'ham Womens & Children; Bham & Solihull Mental Health FT; Royal Orthopaedic Hospital) are aggregated in the 'Other' rows. Social Support demand and activity data provided by B'ham City Council. P1 Reablement includes EICT discharges home with POC. P1 rehabilitation includes EICT Acute referrals. P2 rehabilitation includes step-down from acute discharges - data provided by Community Trust. Capacity assumptions based on 28 day LOS at 90% occupancy

Complete:	
3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Hospital Discharge Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	Social support (including VCS) (pathway 0)												
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST		101	101	101	101	102	101	100	114	114	112	114	114
OTHER		14	14	14	14	13	14	15	16	16	18	16	16
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	Reablement at home (pathway 1)	119	159	130	124	139	134	148	164	134	128	105	151
OTHER		16	22	18	18	18	19	22	23	19	20	15	21
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	Rehabilitation at home (pathway 1)	421	455	461	459	485	410	484	476	443	505	401	473
OTHER		57	61	64	66	62	59	71	68	61	79	58	65
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	Short term domiciliary care (pathway 1)												
OTHER													
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	Reablement in a bedded setting (pathway 2)	327	345	330	266	316	285	323	352	353	355	335	375
OTHER		44	47	45	38	40	41	48	50	49	56	48	52
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	Rehabilitation in a bedded setting (pathway 2)												
OTHER													
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)												
OTHER													

3.2 Demand - Community

Demand - Intermediate Care Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	5	5	5	5	5	5	5	8	8	8	8	8
Urgent Community Response	1484	1533	1484	1601	1601	1549	1685	1630	1685	1788	1673	1787
Reablement at home												
Rehabilitation at home	331	375	362	358	380	334	390	394	355	394	312	381
Reablement in a bedded setting												
Rehabilitation in a bedded setting	6	6	11	9	8	6	5	7	10	5	5	8
Other short-term social care	2	2	2	2	2	2	2	2	2	2	2	2

3.3 Capacity - Hospital Discharge

Service Area	Capacity - Hospital Discharge Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly) ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.	120	120	120	120	120	120	120	135	135	135	135	135			
Reablement at Home	Monthly capacity. Number of new clients.	200	200	200	200	200	200	200	200	200	200	200	200			
Rehabilitation at home	Monthly capacity. Number of new clients.	600	600	600	600	600	600	600	600	600	600	600	600			
Short term domiciliary care	Monthly capacity. Number of new clients.															
Reablement in a bedded setting	Monthly capacity. Number of new clients.															
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	332	366	313	296	311	307	324	341	307	302	274	328			
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	3	3	3	3	3	3	3	3	3	3	3	3			

3.4 Capacity - Community

Service Area	Capacity - Community Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly) ICB	LA	Joint
Social support (including VCS)	Monthly capacity. Number of new clients.	5	5	5	5	5	5	5	8	8	8	8	8			
Urgent Community Response	Monthly capacity. Number of new clients.	1484	1533	1484	1601	1601	1549	1685	1630	1685	1788	1673	1787			
Reablement at Home	Monthly capacity. Number of new clients.															
Rehabilitation at home	Monthly capacity. Number of new clients.	400	400	400	400	400	400	400	400	400	400	400	400			
Reablement in a bedded setting	Monthly capacity. Number of new clients.															
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	6	6	11	9	8	6	5	7	10	5	5	8			
Other short-term social care	Monthly capacity. Number of new clients.	2	2	2	2	2	2	2	2	2	2	2	2			

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Birmingham

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Birmingham	£12,943,092	£12,943,092
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	**£12,943,092**	**£12,943,092**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Birmingham	£9,522,046	£15,806,596

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Birmingham and Solihull ICB	£5,017,000	£10,973,347
Total ICB Discharge Fund Contribution	£5,017,000	£10,973,347

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Birmingham	£67,918,344	£67,918,344
Total iBCF Contribution	**£67,918,344**	**£67,918,344**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Birmingham	£2,668,194	£2,726,805	Community Services
Birmingham	£13,695,585	£10,590,532	Early Intervention and Pathway 2
Birmingham	£8,117,960	£6,473,040	Carry Forward
Total Additional Local Authority Contribution	**£24,481,739**	**£19,790,377**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Birmingham and Solihull ICB	£103,442,957	£109,297,828
Total NHS Minimum Contribution	**£103,442,957**	**£109,297,828**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
NHS Birmingham and Solihull ICB	£1,980,181	£0	Community Nursing
Total Additional NHS Contribution	**£1,980,181**	**£0**	

Total NHS Contribution	£105,423,138	£109,297,828

	2023-24	2024-25
Total BCF Pooled Budget	£225,305,359	£236,729,584

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Birmingham

<< Link to summary sheet

	2023-24			2024-25		
Running Balances	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£12,943,092	£12,943,092	£0	£12,943,092	£12,943,092	£0
Minimum NHS Contribution	£103,442,957	£103,442,957	£0	£109,297,828	£109,297,828	£0
iBCF	£67,918,344	£67,918,344	£0	£67,918,344	£67,918,344	£0
Additional LA Contribution	£24,481,739	£24,481,739	£0	£19,790,377	£19,790,377	£0
Additional NHS Contribution	£1,980,181	£1,980,181	£0	£0	£0	£0
Local Authority Discharge Funding	£9,522,046	£9,522,046	£0	£15,806,596	£15,806,596	£0
ICB Discharge Funding	£5,017,000	£5,017,000		£10,973,347	£10,973,347	£0
Total	**£225,305,359**	**£225,305,359**	**£0**	**£236,729,584**	**£236,729,584**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£29,419,670	£57,289,620	£0	£31,084,823	£60,561,681	£0
Adult Social Care services spend from the minimum ICB allocations	£41,027,903	£41,027,903	£0	£43,350,082	£43,350,084	£0

4	Pathway 1 - Home First	Birmingham Community Load Equipment Service	Assistive Technologies and Equipment	Assistive technologies including telecare				Number of beneficiaries	Social Care		LA			Private Sector	Local Authority Discharge	Existing	£500,000	£500,000	
5	Pathway 1 - Home First	Early Intervention - Home Care	Home-based intermediate care services	Reablement at home (to support discharge)		8841	8841	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£2,562,918	£2,633,064	
6	Pathway 1 - Home First	Early Intervention - Home Care	Home-based intermediate care services	Reablement at home (to support discharge)				Packages	Social Care		LA			Private Sector	Additional LA Contribution	Existing	£4,643,520	£1,201,554	
7	Pathway 1 - Home First	Early Intervention - Home Care	Home-based intermediate care services	Reablement at home (to support discharge)				Packages	Social Care		LA			Private Sector	iBCF	Existing	£3,259,376	£3,259,376	
8	Pathway 1 - Home First	Early Intervention Community Team - Therapy	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£7,457,487	£7,591,721	
9	Pathway 1 - Home First	Early Intervention Community Team - Therapy	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Community Health		NHS			NHS Community Provider	Additional LA Contribution	Existing	£1,940,797	£1,975,731	
10	Pathway 1 - Home First	Early Intervention Community Team - Social Work	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Additional LA Contribution	Existing	£3,267,435	£3,418,206	
11	Pathway 1 - Home First	Early Intervention Community Team - Social Work	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	iBCF	Existing	£1,505,020	£1,505,020	
12	Pathway 1 - Home First	Early Intervention Community Team - Social Work	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£326,076	£344,531	
13	Pathway 1 - Home First	Early Intervention Community Team - Social Work retention, overtime and	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Social Care		LA			Local Authority	Local Authority Discharge	New	£3,000,000	£3,000,000	
14	Pathway 1 - Home First	Hospital Social Work Teams	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,307,484	£1,372,858	
15	Pathway 1 - Home First	Hospital Social Work Teams	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Additional LA Contribution	Existing	£2,028,102	£2,129,507	
16	Pathway 1 - Home First	Hospital Social Work Teams	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	iBCF	Existing	£2,086,735	£2,086,735	
17	Pathway 1 - Home First	Staying Independent at Home Service	DFG Related Schemes	Adaptations, including statutory DFG grants				Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	Existing	£12,400,268	£12,373,127	
18	Pathway 1 - Home First	Homeless Pathway	High Impact Change Model for Managing Transfer of Care	Housing and related services					Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£63,000	£66,566	
19	Pathway 1 - Home First	Homeless Pathway	High Impact Change Model for Managing Transfer of Care	Housing and related services					Other	Housing/homelessness based support	LA			Private Sector	Local Authority Discharge	Existing	£1,300,000	£1,300,000	
20	Pathway 1 - Home First	Support Home from Hospital Service	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£350,000	£350,000	
21	Pathway 1 - Home First	Wheelchair Services	Assistive Technologies and Equipment	Community based equipment		1639	1639	Number of beneficiaries	Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£827,379	£842,271	
22	Pathway 1 - Home First	Antimicobial Therapy	Prevention / Early Intervention	Other	Antimicobial Therapy				Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£65,498	£66,677	
23	Pathway 2 - Intermediate Care Bed	Intermediate Care Beds	Bed based intermediate Care Services (Reablement,	Other	Intermediate care beds - all types	105	105	Number of Placements	Social Care		LA			Private Sector	Additional LA Contribution	Existing	£2,763,734	£2,881,607	
24	Pathway 2 - Intermediate Care Bed	Intermediate Care Beds	Bed based intermediate Care Services (Reablement,	Other	Intermediate care beds - all types			Number of Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£3,832,286	£4,049,193	
25	Pathway 2 - Intermediate Care Bed	Intermediate Care Beds	Bed based intermediate Care Services (Reablement,	Other	Intermediate care beds - all types			Number of Placements	Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£6,177,557	£6,373,305	
26	Pathway 2 - Intermediate Care Bed	Intermediate Care Beds	Bed based intermediate Care Services (Reablement,	Other	Intermediate care beds - all types			Number of Placements	Community Health		NHS			Private Sector	ICB Discharge Funding	New	£3,346,067	£3,346,067	
27	Pathway 2 - Intermediate Care Bed	Intermediate Care Beds - Additional support GP etc.	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Continuing Care		NHS			Local Authority	Minimum NHS Contribution	Existing	£224,127	£236,813	

28	Pathway 2 - Intermediate Care Bed	Pathway 2 Social Work Team	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	iBCF	Existing	£1,945,600	£1,945,600	
29	Pathway 2 - Intermediate Care Bed	Pathway 2 Social Work Team	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£324,542	£342,911	
30	Pathway 2 - Intermediate Care Bed	Pathway 2 Social Work Team	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	Additional LA Contribution	Existing	£1,766,080	£1,854,384	
31	Disharges outside of existing pathways	Disharges outside of existing pathways	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Private Sector	Local Authority Discharge	New	£922,046	£922,046	
32	Community Services	Care Act Duties	Carers Services	Carer advice and support related to Care Act duties		2000	2000	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£1,349,427	£1,349,427	
33	Community Services	Care Act Duties	Carers Services	Carer advice and support related to Care Act duties				Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£1,691,000	£1,786,711	
34	Community Services	Community Nursing	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£39,410,487	£42,267,521	
35	Community Services	Community Nursing	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			NHS Community Provider	Additional NHS Contribution	Existing	£1,980,181	£0	
36	Community Services	Dementia Services	Community Based Schemes	Other	Dementia Services				Social Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£201,663	£205,293	
37	Community Services	Dementia Services	Community Based Schemes	Other	Dementia Services				Community Health		NHS			Private Sector	Minimum NHS Contribution	Existing	£2,727,495	£2,776,590	
38	Community Services	Dementia Services	Community Based Schemes	Other	Dementia Services				Community Health		NHS			Private Sector	Additional LA Contribution	Existing	£101,548	£103,376	
39	Community Services	Chinese Community, Stroke Association, Focus	Community Based Schemes	Other	Neighbourhood grants				Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£263,425	£268,167	
40	Community Services	Locality Hubs	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	ICB Discharge Funding	New	£1,670,933	£1,670,933	
41	Community Services	Integrated Neighbourhood Teams	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Community Provider	Additional LA Contribution	New	£3,159,415	£2,395,360	
42	Community Services	Integrated Neighbourhood Teams	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			Private Sector	Additional LA Contribution	New	£950,000	£0	
43	Community Services	Crisis Peer Advocacy	Prevention / Early Intervention	Other	Peer Support				Other	Peer Support	LA			Charity / Voluntary Sector	Additional LA Contribution	New	£31,936	£63,872	
44	Autisim and LD Transformation Partner	Transformation and planning for future LD provision	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	Additional LA Contribution	Existing	£192,000	£0	
45	Care Act Duties	Residential, Nursing and Supported Living packages	Residential Placements	Other	Residential placements - all types	1783	1783	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£44,341,210	£44,341,210	
46	Care Act Duties	Residential, Nursing and Supported Living packages	Residential Placements	Other	Residential placements - all types			Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£22,121,701	£23,465,120	
47	Care Act Duties	Home Care Packages	Home Care or Domiciliary Care	Domiciliary care packages		830826	830826	Hours of care	Social Care		LA			Private Sector	iBCF	Existing	£14,780,403	£14,780,403	
48	Care Act Duties	Home Care Packages	Home Care or Domiciliary Care	Domiciliary care packages		415824	415824	Hours of care	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£7,397,504	£7,816,203	
49	Care Act Duties	Care Market Development and Retention	Workforce recruitment and retention						Social Care		LA			Private Sector	Local Authority Discharge	New	£3,500,000	£3,500,000	
50	Care Act Duties	Safeguarding, advocacy and occupational theraphy	Care Act Implementation Related Duties	Other	Safeguarding, occupational therapy and				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,199,729	£1,267,634	
51	Technology Enabled Care	Technology Enabled Care	Assistive Technologies and Equipment	Assistive technologies including telecare				Number of beneficiaries	Social Care		LA			Private Sector	Local Authority Discharge	New	£300,000	£300,000	

52	Care Home Development	Care Home Development - Infection Prevention, commissioning and quality	Home Care or Domiciliary Care	Other	Care Home Development - Infection			Hours of care	Social Care		LA			NHS Community Provider	Additional LA Contribution	Existing	£408,526	£404,523	
53	Place Support Team	Place Support Team	Enablers for Integration	Integrated models of provision					Other		Joint	50.0%	50.0%	Local Authority	Additional LA Contribution	Existing	£357,000	£432,000	
54	Pathway 1 - Home First	Early Intervention - Home Care	Home-based intermediate care services	Reablement at home (to support discharge)				Packages	Social Care		LA			Private Sector	Local Authority Discharge	New	£0	£3,845,525	
55	Winter Discharge Contingency	Winter Discharge Contingency	Other						Social Care		LA			Private Sector	Local Authority Discharge	New	£0	£2,439,025	
56	Pathway 1 - Home First	Early Intervention - Home Based contigency	Home-based intermediate care services	Reablement at home (to support discharge)				Packages	Social Care		LA			Private Sector	ICB Discharge Funding	New	£0	£2,978,000	
57	Pathway 2 - Intermediate Care Bed	Intermediate Care Beds contingency	Bed based intermediate Care Services (Reablement,	Other	Intermediate care beds - all types			Number of Placements	Community Health		NHS			Private Sector	ICB Discharge Funding	New	£0	£2,978,347	

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Birmingham

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	342.8	306.8	348.8	289.0	Looked at most recent 'trend' of both quarterly and annual out-turn in the context of the past 20 years' activity. Created a seasonal quarterly profile based on historic data. 2023/24 Plan based on a mean of the last 2 years' data (assumed no change in population).	Our local intermediate care programme will drive a reduction in avoidable admissions, by delivering effective care-coordination, and urgent solutions to support patients in their own home.
	Number of Admissions	3,467	3,103	3,527	-		
	Population	1,141,374	1,141,374	1,141,374	1,141,374		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	302.8	291.7	330.2	310.9		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,357.7	2,212.1	2,285.0	Applied the actual variation/trend in monthly SUS data to the Fingertips data to create an estimated and forecast position (assuming no change in population).	There are already prevention services and falls referral pathway that UCR, primary care or other clinical professionals utilise. A falls mapping/gap analysis including a Public Health needs assessment ia planned for 2023/24. All areas indentified will be reviewed with system wide partners with the end result of a BSOL ICS Falls strategy which aligns all service pathways
	Count	3,695	3338	3448		
	Population	150,892	150892	150892		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal	Quarter (%)	94.0%	94.7%	94.3%	94.0%	Using monthly data since April 2019, looked a most recent 'trend' of both monthly and quarterly out-turn. Created a seasonal quarterly profile based on historic	One of the main focuses of the BCF is Early Intervention and Home First. The priority should always be to support the citizen home from hopsital. Services and support
	Numerator	23,812	24,136	23,904	22,144		
	Denominator	25,326	25,497	25,359	23,569		

discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan	data. 2023/24 Plan based on a mean of the last 2 years' data (assuming no change in population).	are commissioned to deliver this principle such as Support Home from Hospital, Early Intervention Community Teams and Neighbourhood Teams.
	Quarter (%)	94.4%	94.8%	94.3%	93.3%		
	Numerator	24,214	24,443	23,928	22,565		
	Denominator	25,650	25,780	25,379	24,194		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	417.6	463.8	653.9	678.7	There has been reporting issues with the information provided and that being captured on the returns. The Numerator (710) 2021/22 actual figure is inaccurate and should have been 1089. And the rate per 100000 would of been 729. We have	Home first and support to ensure citizens are given the best opportunity to remain living independently in the community remain a priority. This will continue with the focus on choice, assistance to make homes for suitable with adaptations and
	Numerator	624	710	1,001	1,051		
	Denominator	149,412	153,092	153,092	154,852		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.5%	80.0%	80.8%	80.4%	The numbers have increased due to having a larger cohort of people being discharged to enablement services. The volumes coming through Early Intervention Community Teams continue to rise and the ambition reflects the priority for citizens to	Continuation of the work that has been ongoing for a number of years now, has seen the proportion of citizens being supported home and remaining home also remains static. This will continue a focus with discharges using the home first
	Numerator	1,392	1,440	2,070	2,170		
	Denominator	1,730	1,800	2,563	2,700		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan
Additional discharge funding	PR5	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan

BIRMINGHAM HEALTH AND WELLBEING BOARD

	Agenda Item: 16
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**18th July 2023**
TITLE:	**HEALTH AND WELLBEING FORUM UPDATES**
Organisation	**Health and Wellbeing Board Forums**
Presenting Officer	**Aidan Hall**
Report Type:	**Information**

1. Purpose:

1.1. This update report details recent, current and future work related to:

- Creating a Healthy Food City Forum
- Creating a Physically Active City Forum
- Creating a Mentally Healthy City Forum
- Health Protection Forum

2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	X
	Theme 1: Healthy and Affordable Food	X
	Theme 2: Mental Wellness and Balance	X
	Theme 3: Active at Every Age and Ability	X
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	X
	Getting the Best Start in Life	
	Living, Working and Learning Well	
	Ageing and Dying Well	
Joint Strategic Needs Assessment		

3. Recommendation

3.1. It is recommended that the board note the contents of the report.

4. Report Body

Background

4.1. The Birmingham Health and Wellbeing Board has five thematic forums. The forums oversee the development and delivery of shared action to drive city-wide improvement. The forums are: Creating a Mentally Healthy City, Creating a Healthy Food City, Creating an Active City, Creating a City Without Inequality, and the Health Protection Forum.

4.2. This report is formed of four written updates. Further detail specific to each Forum can be found in **Appendices 1-4.**

5. Compliance Issues

5.1. HWBB Forum Responsibility and Board Update

5.1.1. Regular updates will be reported to the Health and Wellbeing Board via a joint update report in this format, with each forum providing a presentation item rather than an information item update at least annually.

5.1.2. Action logs of the forums shall be recorded and reviewed at every forum to ensure actions are delivered.

5.2. Management Responsibility

Dr Justin Varney, Director of Public Health
Stacey Gunther, Service Lead, Public Health
Sarah Pullen, Service Lead, Public Health
Humera Sultan, Service Lead, Public Health
Chris Baggott, Service Lead, Public Health
Aidan Hall, Service Lead, Public Health

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Partners not delivering on the assigned actions required to enable the forums work.	Medium	Medium	Robust monitoring and regular update reports via the relevant forum.

Appendices

Appendix 1 – Creating a Healthy Food City Forum
Appendix 2 – Creating a Mentally Healthy City Forum
Appendix 3 – Creating a Physically Active City Forum
Appendix 4 – Health Protection Forum

Birmingham Health and Wellbeing Board

Appendix 1 – Creating a Healthy Food City Forum Highlight Report

1. Context

1.1 The 'Creating a Healthy Food City Forum' (CHFCF) is a sub-committee of the statutory Health and Wellbeing Board. The forum focusses on implementing a whole-system approach to create a fair, sustainable and prosperous food system and economy, where food options are nutritious, affordable and desirable so everyone can thrive.

1.2 The CHFCF collaborates with partners and organisations including the voluntary sector, charities, health partners, education, academics, community projects and businesses. Co-production and co-ownership is key to our approach and our principles are to collaborate, empower and equalise.

2. Current Situation

2.1 Birmingham Food System Strategy Governance

2.1.1 Strategy launch event planned for 12th and 13th October with local focus on day 1, and national and international focus on day 2.
2.1.2 Annual report to capture case studies and progress on the strategy planned for release at launch event.
2.2.3 Strategic action plan and working groups being set up for all work streams and themes.

2.2 Local Action

2.2.1 Birmingham Food Revolution and Local Food Legends projects empowering and showcasing local action
2.2.2 Creative Dinners – BCC x University College Birmingham catering college events providing opportunity for cross-sector collaborations.

2.3 National Action

2.3.1 Sustainable Food Places Network award application being submitted in 2023 to recognise Birmingham's achievements with food systems.
2.3.2 UK Urban Food Forum being set up by Birmingham as a national city learning exchange network to sit under the international MUFPP city network.
2.3.3 The Food Foundation, the charity that supported Henry Dimbleby and national campaigns, is supporting Birmingham with expert guidance.

2.4 International Action

2.4.1 Milan Urban Food Policy Pact (MUFPP) city network membership has continued which enables us to benefit from the sharing of best practice.
2.4.2 Delice International Food Network has enabled our city to learn from how gastronomy and food culture can help shift population diets.
2.3.3 Birmingham x Johannesburg Action Plan 2022-2026 has been finalised and includes food system learning exchanges.

2.5 Strategic Work Streams

2.5.1 Food Production work stream has been empowering local action through Local Food Legends community grant funding.

2.5.2 Food Sourcing work stream has led to coordinated working with BCC Food Procurement Team and Cityserve school catering.

2.5.3 Food Transformation work stream includes the development of a Full of Beans Campaign promoting beans and pulses targeting food businesses, families and schools. Also, a convenience store pilot where the number of healthy food options in 25 convenience stores will be increased through the Good Food Wholesale and Retail Pilot which was successful in London.

2.5.4 Food Waste and Recycling work stream includes the Surplus Food Project mapping sources and recipients of surplus food and developing local infrastructure for redistribution. Also, we have begun coordinated working with BCC Waste and Recycling Team.

2.5.5 Food Economy and Employment work stream includes supporting the Sustainable Food Tourism work being led by BCC Tourism team.

2.5.6 Food Safety and Standards includes beginning a review of food marks, standards, and labels with the aim to create a guide.

2.6 Cross Cutting Themes

2.6.1 Food Skills and Knowledge theme includes the development of Culturally Diverse Healthy Eating Guides and delivery of focus groups with health professionals and communities.

2.6.2 Food Behaviour Change theme includes embedding behavioural science into our approaches, such as the Full of Beans campaign.

2.6.3 Food Security and Resilience theme includes the development of a Global Food Justice Toolkit to enable cities to self-assess progress and review evidence based best practice. In addition, several members of the CHFCF have been part of the Cost of Living emergency response Food Provision work strand and overseen grants and support across the city to tackle food insecurity.

2.6.4 Food Innovation, Research and Data theme has included projects such as the Youth Service led project “Harnessing the Youth Voice for Food Environments”, the community researcher driven project “East Birmingham Food System Exploration” and our city’s support of the UKRI Transforming UK Food Systems research being led by the Mandala Consortium.

3. Next Steps and Delivery

- Develop Food System Strategic Action Plan with city-wide partnership
- Strategy launch event on 12th and 13th October 2023
- Launch Full of Beans campaign
- Continue with ongoing projects

Appendix 2 – Creating a Mentally Healthy City Forum Highlight Report

1. Context

1.1 The 'Creating a Mentally Health City Forum' (CMHC) is a sub-committee of the statutory Health and Wellbeing Board. The forum focusses on developing an evidence-based approach to prevention and promotion of mental health and wellbeing across the city, so every citizen can thrive and achieve their potential.

1.2 The CMHC Forum aims to work with partners and organisations including ICS, academics, voluntary sector, faith groups, and most importantly, local communities. The partnership work enables co-production and delivery of place-based approaches to positive mental health and wellbeing, working upstream to increase mental wellness and reduce the need for clinical interventions.

2. Current Situation

2.1 CMHC Forum Framework for Action

2.1.1 The April 2023 CMHC Forum took the form of a workshop to gain forum member's feedback into the priorities for the Framework for Action. The following areas were considered, Building our intelligence, Life course, Ethnicity, Gender and Sexuality, Inclusion Health Groups and Understanding our Impact.

2.1.2 The April 2023 CMHC Forum incorporated feedback from the November 2022 workshop where topic areas for the Framework for Action were confirmed. Prior to the workshop, forum members were sent a pre-reading pack including a summary of the evidence and policy which should inform the shaping of the framework. The forum then focussed their discussion around the following questions:

- What added value can we bring by working together as the Creating a Mentally Healthy City Forum?
- What is already working well that we can build on?
- What don't we know and who else do we need to invite in?
- What are the most important things to include in the Framework for Action?

Feedback from the event has been collated and circulated. In the next forum there will be updates on the work of the Suicide Prevention Advisory Group and Better Mental Health Fund (BMHF).

2.2 Commissioned projects

2.2.1 A project has been commissioned better understand the mental health impact of the Cost-of-Living (CoL) Crisis and will be led by Thinks Insight and Strategy - a research agency. The project will involve real-time research with participants across Birmingham to understand the impact of the CoL crisis. There will also be engagement with relevant organisations. This project will be paused until September 2023 to allow it to run into the winter when it is

anticipated that the impact of the CoL crisis is greatest.

2.2.2 Mind, a charity supporting mental wellbeing, has been funded through BCC to recruit an analyst to gather real time data on the mental health of Birmingham and Solihull populations using their helpline data which will be accessible in an anonymised dashboard. Interviews are taking place on 19th May and the analyst will be in post for six months. This role should allow BCC and Mind to share intelligence about mental health need across the city.

2.2.3 The Better Mental Health Fund (BMHF) programme is complete and six local projects have received additional public health funding to continue to address mental health inequalities in Birmingham. An independent evaluation of the Birmingham projects has been commissioned and the final report will be shared in June 2023.

2.2.4 BCC commissioned Polish Expat Association to support tackling mental health inequalities amongst local Polish and Eastern European groups and build stronger relationships with communities. This involves the recruitment of a Mental Health and Wellbeing Engagement Officer for the Central Eastern European community. We have co-created a culturally competent job advert/job description and job interviews were held on 17th May 2023.

2.2.5 We are working in partnership with Solihull to bring the national Orange Button Scheme to both local areas. This is a universal, community asset-based based scheme which encourages people locally to wearing an orange button that signifies that they have had quality-assured suicide prevention training. The orange button wearer can speak or hear about suicide without judgement (removing stigma), signpost to appropriate support and create a community of support. Work is ongoing to finalise local assets and training for a cohort to pilot the project launching on 10th September 2023 to commemorate World Suicide Prevention Day.

2.3 Suicide Prevention Action Group update

2.3.1 The Suicide Prevention Advisory Group (SPAG) met on the 25th of April 2023 and there was a useful discussion about an upcoming campaign called the Baton of Hope t which will be held in Birmingham on the 3rd of July. This is an initiative across the UK to raise awareness about suicide by connecting with communities and professionals using conversations that enable prevention and signposting to appropriate support. Volunteers are sought to be baton bearers at the event and local organisations are encouraged to raise awareness focusing on target demographic groups.

2.3.2 The Suicide Prevention Action Plan has been updated and presented to the CMHC forum with feedback expected by 24th of May.

3. Next Steps and Delivery

- Finalise the CMHC forum framework for action
- finalise the Suicide Prevention Action Plan
- Progress the Orange Button Scheme

Appendix 3 – Creating a Physically Active City (CPAC) Forum Highlight Report

1.1 Context

The Forum last met on Wednesday, 18th May 2023.

1.2 Current Circumstance

1. The Canals and River Trust (CRT) provided an update on building a Successful Games Legacy. They reported on the range of community events and activities leading up to the Games and referenced the Government's commitment that everyone should live 15-minute walk of a green or blue space. Funding of future engagement activities was discussed given the likely reduction in Government grant, and ways to address this are being sought.

2. The Active Wellbeing Society (TAWS) provided an update on the Birmingham and Solihull Local Delivery Pilot (LDP) for Active Communities, which is funded by Sport England. Working across 6 areas in Birmingham & Solihull, Active Communities looks to address some complex and challenging issues to get people more active. They also gave an overview of enabling factors and examples of successes.

3. The Public Health Physical Activity team delivered a presentation on the 2021 Census Travel Data and ways in which people can use non-motorised forms to be able to get to either a place of work, educational facilities and/ or to the shops. A large proportion of Birmingham residents use cars as a way to complete short journeys. This shows how important the Active Travel agenda still is in tackling physical inactivity.

4. The Travel Demand Management team provided feedback on the 2023 Birmingham Transport Summit, which discussed updates on the delivery of the 2019 Birmingham Transport Plan. The plan's principles are making walking, cycling and public transport a more viable choice for everyone. There were contributors from Brussels, London, Oxford and Nottingham. The summit was deemed to be a success.

5. The Physical Activity Public Health team gave an update on the development of the Physical Activity Strategy (PAS). There was a Physical Activity Engagement Event on 18 April 2023, attended by over thirty organisations across the system. Key themes to come out included workforce development, and an evidence base on the impact of interventions to reduce physical inactivity. There will be further workshops in July 2023. Currently, the plan is to take a draft strategy to Cabinet in October 23 for permission to consult. A separate, but related, Sports Strategy is to be launched at the same time.

1.3 Next Steps

The next meeting of the forum will take place on 13th July 2023.

DRAFT

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Appendix 4 – Health Protection Forum Highlight Report (June 2023)

1.1 Context

The Health Protection Forum (HPF) meets monthly to discuss and seek assurance on health protection arrangements from local health protection system stakeholders. Discussions include but are not limited to screening, immunisation, oral health, infection prevention & control, communicable and non-communicable hazards.

1.2 Current circumstance

The HPF has set a plan for meeting topics for the 2023 meetings, alternating general meetings with focused, subject-specific meetings on a bi-monthly cycle:

HPF meeting	Content
July 2023	Focused – Screening & Immunisations
August 2023	General HPF meeting
September 2023	Focused – Environmental Health & Non-Communicable Disease
October 2023	General HPF meeting
November 2023	Focused – Infection Prevention & Control
December 2023	General HPF meeting

Issues progressed recently include:

Prevention - strengthening the system

a. The HPF was concerned that local partners were not sighted on the infection prevention and control plans for asylum seekers at Serco managed accommodation. These have now been shared.
b. Complex TB management: agreement to develop MOU for complex and low-risk TB incidents (to include existing TB Housing and Lost to Follow Up pathways). This will take into consideration the appropriate role of Regulation 8 notices and Part 2A orders.
c. Assurance of plans to respond to incidents in screening programmes
d. Flagged the lack of clarity regarding responsibility for IPC and SIRIs (serious incidents requiring investigations) in dental services following their relocation from NHSE to BSol ICB.
e. Development of a Health Protection MOU (in collaboration with UKHSA) to agree the expectations, roles and responsibilities of key stakeholders in planning for and responding to situations & incidents.
f. The Integrated Care Board (NHS) is leading on ongoing work to reimagine the delivery of infection prevention and control (IPC) across the Birmingham and Solihull ICS footprint. The two local Covid-focussed arrangements have now ceased.

Protection

g. National increase in measles (not currently observed in Birmingham) – discussions focussed on preventative steps for BSol ICB to take, and surveillance activities led by UKHSA.
h. Hot weather resilience and planning, and explanation of new heat health alert system.
i. Targeted Hepatitis A vaccination programme following an outbreak along with a drive to increase uptake for all vaccinations at the setting. This was in response to low rates observed locally for a range of childhood vaccinations.

Response - specific situations/incidents

j. Monitoring of the trend in Norovirus incidents in the West Midlands and in settings particularly affected, e.g. care homes.
k. Recent increase in iGAS cases including a cluster linked to drug users.

1.3 Next Steps and Delivery

a. To evaluate Serco outbreak management/infection prevention & control plans, and agree next steps.

b. Track implementation of recommendations for ICB around national measles increase.

c. Establish an HPF dashboard in collaboration with City Observatory.

2022 Annual Report of the Birmingham and Solihull Child Death Review Team and Child Death Overview Panel

Terminology

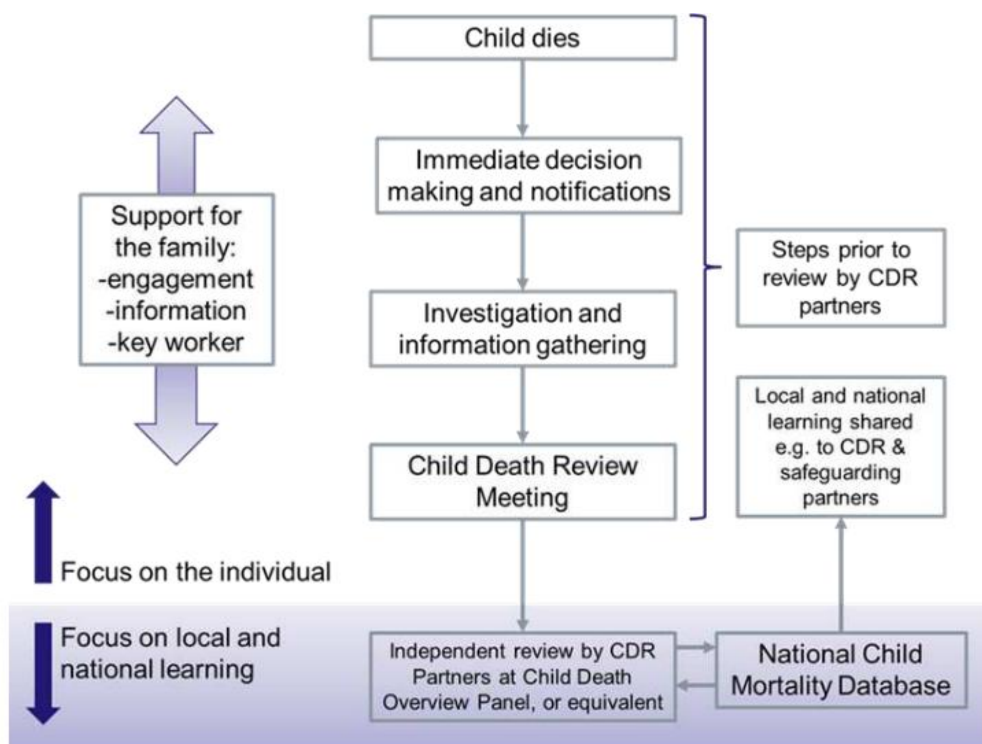
CDOP – Child Death Overview Panel
CDRT – Child Death Review Team
CDRM – Child Death Review Meeting
PMRT – Perinatal Mortality Review Tool
SUDIC – Sudden and Unexpected Death in Childhood
JAR – Joint Agency Response
NCMD – National Child Mortality Database
HSIB – Healthcare Safety Investigation Branch

1.0 Introduction

Working Together to Safeguard Children (2018)[1] outlines the governance arrangements of the statutory duty to review deaths of children resident in the City Council's area or resident elsewhere but Looked After by the City Council. The Child Death Review Partners during 2021-22 were Birmingham and Solihull CCG and Birmingham City Council (local authority). Following the Health and Care Act 2022 the Birmingham and Solihull CCG was succeeded by NHS Birmingham and Solihull Integrated Care Board in July 2022.

The Statutory and Operational Child Death Review guidance [2] set out the responsibilities of the Child Death partners and details explicit operational guidance. The Flow Chart in the guidance (Figure 1) illustrates the full process of a child death review. It identifies the responsibility of the local review by professionals involved in the care of the child (Child Death Review Meeting) and the review of an independent multi-agency panel (Child Death Overview Panel - CDOP) organised by the Child Death review Partners. These processes were implemented during the CDOP year 2019-20.

Figure 1 Child Death Review Processes, 2018



1.1 Time period

The CDOP year follows the financial year reporting period. This annual report covers the period from 01 April 2021 to 31 March 2022.

2.0 The Birmingham and Solihull Child Death Review Team

The multi-professional Child Death Review Team (CDRT) is part of the Safeguarding Team at NHS Birmingham and Solihull Integrated Care Board (ICB). Birmingham and Solihull CDOP is managed by the CDRT. The offices for the CDRT are at the Wesleyan Building in Birmingham. The meetings were a mixture of virtual and face to face; the Neonatal Panel meetings were all virtual and the General/SUDIC meetings were face to face/hybrid meetings where possible.

Birmingham CDOP took over the responsibility for reviewing Solihull child deaths from 01 April 2021, so cases reviewed include children resident in either Birmingham or Solihull.

The CDRT are directly responsible for the co-ordination of the Joint Agency Response (JAR) to unexpected child deaths (SUDIC – Sudden Unexpected Death In Childhood) for both Birmingham and Solihull resident children. The CDRT oversees CDR services provided by NHS Trusts.

Terms of reference for the CDRT are available here:
https://www.birminghamsolihull.icb.nhs.uk/application/files/3616/6791/8309/Terms_of_Reference_for_BSol_Child_Death_Review_Team_2021.pdf

2.1 CDRT staff

Dr Joanna Garstang	Designated Doctor for Child Death
Dr Helen Chaplin	Designated Doctor for Safeguarding – Lead for Neonatal Deaths
Sarah Hunt & Sue Cope	Lead Nurses for Child Death Review

Melisha McKenzie Administrator until Sept 2021 then CDRT manager from Sept 2021
Joanne Fox Administrator

There was a vacancy in Administrator role from Sept 2021 until June 2022.

CDOP membership

Di Rhoden CCG Head of Safeguarding, Chair
Dr Joanna Garstang Designated Doctor for Child Death
Dr Helen Chaplin Designated Doctor for Safeguarding – Lead for Neonatal Deaths
Sarah Hunt Lead Nurse for Child Death Review
Sue Cope Lead Nurse for Child Death Review
Melisha McKenzie Administrator until Sept 2021 then CDRT manager from September 2021
Detective Inspector Joseph Davenport, Ladywood Public Protection Unit, West Midlands Police
Dr Yasmin Hussain, Named GP for Safeguarding, BSol CCG

Birmingham:

Dr Marion Gibbon, Assistant Director of Public Health Children and Families
Judith Beddow, Head of Child Protection Review, Birmingham Children's Trust
Paul Nash, Head of Service, Independent Review, Birmingham Children's Trust
Micho Moyo, Head of Safeguarding Education, Birmingham City Council
Dr Michael Plunkett, Named Doctor for Safeguarding, General Paediatrician, University Hospital Birmingham

Solihull:

Dr Rob Davies, Consultant in Public Health, Solihull Metropolitan Borough Council
Hasina Miah, Independent Reviewing Officer, Children's Services, Solihull Metropolitan Borough Council
Natasha Chamberlain, Senior Education Improvement Adviser, Solihull Metropolitan Borough Council

Neonatal Meetings:

Dr Vikki Fradd, Consultant Neonatologist, University Hospitals Birmingham
Joselle Wright, Consultant Midwife, University Hospitals Birmingham (left position in October 2021 and was not replaced during rest of 2021-22 year)
Dr Matt Cawsey, Consultant Neonatologist, Birmingham Women's and Children's Hospital
Louisa Davidson, Consultant Midwife, Birmingham Women's and Children's Hospital

3.0 Local Child Death Review Meetings

The statutory guidance requires that all child deaths should be reviewed at a local child death review meeting (CDRM). With the exception of deaths requiring a Joint Agency Response (JAR), which are directly managed by the CDRT, it is the responsibility of the health care trust caring for the child at the time of death to hold the CDRM.

Birmingham Community Healthcare Trust holds CDRM for children who die under their palliative care team; Acorns hospice contributes to these reviews.

University Hospitals Birmingham holds CDRM for children dying on the paediatric wards, and for neonatal deaths in addition to using the Perinatal Mortality Review Tool (PMRT).

Birmingham Women and Children's Hospitals are using the PMRT for neonatal deaths. They have an established mortality review programme for deaths at Birmingham Children's Hospital but this only considers provision of care during recent treatment within the hospital; these meetings are not

compliant with the Working Together to Safeguard Children (2018) Statutory Guidance. They have received substantial support from the CDRT to commence holding CDRM and started doing so in April 2022 so outside of the time frame of this report.

City and Sandwell Hospitals are using the PMRT for neonatal deaths.

For neonatal deaths where the baby was transferred antenatally or postnatally, a joint PMRT between both Hospital Trusts has been established.

All trusts have found challenges in having primary care and other agencies join CDRM. The CDRT are reminding trusts of this requirement and supporting them to invite the appropriate professionals.

4.0 Joint Agency Response (JAR)

The CDRT provides oversight and administrative support for any death which requires a JAR. The JAR should be started if a child's death:

- is or could be due to external causes;
- is sudden and there is no immediately apparent cause (incl. SUDI/C);
- occurs in custody, or where the child was detained under the Mental Health Act;
- where the initial circumstances raise any suspicions that the death may not have been natural;
- in the case of a stillbirth where no healthcare professional was in attendance

There is a consultant Paediatrician from either Birmingham Community Healthcare NHS Trust or University Hospitals Birmingham NHS Trust on call 24 hours per day to support the JAR and ensure that joint home visits with the police can take place as soon as possible. This on-call duty is alongside existing clinical commitments so although the Paediatrician is always available for advice they may not be immediately able for home visits. Other neighbouring areas have much more limited JAR cover. During working hours, the lead nurse on-call from the CDRT will accompany the Paediatrician.

Each SUDIC case has an allocated lead nurse from the CDRT who supports parents/carers and attends the initial and final multi-agency meetings. The CDRT nurses also lead on homicide cases and deaths that occur abroad.

All agencies follow the 2016 Kennedy Guidelines[3] for investigation of SUDIC. A local Birmingham multi-agency guideline was agreed between West Midlands Police, the Birmingham Coroner and BSol CCG in May 2021. National multi-agency guidance for the JAR during the COVID-19 pandemic was issued in April 2020, and this was followed when necessary.

4.1 JAR audit

Joint Agency Response Audit

Audit of JAR for children dying between 01 April 2021 and 31 March 2022

The JAR is audited annually to provide assurance compliance with national standards. A summary of the audit is presented here. It takes a minimum of 4 months (and often much longer) to complete a JAR due to the length of time needed for post-mortem reports to be completed, therefore few cases will have completed the JAR process yet. At present there is only one paediatric pathologist

in the West Midlands able to undertake infant post-mortems with older children sent out of region, and a national shortage of paediatric pathologists.

There were 28 deaths subject to JAR; 2 additional cases started the JAR process but were promptly stepped down following the initial JAR meeting as medical causes of death were confirmed. 23 children were Birmingham residents and 5 Solihull, 15 were female and 13 male. The median age at death was 7 years with a range of birth to 17 years.

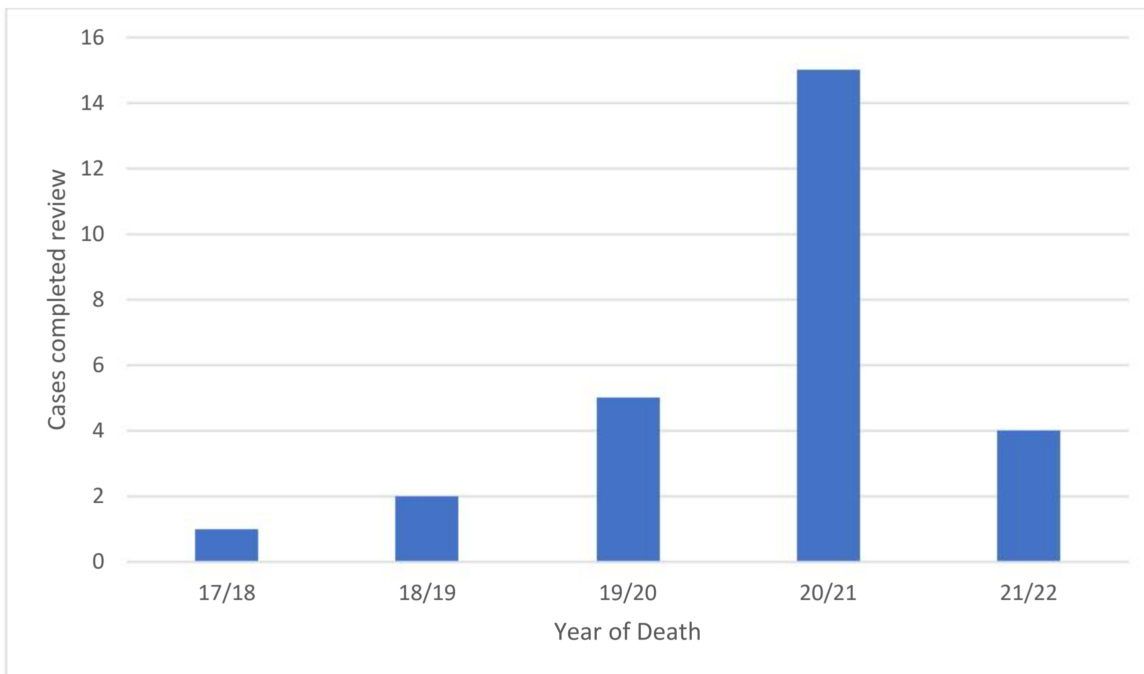
Table 1 Performance against JAR audit standards

Audit standard	Number of eligible cases	Number of cases achieving standard (%)
Joint home visit by police and paediatrician	21 (7 in public place/ out of region)	16 (76%) (all same day, 5 police only)
Initial multi-agency sharing meeting	26 (1 complex strategy meeting held instead and 1 meeting not required)	26 (100%) (Mean 4 days after death)
Final case discussion to review cause of death	22 (6 not required)	5 (72%) (mean 5 months after death – others still waiting post-mortem result)
Parents offered feedback from final case discussion	11	7(64%) 2 additional cases supported by police 4 families accepted feedback meeting
Final case discussion prior to Inquest (if held)	4	3 (75%)

Audit of JAR cases finalised at CDOP between 01 April 2021 and 31 March 2022

There were 27 JAR cases finalised in this time period: 24 from Birmingham and 3 from Solihull. The year of death is shown in figure 1, 15/27 cases died in 2020-21.

Figure 1 Year of death for cases finalised at CDOP 2021-2



There was good attendance at initial and final multi-agency meetings from all agencies. Coroner's investigators attended 20/27 initial JAR meetings compared to none in the previous year. Coroner's investigators do not attend Final Case Discussions to ensure independence although all documents are shared with them.

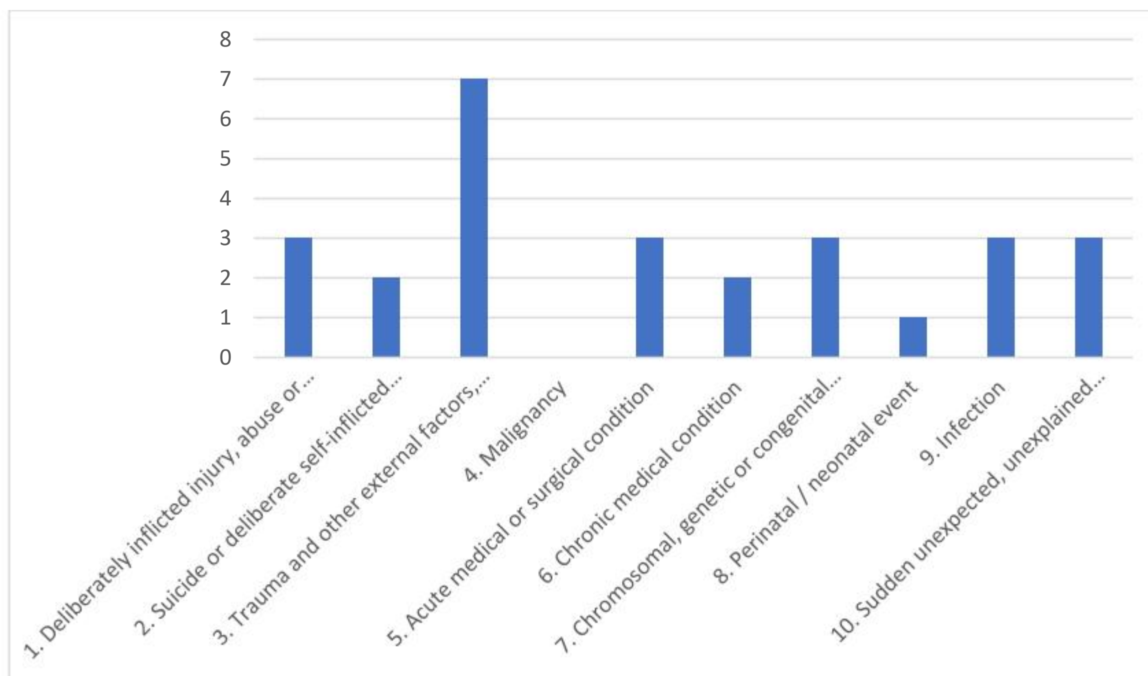
Final case discussions took place for 16 cases at a mean of 5.3 months. Final case discussions were not required in 11 cases mainly because complete information on the child, cause of death and potential modifiable factors was available at initial information sharing meeting.

All families were offered follow-up following the conclusion of the JAR. The Child Death Review team offered this to 22 families, 14 families accepted and 8 declined. Of the remaining 5 cases; 4 families had a follow-up visit from police or other healthcare professionals and 1 family was offered follow-up from another CDOP as the SUDIC process had commenced in their area.

The final CDOP category of death is shown in figure 2. The most common category was trauma and external factors; this includes Road Traffic Collisions, drowning and accidental asphyxia of infants.

There were four unexpected and unexplained sleep related deaths of infants under the age of one year. Risk factors included co-sleeping and smoking, babies sleeping on their fronts, overheating and hazardous items in the bedspace.

Figure 2 Final Category of Death JAR cases reviewed 2021-2



In 4 cases, children had significant pre-existing medical conditions and in all of these children their death was directly due to this condition. This is in direct contrast to last year where 15 children with a life limiting illness died unexpectedly and 9 of these deaths were not due to underlying conditions.

The JAR identified child protection concerns in five families.

Modifiable factors were identified in 16/27 deaths, these included;

Factors intrinsic to the child:
- undiagnosed mental health conditions in children and the influence of social media upon children's mental health,
-denied/concealed pregnancy

Factors in social environment including family and parenting capacity:
- carers not recognising signs and symptoms of deteriorating illness
-Co-sleeping, babies not sleeping on their backs
-school exclusion
-gang affiliation
-smoking-antenatally and postnatally
-asthma management

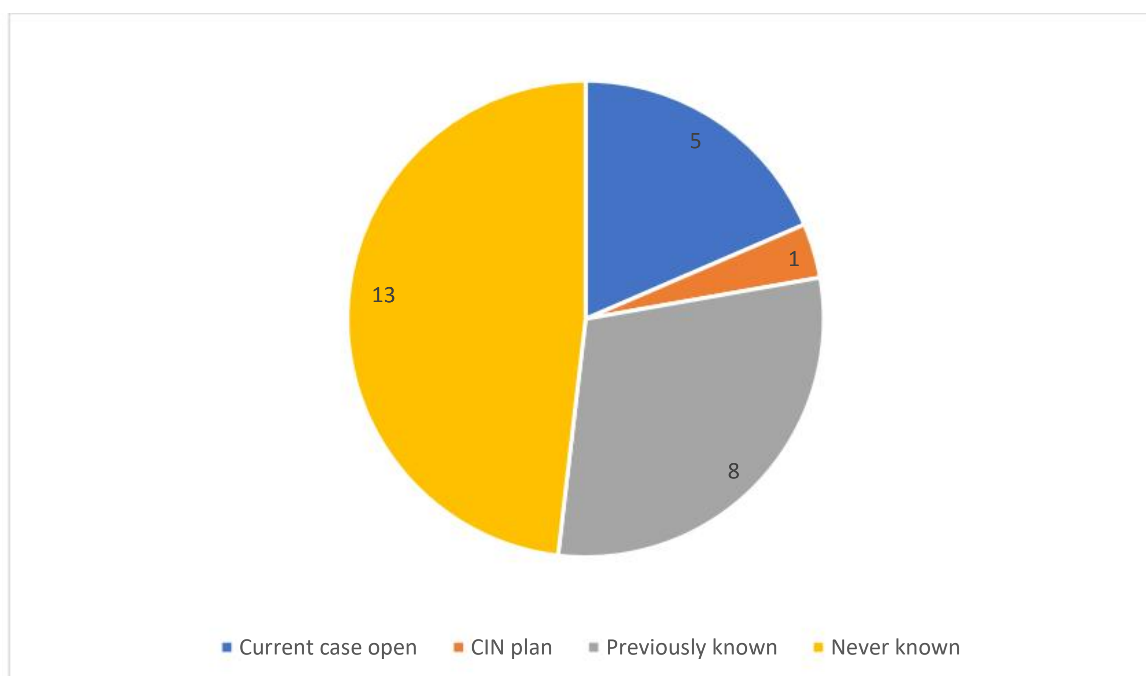
Factors in the physical environment:
-unsafe sleep for infants: over heating or hazardous items in bedspace
-home safety
-dangerous driving

Factors in service provision:

-inadequate triage by healthcare professionals
-lack of written information for parents/carers in relation to deteriorating illness in child
-Inadequate discharge planning from acute trusts
-delays in elective surgery
-asthma management by professionals
-Emergency Department provision for teenage trauma patients
-language barriers

A Local Child Safeguarding Practice Review was held in 3 cases. Most families were not known to social care prior to the death, social care status is shown in figure 4.

Figure 3 Social care status at time of death

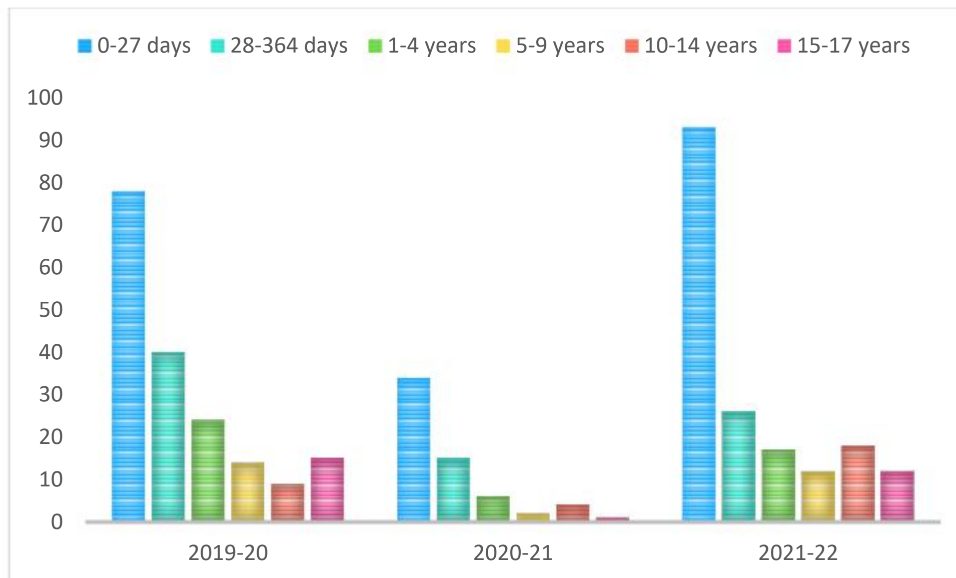


5.0 Deaths Reviewed by Birmingham CDOP

179 deaths were reviewed by Birmingham CDOP, compared to 62 in 2020-21 and 180 in 2019-20. COVID was the reason for the reduction in reviews in 2020-21, with several CDOP meetings cancelled and delays in getting the information required from acute hospitals. The number of cases that have been reviewed in 2021-22 is back similar to pre-COVID figures. There were 161 deaths in 2021-22, and 120 in 2020-21. Therefore there has been some catch up of the backlog of cases not able to be reviewed in 2020-21 due to COVID.

The majority of deaths are in infants under the age of 1 year. The breakdown of ages is shown in figure 2 with data for 2019-20 and 2020-21 shown for comparison.

Figure 4 Age of children reviewed at CDOP 2021-22 with 2019-20 and 2020-21 for comparison

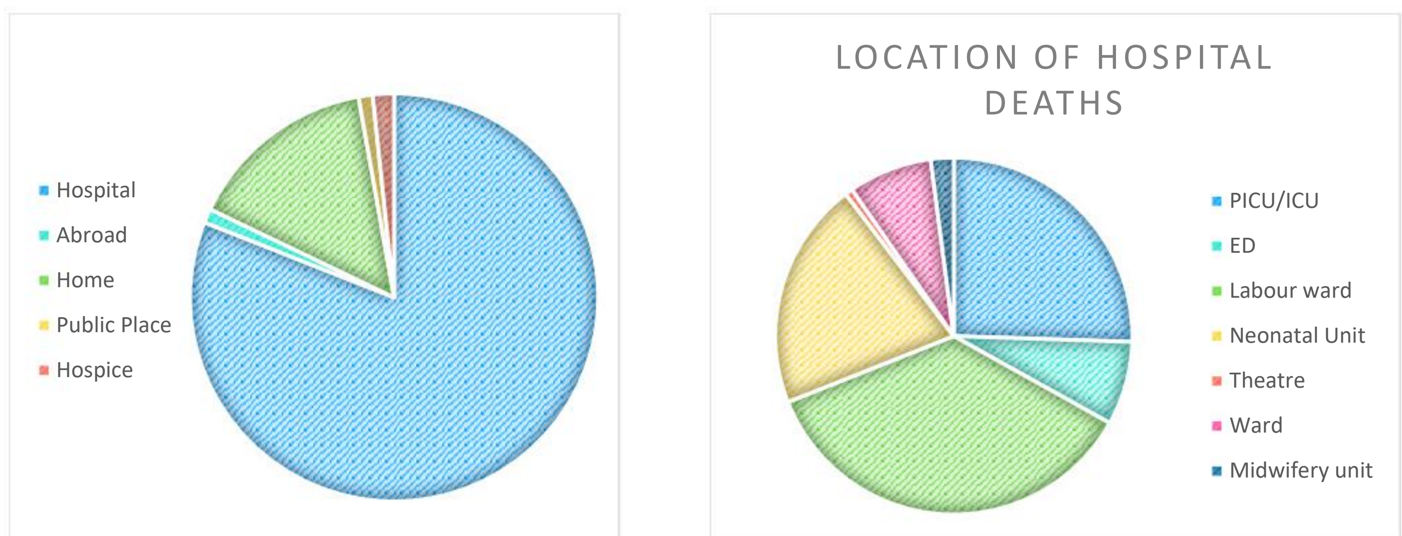


The median time for a review to be completed was 360 days (range 91-1472). This compares to 235 days (range 42 to 908) in 2021-22. There are often lengthy delays while CDOP wait to receive information from hospitals, particularly for mortality reviews to be completed at Birmingham Children's Hospital, in part due to their multi-layered mortality review process. Further delays are also unavoidable if there are criminal investigations, prosecutions or Safeguarding Practice Reviews. However, the increase in time compared to 2020-21 is likely to be due to the backlog of cases delayed due to COVID with more complex cases having longer delays than before COVID.

5.1 Place of death

The majority of the deaths occurred in hospital (80%) or at home (15%). Most of the hospital deaths occurred on labour ward, the neonatal unit or PICU. This is illustrated in figure 3.

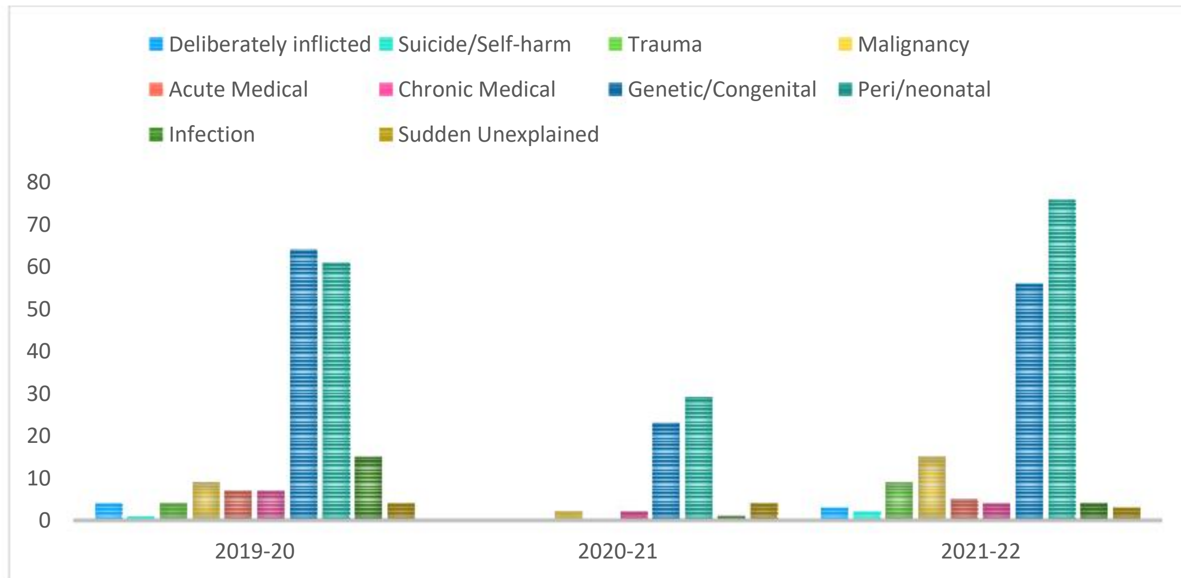
Figure 3 Location of death 2021-22



5.2 Causes for death and modifiable factors

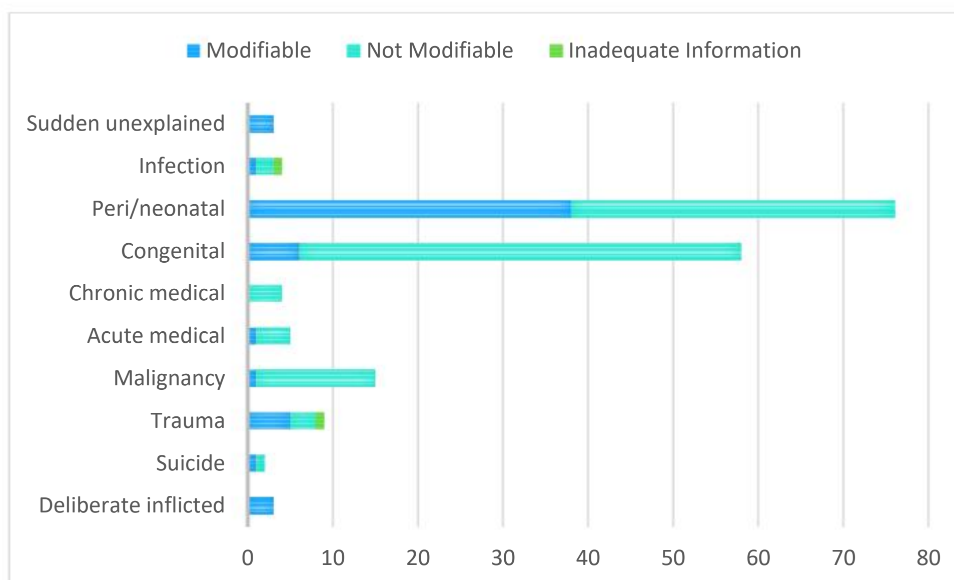
CDOP categorises deaths into broad categories, the frequency of deaths in each category varies with age as shown in figure 4. As with 2020-21, there were no deaths directly due to COVID.

Figure 4 Causes for death 2021-22, with 2019-20 and 2020-21 for comparison



CDOP consider whether each death is preventable based on the presence of modifiable factors. These are defined as '… factors in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths.' In total 59/179 (33%) of deaths had modifiable factors, which is similar to 2020-21 (34%). The modifiability per category of death is illustrated in figure 5.

Figure 5 Modifiable factors and category of death 2021-2022



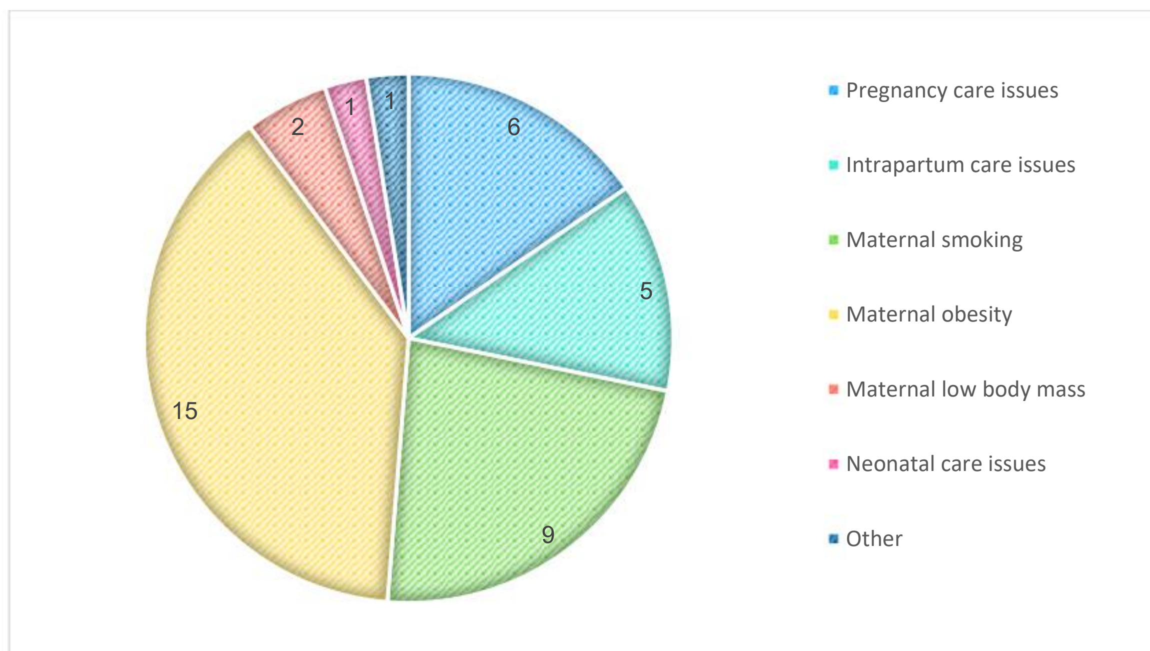
5.3 Modifiable factors for Perinatal and Neonatal Deaths

Notably, 50% (38/76) of our perinatal/neonatal deaths had one or more modifiable factor recognised. This has been an increase over the last 2 years, from 13% in 2019-20 and 42% in 2020-21. We now receive high quality information in the form of the hospital completed Perinatal Mortality Review Tool (PMRT)[4], which is an evidence based template for reviewing stillbirths and neonatal deaths born after 22 weeks gestation. In addition to this, deaths of term babies (over 37 weeks gestation) who died within the first week of life were also reviewed by the Healthcare Safety Investigation Branch (HSIB)[5] and these reports were also reviewed as part of the CDOP process.

We hold specialist neonatal CDOPs, with consultant neonatologists and specialist midwives present enabling clinical experts to contribute to reviews. In Birmingham, there are three NHS Trusts with maternity hospitals: Birmingham Women's Hospital, Heartlands Hospital (University Hospitals Birmingham) and City Hospital. We hold separate CDOP meetings for cases from each hospital, with clinicians from the other hospital attending to review cases; this ensures both clinical expertise and a high degree of scrutiny with independent experts.

The majority of modifiable factors identified in perinatal and neonatal deaths were related to suboptimal maternal health, namely maternal smoking (increasing risk of premature delivery and low birth weight) and maternal weight (obesity or underweight). There were some modifiable factors with service provision regarding antenatal care (e.g. booking delays, not optimising management of other medical issues during pregnancy), intrapartum care (around the time of birth, e.g. incorrect monitoring/misinterpretation of cardiotocography monitoring/delay in giving antibiotics) and with neonatal care (e.g. delay in surfactant administration). The modifiable factors for perinatal and neonatal deaths are shown in figure 6.

Figure 6 Modifiable factors for perinatal and neonatal deaths



5.4 Modifiable factors in other deaths (excluding perinatal and neonatal deaths)

There were five sleep-related sudden unexpected infant deaths. Three remained unexplained following full investigation with modifiable factors of co-sleeping in two, parental smoking in one, and a hot sleeping environment in one. Two deaths were categorised by CDOP as trauma these involved accidental suffocation due to unsafe sleeping environments.

Parental smoking was also noted in a death from a respiratory illness. Modifiable factors in health service provision were also identified in two deaths related to staffing issues and waiting times; these issues caused poor communication of results within hospital and delays in gastrostomy surgery.

Parental consanguinity was not noted as a modifiable factor in any of the genetic or congenital deaths, compared to 4 deaths in 2020-21. This is because the National Child Mortality Database (NCMD) gave interim advice to CDOP: to determine if consanguinity was contributory to the death but not to mark it as modifiable. NCMD are currently developing guidelines regarding how CDOPs should determine modifiability of various factors; it is hoped that this will establish a uniformed approach across the country. There were 10 deaths of children from genetic syndromes, whose parents were blood relatives.

5.5 Learning from deaths

63/179 reviews identified relevant learning, even though in most cases this would have made no difference to the outcome for that child. Much of the learning was identified by provider trusts at internal CDRM or through the Healthcare Safety Investigation Branch. It was felt by the CDRT that most cases discussed have some learning and so perhaps lessons identified at CDRM level are not being captured fully enough on the eCDOP Analysis Form (see recommendations Section 7 below).

Learning themes for peri-neonatal deaths included the need for better processes for management of mothers who are book late for antenatal care (5 cases), improving intrapartum care, such as giving steroids and magnesium in a timely way for mothers in preterm labour (4 cases), and better interpretation of Cardiotocography Monitoring to identify fetal distress (4 cases). There was also learning regarding the early management of neonates; giving correct adrenaline dose (2 cases), and ensuring timely stabilisation of the baby on the Neonatal Unit (golden hour) is met (3 cases).

There was also learning regarding management after death;

- Ensuring the Joint Agency Review process is followed correctly (5 cases)
    - E.g. Remembering to consider as a SUDIC when child is ‘expected’ to die several days after an ‘unexpected’ collapse
- Ensuring adequate post-mortem tests (2 cases)
    - E.g. Ensuring post-mortems that are carried out by adult pathologists (on older teenagers) still follow SUDIC Kennedy Guidelines 2016[3], with appropriate histology and ancillary samples being taken.
- Ensuring admission of twins in SUDIC cases (2 cases)
    - SUDIC Kennedy Guidelines 2016[3] advises that if a twin dies suddenly and unexpectedly that the surviving twin should be admitted as an inpatient paediatric unit for close monitoring for at least 24 hours.
- More sensitive communication of post-mortem results to family (3 cases)

- E.g. Ensuring the CDR team is notified immediately when post-mortem results are available so that they can support the family.

Other themes included communication between healthcare professionals (3 cases) and issues with IT systems, for example, difficulty sharing results/information across different services, trusts or agencies (6 cases). Learning included the importance of good communication with families and patients (4 cases) such as involving young people in their care planning and the use of interpreters. The importance of timely referral to palliative care services was also highlighted (3 cases).

One of the deaths highlighted the confusion regarding where West Midland Ambulance Service should take teenagers with severe trauma with older teenagers being diverted from the regional trauma centre Birmingham Children's Hospital purely due to age. Birmingham Children's Hospital only take up to 16 years, with Heartlands Hospital (UHB) and City Hospital accepting any age and Queen Elizabeth Hospital only accepting over 16 years. The Integrated Care Board will be working with hospitals and West Midlands Ambulance Service to ensure that young people with critical injuries are taken to the Emergency Department (ED) best equipped to deal with their clinical presentation rather than selecting the ED based on age alone.

One death identified lessons to be learnt regarding management of developmental delay. As a result a training package regarding developmental delay, arrest and regression was produced by the CDRT and rolled out to primary care staff.

5.6 Learning from what went well

As well as learning from what went wrong, it is also and important role of CDOP to review and highlight positive factors in provision and examples of best practice. 54/175 deaths reviewed had examples of positive service provision or best practice. Examples included members of staff coming to work on their days off to help, good joint working with hospital teams and palliative care, support from primary care providers such as GPs and Health Visitors, and support from school for families both before and after children had died.

5.7 Learning Disability Mortality Review (LeDeR)

The Birmingham and Solihull (BSOL) Child Death Overview Panel (CDOP) reports deaths of children with a learning disability to LeDeR via the online referral form and provides core information about the child. Additional CDOP documentation containing details regarding the circumstances leading to death is submitted following the comprehensive review at CDOP. This analysis form is then uploaded to the LeDeR database. The analysis form lists any common contributory factors leading to deaths:

- Factors that may have contributed to the vulnerability, ill health or death of the child
- Modifiable factors that may reduce the risk of future child deaths
- Learning points and issues identified in the review
- Recommendations and actions that may inform and support local, regional or national learning

This information is submitted to the LeDeR platform and themes and trends are collated for the city.

The LeDeR representative has recently started attending CDOP at which the death is reviewed.

During the CDOP meeting, the LeDeR representative may offer advice and expertise about learning disabilities (if appropriate) and ensure that the CDOP provides sufficient core data to support the LeDeR programme.

Total number of deaths in 2021-22 were 161 (Note these refer to deaths during 2021-22, rather than completed reviews, as in figure 2).

Number of LeDeR referrals was 9 (5.5%)

7 of these deaths were expected 2 were sudden and unexplained (SUDIC).

Reviews completed so far are 5 (4 are still waiting to be reviewed by CDOP)

Age range		**Gender**	
8 - 10	3	Male – 33%	
11 - 13	5	Female – 66%	
14 - 17	1		

Ethnicity	
White British	4
Black or Black British African	1
Asian/Asian British – Pakistani	3
Black or Black British - Caribbean	1

Classification of death at CDOP	
Chromosomal, genetic or congenital anomaly.	4
Infection	1
Cases not yet reviewed at CDOP	4

Modifiable factors	
Modifiable factors	1
No modifiable factors	4
Not yet reviewed at CDOP	4

Modifiable factors Modifiable are defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced'

Of the 9 cases that have been referred 6 had appropriate advanced care plans (ACP) in place. Themes throughout the cases are good working relationships and good communication between all teams involved with the child and family. Including a child being able to stay at home for end of life care as the cardiac consultant and nurse supported complex medications usually only used in

hospital to mange difficult symptoms and ensure that the child was able to remain at home as per the families wishes.

Covid featured in the cases and in one case the child hadn't been seen face to face in clinic due to the pandemic for over 12 months.

6.0 Progress towards targets

In our last annual report we stated the following targets for this year as:

1. To address the backlog of deaths needing review at CDOP

    This has been addressed somewhat (see section 5.0) but it is expected there will be the need for some further catch up during 2021-22.

2. To support Birmingham Women's and Children's Hospital (BWCH) to implement effective Child Death Review Meetings

    Significant support has been given to assist implementation. Some joint CDR meetings have occurred, and the benefit has been acknowledged. BCWH have made a business case for a coordinator to assist in implementation. BCWH have committed that all deaths from 1 April 2022 are to be subject to CDR meetings.

3. To review the provision of SUDIC services for Solihull, given the retirement of the current consultant providing 24/7 cover.

    This has been addressed by combining the rota for Birmingham and Solihull. An additional Acute Paediatrician from UHB has joined the SUDIC rota to help support this.

4. To disseminate learning from deaths promptly by the use of tools such as 7 minute briefings

    7 minute briefings have been produced for CDOP, SUDIC, Safer sleep, CONI and Bereavement support. A 10 minute training video has been produced regarding learning from a case of Arrested Development.

5. To continue to support the Infant Mortality Task Force

    The CDRT and in particular Dr Garstang (Designated Doctor for Child Death) works closely with the newly established Birmingham Infant Mortality Task Force.

7.0 Recommendations for 2022-23

1. To ensure BCH implement joint CDRM for all deaths
2. To continue to catch up on cases delayed due to the Covid-19 pandemic
3. Ensure that all lessons learnt from the whole death review process are captured on eCDOP Analysis Form.
4. Ensure all CDRM are multi-agency and external professionals invited
5. To provide Joint Agency Response (JAR) training for health, police and coroners staff
6. Closer working with public health. Completing thematic analysis of deaths:
    a. Consanguinity
    b. Deaths compared to social deprivation
    c. Perinatal deaths and maternal health

8.0 Conclusion

The year 2021-22 has been busy as there were a backlog of cases due to the pandemic. The quality of information has improved significantly, which has led to better recognition of modifiable factors and more learning arising from deaths. However, this rich information also in turn has associated challenges as CDOP meetings and the associated preparation takes much more time. We aim to continue working closely with the Birmingham Infant Mortality Task Force and hope to contribute to further themed CDOP meetings over the next year.

References

1. HM Government. Working Together to Safeguard Children. London: Department for Education, 2018
2. HM Government. Child Death Review Statutory and Operational Guidance (England). In: Department for Health and Social Care, ed. London, 2018.
3. Sudden unexpected death in infancy and childhood, 2nd Edition, November 2016, The Baroness Helena Kennedy QC
4. National Perinatal Epidemiology Unit. Perinatal Mortality Review Tool / Parent Engagement Tools 2020 [Available from: https://www.npeu.ox.ac.uk/pmrt/parent-engagement-materials.
5. Healthcare Safety Investigation Branch, Maternity Investigations. https://www.hsib.org.uk.

REGION	Midlands
ICB / SYSTEM	NHS Birmingham and Solihull ICB

Introduction

Guidance:
Please provide some high level commentary about the joint capital plan which should be developed between the ICB and partner NHS Trust and foundation trusts – key strategic priorities, key schemes throughout the year, background to what happened last year, overview funding sources etc.

The Health and Care Act 2022 established ICBs with effect from 1 July 2022. Under sections 14Z56 and 14Z57 of the act, systems are required to publish the joint capital resource use plan before the start of the financial year and publish any significant amendments to that plan.

The capital plan has been developed jointly by Birmingham and Solihull ICB and the system partner Foundation Trusts.

Sources of funding for system capital include both internally generated funds from system organisations, and Public Dividend Capital in respect of nationally funded programmes, along with grants, such as the Public Sector Decarbonisation Scheme, donations and disposal proceeds

The system is forecast to underspend against total CDEL in 2022/23, with the main variances being:

- reduced IFRS16 expenditure compared with plan including:
  - additional leases at Birmingham and Solihull MH NHSFT;
  - a reduction in leases at Birmingham Women's and Children's NHSFT where planned multi-year leases have been replaced with rolling replacements to incorporate decision-making in relation to the accommodation strategy;
  - reductions at University Hospitals Birmingham including the delay in the signing of the lease at Harborne Hospital; projects which have not progressed in relation to new Vanguard Theatres and new PET-CT centre lease; and lower than planned impact of Community Diagnostic Centre lease, partially offset by higher values for leases for new inpatient modular wards on the Heartlands and Good Hope sites.
- additional PDC allocations in year, including Elective Recovery Fund/Targeted Investment Fund; Cancer Treatment; R&D Capacity; Mental Health; Diagnostic Digital Capacity; Ambulance Hub/Discharge Lounge; Front Line Digitisation; Critical

Cybersecurity Infrastructure risks; Diagnostic Imaging Capacity and Endoscopy Capacity

- Underspends on Community Diagnostic Centre spend compared with plan.

The plan that Birmingham and Solihull ICS set for 2023/24, which covers business as usual provider capital including backlog maintenance and replacement of minor equipment and primary care capital, as well as national programmes, totals £177.1m. This comprises a provider capital programme of £174.5m and a primary care capital programme totalling £2.6m.

Assumed Sources of Funding for 2023/24

Guidance:
Please provide detailed of the overall funding envelopes to which the system will be working to.
Explain any assumptions (and related risks) associated with the assumed sources and quantum's of funding for the ICB and Partner Trusts
Draft table inserted which can be expanded upon.

The envelope for the system totals £177.1m and the breakdown of this programme is:

- Operational capital totalling £77.8m (Provider capital £75.2m; Primary Care £2.6m)
  - this covers the day-to-day operational investments that have typically been self-financed by organisations in integrated care systems (ICS) or financed by the department of Health and Social Care through normal course of business loans or system capital support PDC
- Impact of IFRS 16 £43.1m
  - This is the impact of the requirement that leases be placed on the balance sheet by recognising a 'right-of-use' asset and a lease liability
- Upgrades and NHP Programmes £zero
  - This covers national strategic projects announced and in development or construction, such as new hospitals and hospital upgrades
- National Programmes £51.8m
  - This includes national programmes such as elective recovery, diagnostics, national technology funding and mental health dormitory eradication
- Other technical accounting £4.4m
  - This includes PFI residual interest charges

Further detail is shown in appendix A.

Overview of Ongoing Scheme Progression

Guidance:
Please provide an overview of scheme progression. Probably should only be schemes above a certain level

Detailed monitoring of scheme progression against plans will take place at organisational level in the first instance.

Progress against the overall capital plan will be monitored through the Chief Finance Officers' group and the System Finance and Performance Committee.

Details of capital performance against plan will be included in the ICB Annual Report.

Key schemes which commenced in 2022/23 and which will continue into and be completed in 2023/24, include the Solihull Elective Hub and the Paediatric Hub, which were funded through the Targeted Investment Fund.

Risks and Contingencies

Guidance:
Insert any notable risks and/or contingencies associated with the capital plan. Consider RAG rating risks also.

This current investment plan leaves the system facing:

- High costs relating to out of area inpatient beds for Mental Health patients as a result of the lack of capacity within the system.
- Average age of medical equipment getting older, with increased potential for breakdown;
- Backlog maintenance value and challenge increasing leading to higher maintenance costs;
- No material rolling ward refurbishment for another year;
- Underlying need for £1 billion + investment across the sites to modernise hospital buildings in line with current clinical standards;

No contingency is included within the plan.

Business Cases in 2023/24

Guidance:
Please insert detail of some of the key business cases in the ICB that are likely to be submitted in 2023/24.

Subject to completion of business cases, approval by the Board of Directors of the respective organisation and prioritisation by the system, it is anticipated that business cases may be brought forward for NHS England consideration during the year for following areas;

- Mental Health Capacity bid
- Heartlands Hospital Maternity Unit Refurbishment (including Neonatal facility)
- Heartlands Hospital Emergency Village development
- Birmingham Children's Hospital Emergency Department
- Community Diagnostic Hub for South Birmingham

- Frontline Digitisation bids for Birmingham Women's and Children's NHS FT and Royal Orthopaedic Hospital NHS FT
- Potential bid for ICU/HDU/Neonatal Surgery at Birmingham Women's and Children's NHS FT

Cross System Working

Guidance:

If applicable, can you detail how your system capital plan is coordinated with other systems or providers located in other systems.

The system works collaboratively with NHS England regional colleagues to keep them updated, in order that any slippage may be utilised by other systems.

Capital Planning & Prioritisation

Guidance:

Please detail how your system is prioritising available resources for investments which contribute to the wider local strategic priorities of the ICS, and maximise efficiencies within an affordable envelopes as well as how this aligns with and supports the ICS' wider infrastructure strategy - in particular, priorities and plans for future use and development of its estate and assets.

The system has historically allocated a proportion of the allocated provider capital for organisational level schemes, whilst retaining a proportion as a System Capital Investment Fund with prioritised bids made against this fund and approved by the System Investment Committee. This has included strategic development initiatives as well as pressures on organisational plans on business-as-usual schemes such as backlog maintenance.

Partners collaboratively manage the spend against the system envelope to ensure that any potential overspends are mitigated and underspends are utilised.

Annex A – Birmingham and Solihull ICS 2023/24 CAPITAL PLAN

	CDEL	ICB £'000	B'ham and Solihull MH NHSFT £'000	B'ham Comm. Healthcare £'000	B'ham Women's and £'000	Royal Ortho-paedic £'000	Univ Hospitals B'ham £'000	Total Full Year Plan £'000	Narrative on the main categories of expenditure
Provider	Operational Capital		6,977	6,372	20,875	3,909	37,071	75,204	Provider contributions to Targeted Investment Fund schemes re **Solihull Elective Hub** (expanded cold site/6 theatres) and **Paediatric Elective Hub**; service improvements including **Solihull Minor Injuries Unit**; A**mbulance Decision to Admit area and Same Day Emergency Care areas; Cardiac Cath Lab** replacement (BWC)**; commencement of** modernisation of **Maternity Unit** at Heartlands; expansion of **PET-CT centre (UHB).** Other general Business As Usual Capital ie backlog maintenance; statutory standards; IT capital including equipment and network infrastructure; risk assessment works; clincial equipment replacement; estates reconfiguration and provider contributions to Public Sector Decarbonisation Schemes.
ICB	Operational Capital	2,638						2,638	Replacement IT equipment for GP Practices (PCs, laptops, monitors, printers) across Birmingham and Solihull; Upgrades to GP computer networks; Works to upgrade NHS owned premises to facilitate increased utilisation of empty space in Primary Care; Contingency in connection with planned HQ relocation
	Total Op Cap	2,638	6,977	6,372	20,875	3,909	37,071	77,842	
Provider	Impact of IFRS 16		0	2,375	9,902	0	30,780	43,057	Medical equipment, vehicle and accommodation leases across the system; space for new Private Patient facility on QE site. Potential for additional lease impact relating to replacement of ageing Imaging equipment
ICB	Impact of IFRS 16							0	
Provider	Upgrades & NHP Programmes		0	0	0	0	0	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)		0	0	20,355	0	31,430	51,785	**Paediatric Elective Hub**; **Solihull Elective Hub** (expanded cold site and six theatres); **Frontline digitisation**; BSOL L**aboratory Information Management System**; Estimates for **national endoscopy funding** and **Community Diagnostic Centre** funding (East Birmingham)
Provider	Other (technical accounting)		655	1	1	0	3,773	4,430	PFI residual Interest
	Total system CDEL	2,638	7,632	8,748	51,133	3,909	103,054	177,114	

Birmingham and Solihull
2023/24 Capital Schemes

ICS Total **QHL**

CDEL		Total Plan Months 1-12	Narrative on the main categories of expenditure Period covered M1 - M12
Provider	Operational Capital	75,204	Includes specific provider elements highlighted below. Plus general Business As Usual capital ie backlog maintenance; statutory standards; IT capital including equipment and network infrastructure; risk assessment works; clincial equipment replacement; estates reconfiguration and Provider contributions to Public Sector Decarbonisation Schemes
ICB	Operational Capital	2,638	Replacement IT equipment for GP Practices (PCs, laptops, monitors, printers) across Birmingham and Solihull; Works to upgrade NHS owned premises to facilitate increased utilisation of empty space in Primary Care Contingency in connection with planned HQ relocation
	Total Op Cap	**77,842**	
Provider	Impact of IFRS 16	43,057	Accommodation and equipment leases - Please see below
ICB	Impact of IFRS 16	0	
Provider	Upgrades and NHP Programmes	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	51,785	Targeted Investment Schemes (Solihull Elective and Paediatric Elective Hubs); Frontline Digitisation; Laboratory Information Management System; Endoscopy; Community Diagnostic Centres
Provider	Other (technical accounting)	4,430	PFI residual Interest
	Total system CDEL	177,114	

Provider Breakdown

RXT	Birmingham and Solihull Mental Health NHS Foundation Trust	Total Plan Months 1-12	Narrative on the main categories of expenditure Period covered M1 - M12
Provider	Operational Capital	6,977	Replacement of redundant AEDs and general Business As Usual Capital as described above.
	Total Op Cap	**6,977**	
Provider	Impact of IFRS 16	0	
Provider	Upgrades and NHP Programmes	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	0	
Provider	Other (technical accounting)	655	PFI residual interest
	Total system CDEL	7,632	

RYW	Birmingham Community Healthcare NHS Foundation Trust	Total Plan Months 1-12	Narrative on the main categories of expenditure Period covered M1 - M12
Provider	Operational Capital	6,372	Support to EPR, roll out of e-prescribing and medicines and general Business As Usual capital, as described above.
	Total Op Cap	**6,372**	
Provider	Impact of IFRS 16	2,375	Lease extensions and replacement of end-of-lease vehicles
Provider	Upgrades and NHP Programmes	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	0	
Provider	Other (technical accounting)	1	
	Total system CDEL	8,748	

RQ3	Birmingham Women's and Children's NHS Foundation Trust	Total Plan Months 1-12	Narrative on the main categories of expenditure Period covered M1 - M12
Provider	Operational Capital	20,875	Medical equipment replacement including a **Cardiac Cath Lab replacement**; Trust-funded elements of the **Electronic Patient Record** and **Paediatric Elective Hub** (funded through Targeted Investment Fund); Public Sector Decarbonisation Scheme and general Business As Usual Capital, as described above.
	Total Op Cap	**20,875**	
Provider	Impact of IFRS 16	9,902	**MH Lease accommodation** - moving into ICS premises from aged and dilapidated NHS estate. Additional accommodation linked to genomics; medical equipment and other accommodation leases.
Provider	Upgrades and NHP Programmes	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	20,355	**Frontline digitisation** (Electronic Patient Record OBC agreed March 2023) and the completion of **Paediatric Elective Hub**
Provider	Other (technical accounting)	1	
	Total system CDEL	51,133	

RRJ	The Royal Orthopaedic Hospital NHS Foundation Trust	Total Plan Months 1-12	Narrative on the main categories of expenditure Period covered M1 - M12
Provider	Operational Capital	3,909	Diagnostic equipment including replacement of aged CT scanner & other equipment and other Business As Usual Capital, as described above.
	Total Op Cap	**3,909**	
Provider	Impact of IFRS 16	0	
Provider	Upgrades and NHP Programmes	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	0	
Provider	Other (technical accounting)	0	
	Total system CDEL	3,909	

RRK	University Hospitals Birmingham NHS Foundation Trust	Total Plan Months 1-12	Narrative on the main categories of expenditure Period covered M1 - M12
Provider	Operational Capital	37,071	**Solihull Hospital Elective Hub** (expanded cold site/6 theatres) - trust contribution; Initial costs to modernise **Maternity Unit** on the Heartlands Hospital Site; final costs to complete ongoing service improvements including reinstatement of the **Minor Injuries Unit at Solihull Hospital**, expansion of **Decision To Admit (DTA) and Same Day Emergency Care (SDEC) areas** and expansion of **Robotic Assisted Surgery** across the hospital sites; and expansion of the **PET-CT centre.** Also, general Business As Usual Capital, as described above.
	Total Op Cap	**37,071**	
Provider	Impact of IFRS 16	30,780	Lease of space for NHS services within a new private hospital development being built on the QE site due to open later 2023 (includes NHS inpatient beds/additional radiotherapy capacity). Further IFRS lease impact schemes which are under development to support the replacement of imaging equipment across the hospital sites (CT, MRI, Angio, etc.) – value TBC
Provider	Upgrades and NHP Programmes	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	31,430	**Solihull Hospital Elective Hub** (expanded cold elective site with 6 new theatres); BSol **Laboratory Information Management System** (LIMs); **National endoscopy funding** and **East Birmingham BSol Community Diagnostic Centre** (CDC)
Provider	Other (technical accounting)	3,773	PFI residual interest charges relating to the Queen Elizabeth Hospital Birmingham (QEHB) PFI site
	Total system CDEL	103,054	

NHS

Joint capital resource use plan – 2022/23

Overview

2022/23 represents a transitional year and for this year **only** ICBs are required to prepare the plans for the financial year 2022/23 as soon as **reasonably practicable** after the Secretary of State issues the direction.

We acknowledge that this is an additional requirement on systems at a busy time. therefore, the requirements have been minimised as far as possible, whilst still meeting the requirements of the Act, so as to not create an additional burden.

Joint Plan requirements

Using existing 2022/23 plan and budgetary information NHS England will consolidate this information at system level. The format of the information shared will be in an excel file set out in line with Annex A.

This information will be shared with systems, cascaded via regional teams, who will be asked to provide a short narrative on the main categories of expenditure.

This narrative should include:

- An outline of key schemes planned for the year, including funding assumptions
- An outline of the types of schemes, e.g. new buildings and developments, backlog maintenance or other types of expenditure;
- any other relevant information not included in other sections which provides additional supporting information as to how capital is prioritised and spent within the system to support its strategic objectives and ultimately deliver benefits to patients.

The Health and Care Act 2022 established ICBs with effect from 1 July 2022.

To meet the requirement of the Act for the financial year 2022/23, the period of the joint plan is effectively the entirety of the first nine months of ICB operations, i.e., from 1 July 2022 to 31 March 2023 but can be set out to reflect the financial year in its entirety.

Therefore, systems have a choice to provide narrative explanations on either the full year or just the 9 months of operation. This should be clearly set out in the explanations provided to NHSE England and in the final published plans.

To note, the 2022/23 information shared by NHSE England will be based upon final plans for 2022/23, with expenditure split between month 1-3 (based on actual reported expenditure) and the budget for months 4-12 (the difference between full year plans and Months 1-3 expenditure).

NHS

Timescales

ICBs and their partner organisations, should prepare their joint capital plans in line with the requirements as set out above and submit to NHS England Capital and Cash team by emailing england.capitalcashqueries@nhs.net in line with the following timescales.

	Date
Data issued to systems	Weds 8th March 2023
Data returned with narrative explanations	By Thursday 30th March 2023
System publication	By Thursday 30th March 2023

Publication

Once finalised, systems are required to ensure publication of the joint resource plan by the date set out above, and share with

(a) the integrated care partnership for the Boards area,

(b) each relevant Health and Wellbeing Board, and

(c) NHS England.

A copy of the published plan, or link to the website must be shared with NHS England in line with the dates set out above by emailing england.capitalcashqueries@nhs.net

Revised plans

The Act also sets out the requirements should ICBs significantly revise their capital plans. In this scenario, the revised plan must be published, and a copy of the plan shared with the bodies outlined above, as soon as reasonably possible.

Note given the timelines involved this is only expected to be required for 2022/23 in exceptional circumstances.

Annual report

In addition, the Act requires an annual report on how the ICB has discharged its functions in the previous financial year. This includes a requirement to review the extent to which the Board has exercised its functions in accordance with the plans published under section 14Z56 (capital resource use plan).

Questions

Any further queries should be directed to england.capitalcashqueries@nhs.net.

NHS

Annex A –2022/23 CAPITAL PLAN

	CDEL	Plan Month 1-12 £'000	Expenditure Months 1-3 £'000	Budget Month 4-12 £'000	Narrative on the main categories of expenditure
Provider	Operational Capital				
ICB	Operational Capital				
	Total Op Cap				
Provider	Impact of IFRS 16				
ICB	Impact of IFRS 16				
Provider	Upgrades & NHP Programmes				
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)				
Provider	Other (technical accounting)				
	Total system CDEL				