

## **BIRMINGHAM CITY COUNCIL**

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**TUESDAY, 06 NOVEMBER 2018 AT 14:00 HOURS**  
**IN COUNCIL CHAMBER, COUNCIL HOUSE, VICTORIA SQUARE,**  
**BIRMINGHAM, B1 1BB**

### **A G E N D A**

#### **1 NOTICE OF RECORDING**

Lord Mayor to advise that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site ([www.civico.net/birmingham](http://www.civico.net/birmingham)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

#### **2 DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

**5 - 72**

#### **3 MINUTES**

To confirm and authorise the signing of the Minutes of the meeting of the Council held on 11 September 2018.

#### **4 LORD MAYOR'S ANNOUNCEMENTS**

**(1400-1410)**

To receive the Lord Mayor's announcements and such communications as the Lord Mayor may wish to place before the Council.

#### **5 PETITIONS**

**(15 minutes allocated) (1410-1425)**

To receive and deal with petitions in accordance with Standing Order 9.

As agreed by Council Business Management Committee a schedule of outstanding petitions is available electronically with the published papers for the meeting and can be viewed or downloaded.

**6      QUESTION TIME**

**(90 minutes allocated) (1425-1555)**

To deal with oral questions in accordance with Standing Order 10.3

- A. Questions from Members of the Public to any Cabinet Member or Ward Forum Chairman (20 minutes)
- B. Questions from any Councillor to a Committee Chairman, Lead Member of a Joint Board or Ward Forum Chairman (20 minutes)
- C. Questions from Councillors other than Cabinet Members to a Cabinet Member (25 minutes)
- D. Questions from Councillors other than Cabinet Member to the Leader or Deputy Leader (25 minutes)

**73 - 74**

**7      APPOINTMENTS BY THE COUNCIL**

**(5 minutes allocated) (1555-1600)**

To make appointments to, or removals from, committees, outside bodies or other offices which fall to be determined by the Council as set out in the schedule.

**8      EXEMPTION FROM STANDING ORDERS**

Councillor Martin Straker Welds to move an exemption from Standing Orders.

**75 - 106**

**9      BIRMINGHAM AND SOLIHULL DRAFT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP STRATEGY**

**(60 minutes allocated) (1600-1700)**

To consider a report of the Cabinet Member, Health and Social Care.

**Councillor Paulette Hamilton to move the following Motion:**

**"That the City Council:**

- **notes the draft Birmingham and Solihull Transformation Partnership Plan;**
- **welcomes the opportunity to shape the plan and the wider engagement within our communities; and**
- **notes that a final document reflecting feedback will be submitted for approval to the STP Board in April 2019.**

(break 1700-1730)

**107 - 110**

10 **MOTIONS FOR DEBATE FROM INDIVIDUAL MEMBERS**

**(90 minutes allocated) (1730-1900)**

To consider the attached Motions of which notice has been given in accordance with Standing Order 4 (i).





**MINUTES OF THE MEETING OF BIRMINGHAM CITY COUNCIL HELD  
ON TUESDAY, 11 SEPTEMBER 2018 AT 1400 HOURS IN THE COUNCIL  
CHAMBER, COUNCIL HOUSE, BIRMINGHAM**

**PRESENT:-** Lord Mayor (Councillor Yvonne Mosquito) in the Chair.

**Councillors**

Muhammad Afzal	Jayne Francis	Majid Mahmood
Akhlaq Ahmed	Eddie Freeman	Zhor Malik
Mohammed Aikhlaq	Fred Grindrod	Karen McCarthy
Alex Aitken	Paulette Hamilton	Saddak Miah
Deirdre Alden	Roger Harmer	Gareth Moore
Robert Alden	Kath Hartley	Simon Morrall
Tahir Ali	Adam Higgs	Brett O'Reilly
Olly Armstrong	Charlotte Hodivala	John O'Shea
Gurdial Singh Atwal	Jon Hunt	Robert Pocock
Mohammed Azim	Mahmood Hussain	Julien Pritchard
David Barrie	Shabrana Hussain	Hendrina Quinnen
Baber Baz	Timothy Huxtable	Chauhdry Rashid
Bob Beauchamp	Mohammed Idrees	Carl Rice
Matt Bennett	Zafar Iqbal	Lou Robson
Kate Booth	Ziaul Islam	Gary Sambrook
Sir Albert Bore	Morriam Jan	Kath Scott
Nicky Brennan	Kerry Jenkins	Lucy Seymour-Smith
Marje Bridle	Meirion Jenkins	Shafique Shah
Mick Brown	Julie Johnson	Mike Sharpe
Tristan Chatfield	Brigid Jones	Sybil Spence
Debbie Clancy	Nagina Kauser	Ron Storer
Liz Clements	Mariam Khan	Martin Straker Welds
Maureen Cornish	Zaheer Khan	Sharon Thompson
John Cotton	Chaman Lal	Paul Tilsley
Phil Davis	Mike Leddy	Lisa Trickett
Adrian Delaney	Bruce Lines	Ian Ward
Diane Donaldson	John Lines	Mike Ward
Barbara Dring	Keith Linnecor	Suzanne Webb
Neil Eustace	Mary Locke	Ken Wood
Mohammed Fazal	Ewan Mackey	Alex Yip
Peter Fowler		

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**NOTICE OF RECORDING**

- 19079 The Lord Mayor advised that the meeting would be webcast for live and subsequent broadcasting via the Council's internet site and that members of the Press/Public may record and take photographs except where there are confidential or exempt items.

The Lord Mayor reminded Members that they did not enjoy Parliamentary Privilege in relation to debates in the Chamber and Members should be careful in what they say during all debates that afternoon

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**DECLARATIONS OF INTERESTS**

- 19080 The Lord Mayor reminded members that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting.

Councillor Alex Yip indicated that, with reference to the Oral Questions, he was a Governor at Wilson Stuart School.

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**MINUTES**

It was moved by the Lord Mayor, seconded and –

- 19081 **RESOLVED:-**

That the Minutes of the meeting held on 10 July 2018 having been printed and copies circulated to each Member of the Council, be taken as read and confirmed and signed.

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**LORD MAYOR'S ANNOUNCEMENTS**

The Lord Mayor indicated that there were no announcements.

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**PETITIONS**

**Petitions Relating to City Council Functions Presented prior to the Meeting**

The following petitions were presented:-

(See document No. 1)

In accordance with the proposals by the persons presenting the petitions, it was moved by the Lord Mayor, seconded and -

19082 **RESOLVED:-**

That the petitions be received and referred to the relevant Chief Officer(s) to examine and report as appropriate.

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**Petitions Relating to External Organisations Presented at the Meeting**

The following petitions were presented:-

(See document No. 2)

In accordance with the proposals by the Member presenting the petitions, it was moved by the Lord Mayor, seconded and -

19083 **RESOLVED:-**

That the petitions be received and referred to the relevant external organisation.

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**Petitions Relating to City Council Functions Presented at the Meeting**

The following petitions were presented:-

(See document No. 3)

In accordance with the proposals by the Members presenting the petitions, it was moved by the Lord Mayor, seconded and -

19084 **RESOLVED:-**

That the petitions be received and referred to the relevant Chief Officer(s) to examine and report as appropriate.

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**Petitions Update**

The following Petitions Update had been made available electronically:-

(See document No. 4)

It was moved by the Lord Mayor, seconded and -

19085 **RESOLVED:-**

That the Petitions Update be noted and those petitions for which a satisfactory response has been received, be discharged.

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**QUESTION TIME**

19086 The Council proceeded to consider Oral Questions in accordance with Standing Order 10.3.

When Councillor Alex Yip asked a question of the Cabinet Member for Children's Wellbeing relating to Travel Assist and Councillor Gary Sambrook indicated that his Mother was a Pupil Guide working for the Travel Assist service.

Details of the questions asked are available for public inspection via the Webcast.

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**APPOINTMENTS BY THE COUNCIL**

The following schedule was submitted:-

(See document No. 5)

Following further nominations it was:-

19087 **RESOLVED:-**

That appointments be made by the City Council for Members to serve on the Committees and other bodies set out below:-

**Planning Committee**

Councillor Mohammed Fazal to replace Councillor Mike Sharpe and Councillor Karen McCarthy replaces Councillor Mike Sharpe as Chair for the period ending with the Annual Meeting of City Council in May 2019.

**Health and Social Care Overview and Scrutiny Committee**

Councillor Ziaul Islam to replace Councillor Saddak Miah and Councillor Paul Tilsley to replace Councillor Aikhlaq Ahmed for the period ending with the Annual Meeting of City Council in May 2019.

**Learning, Culture and Physical Activity Overview and Scrutiny Committee**

Councillor Mike Sharpe to replace Councillor Baber Baz for the period ending with the Annual Meeting of City Council in May 2019.

**Licensing and Public Protection Committee**

Councillor Mike Sharpe to replace Councillor Narinder Kaur Kooner for the period ending with the Annual Meeting of City Council in May 2019.

**Licensing Sub-Committee B**



Councillor Mike Sharpe to replace Councillor Nicky Brennan for the period ending with the Annual Meeting of City Council in May 2019.

**Independent Remuneration Panel**

Appoint Honorary Alderman Stewart Stacey for the period 15 September 2018 -14 September 2022 as a co-opted member.

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**EXEMPTION FROM STANDING ORDERS**

It was moved by Councillor Martin Straker Welds, seconded and

19088 **RESOLVED:-**

That, pursuant to discussions by Council Business Management Committee, Standing Orders be waived as follows:

- Allocate 10 Minutes for item 9 (Constitution)
- Allocate 40 Minutes for item 10 (Section 24 Auditors Report)
- Allocate 25 Minutes for item 11 (Bordesley Park Area Action Plan)
- Reduce the time for the Report of Overview and Scrutiny Committees to 45 minutes (item 12)

Council Business Management Committee also agreed that the time for the meeting be extended to 2000 if required.

The Lord Mayor requested that, in accordance with Standing Order 7 (Suspension of Standing Orders), a Leader or Deputy Leader (or their nominee) of one of the Party Groups to move that the meeting be extended to 2000 hours and that that be seconded by the Leader or Deputy Leader (or their nominee) of another Party Group.

**LENGTH OF COUNCIL MEETING**

Having been moved by Councillor Robert Alden and seconded by the Leader, Councillor Ian Ward it was-

19089 **RESOLVED:-**

That the meeting be extended to 2000 hours.

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**AMENDMENTS TO THE CONSTITUTION**

The following report of the Council Business Management Committee was submitted:-

(See document No. 5)

The Leader of the Council Councillor Ian Ward moved the motion and indicated that appendix 2 of the report should be amended so that in respect of the composition of the Standards Committee in the first bullet

point under 'membership' the words ' , other than those with Special Responsibility Allowances,' be deleted. The motion was seconded.

The Motion having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore-

19090 **RESOLVED:-**

That approval be given to the necessary changes to the City Council's Constitution as indicated in the appendices to the report (as amended in the forgoing preamble) and that the City Solicitor be authorised to implement the changes with immediate effect.

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**ANNUAL AUDIT LETTER YEAR ENDED 31 MARCH 2018 – STAUTORY RECOMMENDATIONS MADE UNDER SECTION 24 LOCAL AUDIT AND ACCOUNTABILITY**

The following report of the Section 151 Officer and Cabinet Member for Finance and Resources was submitted:-

(See document No. 6)

The Leader of the Council Councillor Ian Ward moved the motion which was seconded

In accordance with Council Standing Orders, Councillors Merion Jenkins and Robert Alden gave notice of the following amendment to the Motion:-

(See document No. 7)

Councillor Meirion Jenkins moved the amendment which was seconded by Councillor Robert Alden.

In accordance with Council Standing Orders, Councillors Ewan Mackey and Alex Yip gave notice of the following amendment to the Motion:-

(See document No. 8)

Councillor Ewan Mackey moved the amendment which was seconded by Councillor Alex Yip.

A debate ensued.

The Leader of the Council Councillor Ian Ward replied to the debate.

The first amendment having been moved and seconded was put to the vote and by a show of hands was declared to be lost.

The second amendment having been moved and seconded was put to the vote and by a show of hands was declared to be lost.

The Motion having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore-

19091 **RESOLVED:-**

The Council accepts the statutory recommendation of Grant Thornton made under section 24 of the Audit and Accountability Act 2014 and the responses and actions set out in section 4 of this report.

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**BORDESLEY PARK AREA ACTION PLAN - PROPOSED SUBMISSION  
TO THE SECRETARY OF STATE**

The following report of the Council Business Management Committee was submitted:-

(See document No. 9)

The Leader of the Council Councillor Ian Ward moved the motion which was seconded

A debate ensued during which Councillor Tahir Ali noted that he was a resident in the area covered by the Plan and was also a local Councillor for some of the area covered by the Plan. Councillor Bob Beauchamp indicated that he was the Chairman of the Wheels Charitable Trust which was located within the area covered by the Plan.

The Leader of the Council Councillor Ian Ward replied to the debate.

The Motion having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore

19092 **RESOLVED:-**

That the City Council approves the Bordesley Park Area Action Plan and accompanying Sustainability Appraisal and Consultation Statement for submission to the Secretary of State for Housing, Communities and Local Government in accordance with this report.

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**ADJOURNMENT**

It was moved by the Lord Mayor, seconded and

19093 **RESOLVED:-**

That the Council be adjourned until 1700 hours on this day.

The Council then adjourned at 1630 hours.

At 1702 hours the Council resumed at the point where the meeting had been adjourned.

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**REPORT OF THE OVERVIEW AND SCRUTINY COMMITTEES**

The following report of the Sustainability and Transport Overview and Scrutiny Committee was submitted:-

(See document No. 10)

**Managing the Risk and Response to Flooding in Birmingham**

Councillor Liz Clements moved the motion which was seconded by Councillor Timothy Huxtable.

A debate ensued.

Councillor Liz Clements replied to the debate.

The Motion having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore

19094

**RESOLVED:-**

That the report is noted, and discussion points are forwarded to the Sustainability and Transport Overview and Scrutiny Committee to feed into future work.

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**MOTIONS FOR DEBATE FROM INDIVIDUAL MEMBERS**

The Council proceeded to consider the Motions of which notice had been given in accordance with Standing Order 4(i).

**A. Councillor Jon Hunt and Baber Baz have given notice of the following motion.**

(See document No. 11)

Councillor Jon Hunt moved the Motion, which was seconded by Councillor Baber Baz.

In accordance with Council Standing Orders, Councillors Debbie Clancy and Robert Alden gave notice of the following amendment to the Motion:-

(See document No. 12)

Councillor Debbie Clancy moved the amendment which was seconded by Councillor Robert Alden.

In accordance with Council Standing Orders, Councillors Majid Mahmood and Liz Clements gave notice of the following amendment to the Motion:-

(See document No. 13)

Councillor Majid Mahmood moved the amendment during which he noted that a consensus had been reached so that the amendment be amended with the following words added in place of the words 'to become a Plastic Free City' in the in the third paragraph:-

'so it can become a Plastic Free City. The Scrutiny Committee will report back by the end of the 2018/19 Municipal Year a range of options, including cost neutral options, which the Executive can implement as soon as possible from the start of the 2019/20 Municipal Year'

Councillor Liz Clements seconded the amended amendment.

In accordance with Council Standing Orders, Councillors Julien Pritchard and Roger Harmer gave notice of the following amendment to the Motion:-

(See document No. 14)

Councillor Julien Pritchard moved the amendment during which he indicated that he was willing to remove the additional paragraph 3 from the amendment. Councillor Roger Harmer seconded the amended amendment.

A debate ensued.

Councillor Jon Hunt replied to the debate.

The first amendment having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

The second amendment as amended having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

The third amendment as amended having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

The Motion as amended having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore-

19095 **RESOLVED:-**

This Council is alarmed at the growing evidence of the impact of disposable plastic items on the world's oceans, fish supplies and the litter on the streets and in the hedgerows of Birmingham.

Council notes and welcomes the success of plastic bag charging policies introduced by national governments. It calls for action at a city level so Birmingham makes a significant contribution to reducing disposal of plastics and cleaning up the environment.

Council calls on the Executive to ask the Transport and Sustainability Overview and Scrutiny Committee to explore the opportunities and the options available to the City so it can become a Plastic Free City. The Scrutiny Committee will report back by the end of the 2018/19 Municipal Year a range of options, including cost neutral options, which the Executive can implement as soon as possible from the start of the 2019/20 Municipal Year. These options to include:

1. Encouraging the city's institutions, businesses and citizens to adopt measures to minimise the use of single-use plastic products.
2. Immediately starting the process of reducing the sale and provision of single-use plastic products such as bottles, cups, cutlery and drinking straws in Council buildings where it is reasonable to do so.
3. Encouraging market traders to sell re-usable containers and inviting customers to bring their own, with the aim of phasing out single-use plastic containers and cutlery on market stalls.
4. Working with the Council events team and creating a policy in which single-use "disposable" plastic cups are replaced at all large city festivals with re-usable or deposit scheme cups and which the release of balloons on City Council property is not permitted, investigating the possibility of ultimately making these a condition for obtaining a licence for large scale events held in the city.
5. Promoting refill schemes with retail businesses and Business Improvement Districts.
6. Investigating the possibility of installing free water fountains in City Council reception areas and elsewhere in our buildings.
7. Further investigating having locally branded water containers for sale.
8. Encourage the city's businesses, organisations and residents to go 'plastic free,' working with best practice partners in the city to explore the creation of a 'plastic free network,' that could provide business support, practical guidelines and advice to help local businesses transition from SUPs to sustainable alternatives;
9. Working with tenants in commercial properties owned by Birmingham City Council to encourage the phasing out of disposable plastic cups, bottles, cutlery and straws.
10. Ensuring that sustainability is a key feature of the 2022 Commonwealth Games and commit to working with the LOC and Games partners to minimise the use of single use plastic items.

11. Ensuring that all Local Authority Maintained Schools school's are part of a new City Council initiative to help them become plastic-free working with partners such as CityServe and Veolia.
12. Encouraging, enabling and aiding all City Council employees, Councillors, businesses, community groups, and citizens to engage with an annual Plastic Free Challenge Month to be launched in April 2019.
13. Writing to all major supermarkets trading in the city encouraging them to introduce plastic free aisles.
13. Working with Procurement services to encourage all businesses with which the Council has contracts to support the banning of single-use plastics in their place of work and consider the possibility of phasing out of single-use plastics in the awarding of new contracts where this is relevant and proportionate.

Council further asks the Executive to write to the Secretary of State for Environment, Food and Rural Affairs urging him to bring the United Kingdom into line with the European Union's 2030 target for phasing out single use plastics, rather than the less ambitious target outlined in the Government's 25 Year Environment Plan for England only and to fund local government to meet the target.

The Council also commits to working with partners within the Combined Authority to develop a complimentary regional strategy on this issue to ensure greater collaboration and to leverage more support from Government for innovative schemes to help support the Government's own strategy to reduce plastic pollution.

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**B. Councillor Paulette Hamilton and Shabrana Hussain have given notice of the following motion.**

(See document No. 15)

Councillor Paulette Hamilton moved the Motion which was seconded by Councillor Shabrana Hussain.

In accordance with Council Standing Orders, Councillors Matt Bennett and Suzanne Webb gave notice of the following amendment to the Motion:-

(See document No. 16)

Councillor Matt Bennett moved the amendment which was seconded by Councillor Suzanne Webb.

A debate ensued.

Councillor Paulette Hamilton replied to the debate.

The amendment having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

The Motion as amended having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore-

19096 **RESOLVED:-**

The council notes that in August 2018 Birmingham was named the UK's first ever Donor City - a city dedicated to increasing the number of citizens signed-up to the NHS Organ Donor Register.

The council further notes that just 21 per cent of Birmingham residents have signed up to the Organ Donor Register and acknowledges the urgent need to improve on that record. Registration rates are even lower for BAME communities across the city, reflecting a similar shortfall across the UK.

One in five people who died on the Transplant Waiting List last year were from a black, Asian or ethnic minority background.

Consequently, more donors from black, Asian and minority ethnic groups are urgently needed to address an increase in patients from the same communities dying whilst waiting for an organ transplant.

Organ donation is the only hope for many desperately ill people and citizens from all communities must be encouraged to discuss donation.

- Around 6,000 people across the UK are currently waiting for an organ transplant.
- Only around 6,000 people each year die in circumstances where they can donate their organs.
- Three people a day die in need of a transplant due to a shortage of people being willing to donate organs.

The council resolves to:

- Work with partners to increase awareness of this vital issue across Birmingham.
- Work with communities throughout the city to encourage people to join the NHS Organ Donor Register.
- Encourage people to share their donation decision with their family and friends.
- Lead by example by encouraging staff and members to have the conversation about organ donation and to register.



Look at international examples for what works well in terms of public education and other measures to improve organ donor rates and calls on Government to do the same as part of its work on this issue.

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**C. Councillor Paulette Hamilton and Shabrana Hussain have given notice of the following motion.**

(See document No. 17)

The Lord Mayor advised that as the finishing time for the meeting had been reached the remaining motions and amendments should be moved and seconded formally (without comment) and following which they would be put to the vote without discussion.

Councillor Simon Morrall formally moved the Motion which was formally seconded by Councillor Adrian Delaney.

In accordance with Council Standing Orders, Councillors Matt Bennett and Robert Alden gave notice of the following amendment to the Motion:-

(See document No. 18)

Councillor Matt Bennett formally moved the amendment which was formally seconded by Councillor Robert Alden.

In accordance with Council Standing Orders, Councillors Brigid Jones and Fred Grindrod gave notice of the following amendment to the Motion:-

(See document No. 19)

Councillor Brigid Jones formally moved the amendment which was formally seconded by Councillor Fred Grindrod.

In accordance with Council Standing Orders, Councillors Paul Tilsley and Jon Hunt gave notice of the following amendment to the Motion:-

(See document No. 20)

Councillor Paul Tilsley formally moved the amendment which was formally seconded by Councillor Jon Hunt.

The first amendment having been moved and seconded was put to the vote and by a show of hands was declared to be lost.

Here upon a poll being demanded the voting with names listed in seat number order was as follows:-

(See document No. 21)

The total results referred to in the interleaved read:-

Yes – 22 (For the amendment)

No – 59 (Against the amendment)

Abstain – 0 (Abstentions)

The second amendment having been moved and seconded was put to the vote and by a show of hands was declared to be lost.

Here upon a poll being demanded the voting with names listed in seat number order was as follows:-

(See document No. 22)

N.B. The documents have been amended to show that Councillor Gary Sambrook voted against the amendment.

The total results referred to in the interleave read:-

Yes – 54 (For the amendment)

No – 27 (Against the amendment)

Abstain – 1 (Abstention)

The third amendment having been moved and seconded was put to the vote and by a show of hands was declared to be lost.

The Motion as amended having been moved and seconded was put to the vote and by a show of hands was declared to be carried.

It was therefore-

19097 **RESOLVED:-**

This Council has been directed by the Conservative government to take action 'in the shortest possible' time to bring air quality within legal limits in Birmingham City Centre. The only way of achieving this is by the introduction of a Clean Air Zone.

The Council further believes that whilst clean air is an absolute priority for the city there are measures that can be taken to mitigate the impact on the worst affected. The Council is bidding to the government for funds to introduce mitigating measures including both exemptions and financial support to reduce the impact on those individuals and businesses likely to struggle the most:

Those on low incomes working / regularly travel to the Clean Air Zone area

- Key Workers
- Small and Medium size Enterprises
- City Centre Residents, Businesses and Fleet Operators

Clean air is a basic human right and yet poor air quality is responsible for hundreds of early deaths in Birmingham each year. This is completely unacceptable and we cannot allow it to continue.

Therefore, while the Birmingham City Council Conservative group would appear to be at odds with the Conservative government and Conservative Mayor on this issue, the council will undertake the necessary steps to improve air quality in Birmingham.

The Council therefore calls on the Executive to:

- Lobby Government to support our bid for mitigating measures from the National Clean Air Fund
  - Lobby Government to support wider measures to improve air quality, including investment in green infrastructure and public transport.
- 

The meeting ended at 1925 hours.

**APPENDIX**

Questions and replies in accordance with Standing Order 10.2.

**WRITTEN QUESTION TO THE LEADER OF THE COUNCIL FROM  
COUNCILLOR PAUL TILSLEY**

**A1      Star Chamber**

**Question:**

**Could the Leader advise the Council, in which month the "Star Chamber" of budgetary control was abandoned, who gave instructions for the curtailment of this tried and tested method of holding Cabinet Members and Chief Officers to account and how many millions of pounds were lost and wasted by this reckless decision? It is noted that the "Star Chamber" has belatedly been reintroduced.**

**Answer:**

Advice from previous senior officers of the Council was that the Birmingham Independent Improvement Panel had insisted the Star Chamber process was not the most effective way to manage Council budgets. I reluctantly agreed to change the process to monitoring by a Budget Board.

As Leader I have reflected again on the arrangements for monitoring the Council's budget, I made a number of changes to Cabinet Member portfolios last May and in consultation with both the current Cabinet Member for Finance and Resources and the Corporate Director for Finance and Governance, I have reintroduced a robust monthly Star Chamber process designed to bear down on areas that are forecasting an overspend.

This process is being shown to have a positive impact.

**WRITTEN QUESTION TO THE LEADER OF THE COUNCIL FROM  
COUNCILLOR PETER FOWLER**

**A2     Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO THE LEADER OF THE COUNCIL FROM  
COUNCILLOR EDDIE FREEMAN**

**A3     Vacant Council Assets**

**Question:**

**How many vacant properties (excluding HRA) are currently in the Council's possession, split between tenure (free hold, leasehold, rented)? For leasehold or rented properties please list the end date for each one.**

**Answer:**

Investigations have identified 41 Birmingham City Council (non-Housing Revenue Account) buildings as currently being vacant. In the vast majority of cases these buildings are pending disposal, demolition or appraisal of the asset for potential reuse. All the identified buildings are owned freehold; a number of those are held in trust.

In terms of the commercial portfolio we manage over 5,500 assets and as you would expect the level of voids varies across the portfolio from 0.5 – 5 % and changes on a daily basis. This information can be provided separately; however at this point it has not been possible to provide an exact number.

**WRITTEN QUESTION TO THE LEADER OF THE COUNCIL FROM  
COUNCILLOR DAVID BARRIE**

**A4     Capital Budget Monitoring**

**Question:**

**What procedures does the Council have in place this year for monitoring capital spend and projects and how does this differ from last year?**

**Answer:**

The Council has significantly strengthened its capital monitoring procedures this year. A Capital Board, chaired by the Leader and supported by the Cabinet Member for Finance, CEO and Corporate Director Finance & Governance has been established and meets monthly to oversee the development and management of the capital programme. This Board also oversees the disposal of major assets.

New arrangements for major capital projects are being introduced to strengthen controls and reporting.

Capital monitoring is being fully integrated with revenue monitoring to be reported to Cabinet quarterly. The budget process for 2019/20 is considering capital proposals alongside revenue to ensure that all spending is aligned with the Council's priorities.

**WRITTEN QUESTION TO THE LEADER OF THE COUNCIL FROM  
COUNCILLOR BOB BEAUCHAMP**

**A5     Council House Redevelopment**

**Question:**

**What additional costs have been budgeted for in the redevelopment of the council house and museum due to the impact of the proposed clean air zone charging delivery trucks and other fleet needed for the work?**

**Answer:**

In awarding the contract for the works it is anticipated that the successful contractor will, where possible, utilise vehicles that will be compliant with the requirements of the clean air zone - any other costs associated with this issue will be factored into the cost and considered and included as a provisional sum.



**WRITTEN QUESTION TO THE LEADER OF THE COUNCIL FROM  
COUNCILLOR SIMON MORRALL**

**A6      Male suicide**

**Question:**

**Currently in the UK, the single biggest killer of young men under the age of 50 is Suicide. Can the Leader of the Birmingham City Council tell me, what is the City Council doing to help prevent Suicide in our City?**

**Answer:**

The Office for National Statistics (ONS) has published figures showing that nationally suicide and injury/poisoning of undetermined intent is the leading cause of death in men under 50, accounting for 23.9 % of deaths in men aged 20-34 and 11.3% of deaths in men aged 35-49 registered in 2016. In Birmingham the picture is different. For men aged 20-34 suicide and injury/poisoning of undetermined intent is the third leading cause (behind accidental poisoning and land transport accidents) accounting for 11.2% of deaths. In the 35-49 age group it is the fourth leading cause of death (behind cirrhosis and other diseases of liver, ischaemic heart diseases and accidental poisoning) accounting for 6.5% of deaths.

Birmingham City Council works with partners to prevent suicide. There is an action plan in place supported by the Birmingham and Solihull Clinical Commissioning Group, and developed with the Council both Public Health and Adult Social Care, Birmingham and Solihull Mental Health Trust, Forward Thinking Birmingham and a range of other partners including Police and the voluntary sector.

The suicide prevention group leads this work, and actions include delivering Mental Health First Aid training, Suicide prevention training, and working to target groups most at risk of suicide. The aim is to ensure those groups know what support is available and how to access it. The group is being chaired by a West Midlands Fire Service Area Commander with support from partners across local government, NHS, Third Sector and WMCA.

Within the Council, we provide support for groups at higher risk of dying from suicide such as those leaving prison, those who misuse substances and people in places of custody or detention. We work to ensure that staff know what to do to identify suicide risk and how to support someone at risk, as well as developing good relationships with partners to share information in an appropriate way to deliver good crisis support.

**WRITTEN QUESTION TO THE DEPUTY LEADER OF THE COUNCIL  
FROM COUNCILLOR PETER FOWLER**

**B      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO THE DEPUTY LEADER OF THE COUNCIL  
FROM COUNCILLOR PETER FOWLER**

**C      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

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**WRITTEN QUESTION TO THE CABINET MEMBER FOR CLEAN  
STREETS, WASTE AND RECYCLING FROM COUNCILLOR PETER  
FOWLER**

**D1      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR CLEAN  
STREETS AND RECYCLING FROM COUNCILLOR BABER BAZ**

**D2     Memorandum of Understanding**

**Question:**

**Why wasn't the Memorandum of Understanding with the trade unions  
implemented on September 1st?**

**Answer:**

The implementation was agreed to be moved from 1 September 2018 to allow the ongoing clarification discussions to take place. These have largely been concluded satisfactorily.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR CLEAN  
STREETS, WASTE AND RECYCLING FROM COUNCILLOR NEIL  
EUSTACE**

**D3      Memorandum of Understanding - rotas and rounds**

**Question:**

**Under the Memorandum of Understanding with the trade unions, waste collection operatives are meant to move to a five-day working week. Given that this was meant to be implemented, have rotas and rounds been organised for these new arrangements?**

**Answer:**

All of the new rotas and rounds have been reviewed jointly with the Trade Unions based on optimising routes. We want to get collections right first time. We have reviewed all of our collection rounds from the 360,000 properties and jointly developed a new delivery model to reduce missed collections over the next few weeks.

**WRITTEN QUESTION TO CABINET MEMBER FOR CLEAN STREETS,  
WASTE AND RECYCLING FROM COUNCILLOR MORRIAM JAN**

**D4 Missed Collections - Meet Obligations**

**Question:**

**I am getting regular reports from constituents about missed assisted collections and missed recycling collections. Why is the waste collection service unable to meet its obligations to citizens?**

**Answer:**

Missed collections are monitored on a daily basis. They can occur for a number of reasons, such as vehicle breakdowns, traffic and access issues. Missed collections are on a downward trend from the start of the year. Of the 360,000 properties we collect from on a weekly basis our collection rate is on average 99.86%

**WRITTEN QUESTION TO THE CABINET MEMBER FOR CLEAN  
STREETS, WASTE AND RECYCLING FROM COUNCILLOR ADAM  
HIGGS**

**D5      Agency Staff Costs**

**Question:**

**For each month from September 2017 what has been the total spend on agency staff within waste management?**

**Answer:**

**WMS Agency Expenditure September 17 - August 18**

Month	Amount £000
Sep-17	590
Oct-17	699
Nov-17	601
Dec-17	705
Jan-18	573
Feb-18	562
Mar-18	893
Apr-18/May-18	861
Jun-18	855
Jul-18	806
Aug-18	586
<b>Total</b>	<b>7,730</b>



**WRITTEN QUESTION TO THE CABINET MEMBER FOR CLEAN  
STREETS, WASTE AND RECYCLING FROM COUNCILLOR DEIRDRE  
ALDEN**

**D6      Sickness Absence**

**Question:**

**For each week since April 2018, what was the total number of sick days taken by staff within waste management?**

**Answer:**

Council recording of sickness absence is monthly and a weekly breakdown is not available. Monthly data is as follows:

Month	Total FTE Sickness Days in Period	Average FTE	Average Sickness Days per FTE in Period
Apr-18	659.12	733.285	0.90
May-18	823.21	732.29	1.12
Jun-18	892.88	755.29	1.18
Jul-18	970.08	805.26	1.2
Aug-18	855.62	804.26	1.06

**WRITTEN QUESTION TO THE CABINET MEMBER FOR CLEAN  
STREETS, WASTE AND RECYCLING FROM COUNCILLOR SIMON  
MORRALL**

**D7      Persistent Problems in Frankley and Great Park**

**Question:**

**Fly tipping, missed refuse and garden waste collections have been a persistent problem in Frankley and Great Park since before the bin strike. Now residents inform me that despite previous weeks having been missed bin men are taking excess bags out of overflowing waste bins and deliberately leaving them behind even though they are only overflowing due to failures of the service. Can the member for refuse tell me, why does the service continue to get worse and what he is doing to address the persistent issues of missed collections and fly tipping in South Birmingham?**

**Answer:**

Missed collections are monitored on a daily basis. They can occur for a number of reasons such as vehicle breakdowns, traffic and access issues. Missed collections are on a downward trend from the start of the year.

Waste Management undertake approximately 7,300 waste and recycling collections each week in the Frankley and Great Park Ward. Over the past 35 weeks (between January and the end of August 2018) on average 14 missed collections (0.19%) have been reported by residents each week.

The department currently have 653 garden collection customers in the Frankley & Great Park Ward and since the start of the service on average approximately 11 (2%) customers have reported a missed collection each week.

**WRITTEN QUESTION TO CABINET MEMBER FOR CLEAN STREETS,  
WASTE AND RECYCLING FROM COUNCILLOR ROGER HARMER**

**D8     Landfill**

**Question:**

**Could the Cabinet Member inform the Council how much of Birmingham's waste has gone to landfill per month for the past 4 years? Please can this information be given in the format of a table giving the amount per month to each landfill site, the overall total per month to landfill and that overall total as a proportion of total waste processed?**

**Answer:**

**See table below.**

### **Landfilled Waste in Tonnes**

Landfill Site	Ling Hall Landfill Site, Coal Pit Lane, Rugby CV23 9HH	New Albion Landfill Site, Occupation Road, DE11 8HD	Poplars PFA Landfill Site, Lichfield Road, Cannock, WS11 8NQ	Onyx Landfill Ltd, Sandy Lane	(Bottom Ash from Tyseley Energy Recovery Facility) Ling Hall Landfill Site, Coal Pit Lane, Rugby CV23 9HH	(Fly Ash from Tyseley Energy Recovery Facility) Onyx, Stubbers Green Road, Aldridge, WS9 8BL
Apr-14	540.21	3,113.08	-	2,737.89	-	532.50
May-14	934.91	2,691.90	-	2,385.71	-	717.42
Jun-14	-	-	-	-	-	773.30
Jul-14	266.34	-	-	-	-	892.02
Aug-14	1,986.99	-	-	59.08	-	701.44
Sep-14	-	-	-	-	-	746.00
Oct-14	1,370.54	-	-	-	-	833.96
Nov-14	1,174.30	50.30	-	13.32	-	712.54
Dec-14	-	-	-	-	-	973.24
Jan-15	106.84	6.07	-	0.97	-	764.78
Feb-15	0.68	-	-	-	-	797.80
Mar-15	-	-	-	-	-	695.20
Apr-15	6,025.02	6,037.43	-	239.62	-	355.58
May-15	3,625.13	1,423.93	-	335.94	-	813.98
Jun-15	1,918.03	1,235.02	-	489.10	-	649.40
Jul-15	397.61	644.21	-	35.68	-	772.72
Aug-15	1,413.36	1,146.40	-	-	-	693.30
Sep-15	303.51	343.70	-	-	-	678.60
Oct-15	1,101.24	1,114.51	-	-	-	886.50
Nov-15	17.69	19.83	-	-	-	732.22
Dec-15	-	-	-	-	-	744.10
Jan-16	0.02	0.01	-	-	-	706.34
Feb-16	15.48	2.30	-	-	-	783.79
Mar-16	-	-	-	-	-	849.53

**City Council – 11 September, 2018**

Landfill Site	Ling Hall Landfill Site, Coal Pit Lane, Rugby CV23 9HH	New Albion Landfill Site, Occupation Road, DE11 8HD	Poplars PFA Landfill Site, Lichfield Road, Cannock, WS11 8NQ	Onyx Landfill Ltd, Sandy Lane	(Bottom Ash from Tyseley Energy Recovery Facility) Ling Hall Landfill Site, Coal Pit Lane, Rugby CV23 9HH	(Fly Ash from Tyseley Energy Recovery Facility) Onyx, Stubbers Green Road, Aldridge, WS9 8BL
Apr-16	3,076.38	2,073.60	619.18	-	-	716.00
May-16	3,762.21	2,780.29	2,000.14	-	-	513.60
Jun-16	1,607.96	367.80	120.68	-	-	739.36
Jul-16	2,547.39	1,779.11	1,618.30	-	-	675.38
Aug-16	2,352.44	3,176.65	19.29	-	-	707.44
Sep-16	2,149.82	1,420.68	1,362.28	-	-	608.08
Oct-16	-	-	-	-	-	654.58
Nov-16	307.12	36.72	-	-	-	706.72
Dec-16	414.00	-	-	-	-	760.70
Jan-17	1,060.97	282.03	45.69	-	-	713.12
Feb-17	153.46	47.80	-	-	-	681.92
Mar-17	538.55	487.45	234.70	-	-	759.94
Apr-17	2,542.48	1,487.62	2,371.90	-	-	577.30
May-17	3,989.60	1,543.17	3,106.12	-	-	639.32
Jun-17	2,459.27	603.51	2,369.38	-	34.96	592.12
Jul-17	2,791.59	1,588.92	2,253.66	-	-	587.52
Aug-17	4,293.43	604.02	5,424.04	-	-	608.92
Sep-17	2,082.43	1,418.21	1,248.39	-	-	589.36
Oct-17	2,637.86	4,130.07	1,341.79	-	-	682.66
Nov-17	-	-	-	-	-	732.28
Dec-17	-	-	-	-	-	628.12
Jan-18	81.35	172.08	28.05	-	-	788.44
Feb-18	1,387.74	915.12	46.26	-	-	674.14
Mar-18	63.51	10.27	-	-	-	607.04

**City Council – 11 September, 2018**

Landfill Site	(Rejects from the Veolia WEEE System) Various Sites	(Asbestos) Ling Hall Landfill Site, Coal Pit Lane, Rugby CV23 9HH	Total Sent to Landfill	Total Municipal Waste Processed by Waste Management	Percentage of Municipal Waste Sent to Landfill
Apr-14	43.15	8.52	48,705.35	40,875.35	119.16%
May-14	38.41	16.34	48,544.69	44,139.48	109.98%
Jun-14	38.99	8.70	42,611.99	45,306.77	94.05%
Jul-14	39.57	15.56	43,034.49	46,821.03	91.91%
Aug-14	37.98	15.74	44,653.23	40,452.72	110.38%
Sep-14	37.94	8.16	42,675.10	41,813.55	102.06%
Oct-14	35.00	17.40	44,169.90	41,540.03	106.33%
Nov-14	29.24	-	43,923.70	37,528.27	117.04%
Dec-14	25.64	7.52	42,980.40	36,164.98	118.85%
Jan-15	36.33	7.88	42,927.87	38,922.27	110.29%
Feb-15	30.39	-	42,864.87	32,583.33	131.55%
Mar-15	36.80	-	42,796.00	38,907.20	110.00%
Apr-15	46.44	8.42	54,807.51	44,897.49	122.07%
May-15	40.18	16.88	48,381.04	42,605.93	113.55%
Jun-15	43.08	7.72	46,498.35	47,991.91	96.89%
Jul-15	43.15	-	44,079.37	46,765.15	94.26%
Aug-15	46.81	8.24	45,525.11	41,369.36	110.05%
Sep-15	43.02	-	43,616.83	42,040.50	103.75%
Oct-15	38.62	9.14	45,428.01	40,690.54	111.64%
Nov-15	34.48	-	43,113.22	39,478.40	109.21%
Dec-15	37.48	8.04	43,128.62	38,358.84	112.43%
Jan-16	41.07	-	43,117.44	40,770.31	105.76%
Feb-16	42.41	-	43,244.98	37,196.12	116.26%
Mar-16	42.87	-	43,322.40	40,602.97	106.70%

Landfill Site	(Rejects from the Veolia WEEE System) Various Sites	(Asbestos) Ling Hall Landfill Site, Coal Pit Lane, Rugby CV23 9HH	Total Sent to Landfill	Total Municipal Waste Processed by Waste Management	Percentage of Municipal Waste Sent to Landfill
Apr-16	53.81	8.00	49,007.97	40,664.92	120.52%
May-16	54.48	7.82	51,609.54	44,716.95	115.41%
Jun-16	49.03	7.78	45,414.61	46,346.49	97.99%
Jul-16	46.76	7.96	49,226.90	43,814.10	112.35%
Aug-16	36.42	6.94	48,882.18	44,125.57	110.78%
Sep-16	52.23	16.56	48,223.64	43,900.47	109.85%
Oct-16	47.59	-	43,346.17	40,205.28	107.81%
Nov-16	36.51	7.02	43,769.09	40,593.52	107.82%
Dec-16	30.16	-	43,909.86	35,364.68	124.16%
Jan-17	38.93	7.30	44,884.05	40,512.43	110.79%
Feb-17	38.77	6.50	43,695.45	33,767.83	129.40%
Mar-17	47.25	9.04	44,871.93	42,154.64	106.45%
Apr-17	43.04	7.26	49,855.60	40,620.27	122.74%
May-17	48.19	14.36	52,196.76	46,021.39	113.42%
Jun-17	45.46	-	48,991.69	45,441.49	107.81%
Jul-17	47.08	6.92	50,192.69	37,168.16	135.04%
Aug-17	46.50	6.98	53,931.90	43,689.66	123.44%
Sep-17	34.37	7.52	48,359.29	38,034.99	127.14%
Oct-17	21.69	-	51,823.07	44,371.93	116.79%
Nov-17	38.56	-	43,810.84	39,899.96	109.80%
Dec-17	24.33	-	43,722.45	30,226.63	144.65%
Jan-18	42.57	-	44,213.49	42,888.93	103.09%
Feb-18	36.44	-	46,191.70	33,656.53	137.24%
Mar-18	29.98	-	43,870.80	37,456.86	117.12%

**WRITTEN QUESTION TO THE CABINET MEMBER FOR EDUCATION,  
SKILLS AND CULTURE FROM COUNCILLOR PETER FOWLER**

**E1      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.



**WRITTEN QUESTION TO THE CABINET MEMBER FOR EDUCATION,  
SKILLS AND CULTURE FROM COUNCILLOR MORRALL**

**E2     Travel Assist CAZ Impact**

**Question:**

**What assessment has been made of the financial impact of the proposed clean air zone on the transport costs for children with disabilities and children in care?**

**Answer:**

Comprehensive research to support the development of the Business Case for the Clean Air Zone considered where the introduction of the scheme could have the most negative impact.

The appraisal identified that Disabled people could be adversely affected by implementation of the CAZ through the potential reduction in availability of community transport and wheelchair adapted taxis, and also the potential increase in cost of community transport. Similarly it was identified that Children would be adversely affected by any reduction in the availability of community transport servicing schools and community centres within the CAZ.

Where licenced Hackney Carriage vehicles are used for transporting people who use wheelchairs and for services such as Council contracts for home to school travel, CAZ compliance is addressed through the changes approved by the Licencing Committee that will be implemented on the 1<sup>st</sup> January 2020. The Council are applying for Clean Air Funding from the Government, aligned to the CAZ business case to support Birmingham licensed Hackney Carriage vehicles to meet the CAZ requirements.

Vehicles that are not licensed Hackney Carriages, but used solely for the transport of disabled people as well as SEN pupils and elderly people to day care centres, are registered under Section 19 permit. As such these vehicles, would be exempt from the CAZ charge.

It is therefore proposed that vehicles that serve the community and are classified as operating under a Section 19 permit will be exempt from the CAZ charge.

The Council's proposals will also include funding support to fleet operators to help them move to compliant vehicles. It is also proposed to offer exemptions and funding to support those on low incomes.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR PETER FOWLER**

**F1      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the Council's overall budget position balances)?**

**Answer:**

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**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR BRUCE LINES**

**F2      Mini Bus Hire**

**Question:**

**How much does the Council spend each year renting mini-buses?**

**Answer:**

A few services within the Council use minibuses but we don't record minibus spend as such. For example:

- Travel Assist and support for Vulnerable Adults provide services that are procured that use minibuses but we don't rent the minibuses
- Use of Taxis – these are not minibuses per se, though some actually taxis may be minibuses. We don't have the detailed level of reporting as to the type of vehicles on each taxi journey
- Coaches - the majority of coach spend is with schools and if we remove this then there is little council spend left. Some of the remaining spend may be minibuses (as opposed to coaches) but we don't have this level of detail either.

There is no "code" as such for minibuses as it not considered to be a spend area that requires detailed analysis.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR BOB BEAUCHAMP**

**F3      Finance Birmingham Due Diligence**

**Question:**

**What due diligence is made on companies ahead of loans\investments made via Finance Birmingham and who is responsible for carrying this out?**

**Answer:**

Finance Birmingham routinely undertake extensive due diligence assessments on all loans/investments from the council's business loan and equity funds including physical visits to the applicant, verification of financial performance, the background of Directors and financial project reviews.

A full report on each loan or investment request is presented to the investment committee for consideration and decisions are fully document. Each report undergoes a quality assurance review within Finance Birmingham.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR MEIRION JENKINS**

**F4      Finance Birmingham Management Fees**

**Question:**

**Where a business that has received money via Finance Birmingham goes into Administration, do Finance Birmingham still receive the full management fee for awarding that loan\equity investment?**

**Answer:**

Finance Birmingham do not receive a management fee from BCC for management of the BCC business loan and equity portfolios. The costs of managing the council's own remaining loans and investments is covered by monitoring fee income. As sole owner of the company, BCC receives a dividend and meets its own costs of administration.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR ADAM HIGGS**

**F5      Finance Birmingham Bad Investments**

**Question:**

**Where a loan or investment made via Finance Birmingham fails (e.g. where the company receiving the loan collapses) resulting in unrecoverable debt for BCC, what penalties are paid by Finance Birmingham?**

**Answer:**

No penalties are paid by Finance Birmingham. The interest and equity gains received on the full portfolio by BCC is used to build up a bad debt reserve, this is the source for any write off required.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR ADRIAN DELANEY**

**F6      Finance Birmingham Total Debt**

**Question:**

**What is the value of the total amount loaned or invested via Finance Birmingham currently outstanding? (Split between loans and equity investments)**

**Answer:**

As at 1 April 2018 the historic cost of BCC investments into the equity portfolio was £2,812,044. The 2018/19 valuation of these investments was £2,339,030 (after undertaking an impairment review)

The current balance on the BCC Business Loan portfolio balance is £1,320,026

A total of £25m has been made available since 2010 for loan and equity investment of which £18.9m has to date been drawdown resulting in 1,765 jobs created and/or safeguarded.

Since 2016, however, the remaining funds have largely been inactive to new applicants reflecting a reduction in BCC risk appetite and a rise in LEP funding and more recently WMCA funding.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR ROBERT ALDEN**

**F7      Finance Birmingham Council MTFP**

**Question:**

**What amount has been set aside each year within the medium term financial strategy for payment of fees to Finance Birmingham and what dividends are anticipated in each of those years?**

**Answer:**

No fees are payable to Finance Birmingham for their management of the council's loan and equity portfolios.

For the year 2017/18 a dividend of £100,000 has been received.

Dividends are not part of the MTFP as all receipts from Finance Birmingham are placed into a reserve which is used by BCC to manage any adverse performance on the loan and equity portfolios. Similarly, any capital gains and all interest on the portfolios are paid into this reserve.



**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR SIMON MORRALL**

**F8     Amey PFI**

**Question:**

**The Cabinet Member for Finance recently attended my ward forum and publicly expressed a desire to bring the Amey contract back in house. Can he inform the Council when we are likely to see this happen and how much this is likely to cost, including the cost of lost PFI credits?**

**Answer:**

I attended the ward forum meeting as a resident and not in my capacity as a Councillor or Cabinet Member, moreover I refute the claim that I made such a statement.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR FINANCE AND  
RESOURCES FROM COUNCILLOR RON STORER**

**F9      Politically Restricted Posts**

**Question:**

**Which current posts, broken down by service area, paid at SCP 44 and above has been explicitly exempted from being politically restricted under Part 1 of Local Government and Housing Act 1989, including the process that is followed to approve any such exemptions?**

**Answer:**

With effect from January 2010, the Local Democracy, Economic Development and Construction Act 2009 (LDEDC Act) changed the approach to identifying posts which are party politically restricted under the Local Government and Housing Act 1989.

Originally posts were deemed to be politically restricted if they were earning above spinal column point 44 (£37,206 pa) at 31st March 2010. The LDEDC Act removed the concept of political restriction by salary level.

Posts are considered politically restricted if they fall into the following two broad categories:

**(a)      Specified Posts**

Specified posts are automatically subject to restrictions on public party political activity and as such, there is no right of appeal. These posts are listed as follows:

Chief Executive  
Chief Officers  
Deputy Chief Officers (those reporting to Chief Officers)  
Monitoring Officer  
Chief Finance Officer

**(b)      Sensitive Posts**

A sensitive post is one which meets one or both of the following duties-related criteria:

- Regularly giving advice to the Council at member level.  
This means that you are either:
  - Regularly advising any Councillor or group of Councillors,  
or
  - Giving strategic advice about policy formation to  
Councillors or senior officers.

**and / or**

Speaking on behalf of the authority on a regular basis to journalists or broadcasters.

**Exemptions:**

There is no right of appeal in respect of **specified** posts.

The Local Government and Public Involvement in Health Act 2007 have given the Standards Committee responsibility to determine applications for exemption from political restriction by holders of such posts.

Where the Standards Committee is satisfied that the duties of the post do not fall within the definition of a **sensitive post** then the Committee must direct that the post should not be regarded as politically restricted.

No posts have been exempted.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR HEALTH AND  
SOCIAL CARE FROM COUNCILLOR PETER FOWLER**

**G1     Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE FROM COUNCILLOR MEIRION JENKINS**

**G2     Better Care Fund**

**Question:**

**The Quarter 1 financial monitoring report presented to Cabinet in July identifies £5.8m additional use of the improved Better Care Fund which had not been budgeted for, to offset savings that weren't forecast to be fully achieved. Since the BCF and iBCF were introduced, how much of these funds has been used to offset the non-delivery of savings for the Council within each financial year since they were introduced?**

**Answer:**

Better Care Fund resources have only been used to fund new initiatives or continue to support expenditure previously funded through joint arrangements with health.

An outline of the use of the Improved Better Care Fund (iBCF) resources was included on page 13 of the Council Plan and Budget 2018+ (paragraphs 3.12 and 3.13). In addition, Appendix 5 (page 100) of that document included £9.3m in 2018/19 and £2.0m in 2019/20 to support savings not fully achieved in those years. The funding for this is from iBCF. The vision and Strategy to modernise Adult Social Care was approved by Cabinet on 3rd October 2017. This recognised that savings would not be immediately available from implementing this Strategy and short-term funding from iBCF was agreed with health partners. The Directorate continues to work to implement the transformation programme as quickly as possible and identify other mitigations to reduce the £5.8m and minimise the need to use these additional funds.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE FROM COUNCILLOR DEBBIE CLANCY**

**G3     Fairways**

**Question:**

**Since the original budget decision to close two day centres was taken in March 2016, how much has been spent in total (including officer times) on consultation around the identification and then closure of Fairways?**

**Answer:**

There has been extensive consultation and officer time spent on this budget decision. It is not possible to calculate accurately Officer (both Manager and Social Work time) as this has not been logged. Details of consultation and timelines are set out below:

Date	Details
Week commencing September 2017	Daily meetings with service users and carers (two hours being set aside each day)
November 2017	Social work reviews were carried out and social work engagement groups established
December 2017	Advocacy Matters were commissioned to undertake an independent engagement process, commencing 11th December 2017 Sessions were held on: <ul style="list-style-type: none"><li>• Thursday 14th December 2017</li><li>• Monday 18th December 2017</li><li>• Wednesday 20th December 2017</li><li>• Tuesday 2nd January 2018</li></ul>
March 2018	A report was produced and this was made available to service users, carers and staff. The report was placed before Cabinet in March 2018.
	Further engagement has taken place with service users and their carers by the allocated social work team. The team for Fairways reviews consisted of six social workers. Following a number of meetings to introduce the team and their role; the social workers contacted people individually.

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By 4th January 2018	58 people had had a conversation with their social worker and reviews were well under way.
End of January 2018	58 service users had been engaged – Individually by social workers, and in group workshop session, and 9 had been engaged via a group workshop session
5 <sup>th</sup> February 2018	A session with Director of Adult Social a total of 24 attendees, half of whom were carers
5th February 2018 16th July 2018	Six sessions with Assistant Director Adult Social Care – a total of 41 attendees over the 2 sessions

**WRITTEN QUESTION TO THE CABINET MEMBER FOR HEALTH AND  
SOCIAL CARE FROM COUNCILLOR ADRIAN DELANEY**

**G4     Fairways Maintenance**

**Question:**

**Since 2016, how much has been spent on maintenance at the Fairways  
Day Centre?**

**Answer:**

The premises costs for Fairways for the previous 3 financial years, the Building Maintenance costs were £10,097 in 2017/18, £12,083 in 2016/17 and £27,334 in 2015/16.



**WRITTEN QUESTION TO THE CABINET MEMBER FOR HOMES AND  
NEIGHBOURHOODS FROM COUNCILLOR PETER FOWLER**

**H      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO THE DEPUTY LEADER FROM COUNCILLOR  
BOB BEAUCHAMP**

**I      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR ADRIAN DELANEY**

**J1      CAZ Drop-In Consultation Event**

**Question:**

**How many of the official ‘public drop-in events’ on the proposed clean air zone held by the City Council did you personally attend (please specific the dates and location of each on you attended)?**

**Answer:**

I was represented by officers at all public consultation events.

I conducted face to face media briefings at the Council House on 18 June and 7 September and attended the following further media engagements:

Date	Format	Details
18 June 2018	Media briefing	Media briefing at Council House to coincide with publication of Cabinet papers
21 June 2018	Social media	BCC video for Clean Air Day, promoting CAZ proposals
24 June 2018	Television	Appearance on BBC Sunday Politics
26 June 2018	Television	Interview with ITV Central following Cabinet approval of CAZ consultation
18 July 2018	Social media	Facebook Live with Neil Elkes for BirminghamLive
20 July 2018	Radio	Unity FM live interview and phone-in
8 August 2018	Radio	BBC WM live interview and phone-in
8 August 2018	Radio	New Style Radio live interview and phone-in
16 August 2018	Television	Interview with ITV Central to promote CAZ consultation
16 August 2018	Radio	Interview with Free Radio to promote CAZ consultation
17 August 2018	Television	Interview with Midlands Today on last day of CAZ consultation
7 September 2018	Media briefing	Media briefing at Council House to coincide with publication of Cabinet papers

I discussed the CAZ proposals with key stakeholders when I delivered the keynote address to the Birmingham Chamber of Commerce Patrons Lunch on 26 July, and met with representatives of Citizens UK on 17 August.

In addition, I replied directly to those members of the public and stakeholders who contacted me personally during the consultation period.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR PETER FOWLER**

**J2      Balancing the Books**

**Question:**

**Listed by individual item, what specific further mitigations have you taken, or do you plan to take this year to ensure that your portfolio's budget balances at year end without resource to reserves (or to over-deliver to ensure that the council's overall budget position balances)?**

**Answer:**

The actions being taken to mitigate the Council's forecast overspend are set out in the Month 3 report to Cabinet and in the Council's response to the Section 24 Statutory Recommendations notice. A further update on the Month 6 forecast outturn will be presented to the Cabinet in October 2018.

**WRITTEN QUESTION TO CABINET MEMBER FOR TRANSPORT AND ENVIRONMENT FROM COUNCILLOR JON HUNT**

**J3      Perry Barr Flyover - Replace with Traffic Light Junction**

**Question:**

**Could the Cabinet Member share the cost-benefit analysis behind the proposal to remove the Perry Barr flyover and, as I understand it, replace it with a complex traffic light junction?**

**Answer:**

Highway options are being developed for Perry Barr including appropriate analysis. A report to Cabinet will be produced to consider a preferred option in due course.

**WRITTEN QUESTION TO CABINET MEMBER FOR TRANSPORT AND ENVIRONMENT FROM COUNCILLOR MORRIAM JAN**

**J4      Heavy Vehicle Restrictions - Review Progress**

**Question:**

**At the last Council meeting the Cabinet Member stated there would be a review of the out-dated rules on the introduction of heavy vehicle restrictions on residential roads - this following the petition from residents of Glendower Road and surrounding roads. Can he update the Council on the progress of this review?**

**Answer:**

Given the limited officer resources available to undertake all aspects of the City Council's traffic and transport duties, such reviews will take time to develop, consult on and implement.

I will however seek to prioritise this particular piece of work through our Local Engineering service and will ask that officers confirm to you the intended timeframe for undertaking the review.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR DEIRDRE ALDEN**

**J5      Air Quality**

**Question:**

**By what year does modelling project that air quality would meet legal standards without intervention, due to the natural process of fleet turnover and already planned improvements works?**

**Answer:**

The modelling contained within the Government's Air Quality Plan<sup>1</sup> specifies that Birmingham will not be compliant until 2025 assuming no additional measures (pg83-85).

269. Table 1 below sets out the UK government's best available forecast of UK local authorities with one or more roads with concentrations of NO<sub>2</sub> above statutory limits and for how long these exceedances would last if no additional measures were taken. The table excludes any roads managed directly by Highways England (Strategic Road Network) Transport Scotland, Welsh Government and Transport Northern Ireland.

**Table 1: Local authorities with roads with concentrations of NO<sub>2</sub> forecast above legal limits and assuming no additional measures. All figures are provided in µg/m<sup>3</sup> and 40 µg/m<sup>3</sup> is the statutory annual mean limit value for NO<sub>2</sub>.**

**Note – includes only roads managed directly by local authorities and Transport for London<sup>110</sup>**

	Name	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
2015 Plan assumed a Clean Air Zone is required	Greater London Authority	97	84	76	66	61	56	53	49	47	45	42	40	38	37
	Birmingham City Council	58	56	53	51	48	45	43	41	39	37	35	34	33	32
	Derby City Council	57	55	52	49	46	44	41	39	37	35	34	32	31	30
	Leeds City Council	58	55	52	49	46	44	41	39	37	36	34	33	31	30
	Nottingham City Council	57	54	52	49	46	43	41	39	37	35	33	32	31	30
	Southampton City Council	58	55	52	49	46	44	41	40	38	37	36	35	34	33
Single stretch of road in exceedance, modelled as part of the Southampton CAZ	New Forest District Council	53	50	48	45	42	40	38	36	34	32	31	29	28	27

2017	2018	2019	2020	2021	2022	2023	2024	2025
97	84	76	66	61	56	53	49	47
58	56	53	51	48	45	43	41	39

Birmingham City Council

<sup>1</sup> <https://www.gov.uk/government/publications/air-quality-plan-for-nitrogen-dioxide-no2-in-uk-2017>

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR CHARLOTTE HODIVALA**

**J6      Pot holes and air quality**

**Question:**

**What assessment has been made of the impact of road condition on air quality (e.g. through increased emissions from braking and accelerating for pot holes)?**

**Answer:**

The condition of road surfaces is not considered within the modelling explicitly.

Modelled vehicle speeds are derived in the modelling based on relationships between flow and road capacity plus delays caused by junctions, these relationships are based on empirical relationships derived from measured data on a variety of real-world roads, and therefore should contain a range of typical road surface conditions.

However, the condition of roads varies both spatially local and temporally. There is no published method or guidance requiring consideration of the road surface, and there is no facility in the modelling software to consider the impact of road condition in this context.

The theory that decelerating followed by accelerating, irrespective of the reason, generates increased emissions over an otherwise smooth / steady driving style is sound and as such if this was the normal response of road users to the presence of pot holes then it could be reasonable to argue that pot holes could give rise to increase emissions.

In regards to the modelling approach by Birmingham for the CAZ model, the data underpinning the model allows for different speeds (and hence emissions) to be inserted based on a stretch of the road or a time of the day e.g. by hour, or blocks of hours. This is done to generate road links between nodes i.e. junctions, and each road link has four time periods – AM peak, inter peak, PM peak and off peak – for which each has a speed and hence emissions profile. The emissions from these time periods are combined into an Annual Average Daily Traffic (AADT) value to improve model run times. This is the depth of detail incorporated into the model.

The approach taken by Birmingham for modelling in general is widely accepted as standard practice, and has been reviewed and approved by the government and an independent technical review panel.



**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR SIMON MORRALL**

**J7      CAZ Drop-In Consultation Events - Northfield**

**Question:**

**Why were none of the 12 public drop-in events on the proposed charging clean air zone held in the Northfield District\Constituency?**

**Answer:**

As part of the overall Clean Air Zone consultation a series of 12 public drop-in sessions were organised at locations across the city. Venues were selected on the basis of suitability, accessibility, availability, and with the intention of providing good geographical coverage across the city within the available budget and capacity. These events were widely promoted and were open for anyone to attend.

Although none of the venues were within the Northfield district/constituency itself, three of them were in relatively close proximity to this area and on arterial routes into the city centre from here – University of Birmingham (A38), Stirchley Baths (A441) and the All Saints Centre (A435). Given that people travelling into the city centre on a regular basis were seen as being particularly affected by proposals for a Clean Air Zone for Birmingham, these travel patterns were deemed as being significant when selecting venues and locations.

Responses from individual wards were monitored at various points during the consultation period to identify any areas with a low number of responses where activity might be required to address this. A total of 761 responses were received from electoral wards wholly or mostly in the Northfield district/constituency, which represents 10.1% of responses received from across the Birmingham district and 7.32% of overall responses.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR DEBBIE CLANCY**

**J8      CAZ Consultation Responses**

**Question:**

**For those that provided postcodes, what were the total number of consultation responses by ward to the consultation on the charging clean air zone? (Please provide as a raw number and as a percentage of overall responses)**

**Answer:**

7,538 out of 10,392 respondents (72.54%) provided a post code in the Birmingham district. A breakdown of these responses by electoral ward is shown below.

NB: 701 respondents (6.75%) did not provide a post code.

<b>Breakdown of CAZ consultation responses by electoral ward</b>			
<b>Ward</b>	<b>Total number of responses</b>	<b>Percentage of responses (from B'ham district)</b>	<b>Percentage of responses (overall)</b>
Acocks Green	113	1.50%	1.09%
Allens Cross	72	0.96%	0.69%
Alum Rock	114	1.51%	1.10%
Aston	110	1.46%	1.06%
Balsall Heath West	127	1.68%	1.22%
Bartley Green	118	1.57%	1.14%
Billesley	137	1.82%	1.32%
Birchfield	56	0.74%	0.54%
Bordesley & Highgate	140	1.86%	1.35%
Bordesley Green	62	0.82%	0.60%
Bournbrook & Selly Park	149	1.98%	1.43%
Bournville & Cotteridge	240	3.18%	2.31%
Brandwood & King's Heath	284	3.77%	2.73%
Bromford & Hodge Hill	92	1.22%	0.89%
Castle Vale	18	0.24%	0.17%
Druids Heath & Monyhull	52	0.69%	0.50%
Edgbaston	217	2.88%	2.09%
Erdington	129	1.71%	1.24%
Frankley Great Park	64	0.85%	0.62%
Garretts Green	32	0.42%	0.31%
Glebe Farm & Tile Cross	65	0.86%	0.63%
Gravelly Hill	55	0.73%	0.53%
Hall Green North	141	1.87%	1.36%
Hall Green South	92	1.22%	0.89%

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Handsworth	39	0.52%	0.38%
Handsworth Wood	125	1.66%	1.20%
Harborne	270	3.58%	2.60%
Heartlands	46	0.61%	0.44%
Highter's Heath	59	0.78%	0.57%
Holyhead	30	0.40%	0.29%
King's Norton North	100	1.33%	0.96%
King's Norton South	53	0.70%	0.51%
Kingstanding	80	1.06%	0.77%
Ladywood	331	4.39%	3.19%
Longbridge & West Heath	122	1.62%	1.17%
Lozells	63	0.84%	0.61%
Moseley	375	4.97%	3.61%
Nechells	37	0.49%	0.36%
Newtown	41	0.54%	0.39%
North Edgbaston	181	2.40%	1.74%
Northfield	86	1.14%	0.83%
Oscott	117	1.55%	1.13%
Perry Barr	154	2.04%	1.48%
Perry Common	57	0.76%	0.55%
Pype Hayes	54	0.72%	0.52%
Quinton	195	2.59%	1.88%
Rubery & Rednal	54	0.72%	0.52%
Shard End	38	0.50%	0.37%
Sheldon	111	1.47%	1.07%
Small Heath	102	1.35%	0.98%
Soho & Jewellery Quarter	202	2.68%	1.94%
South Yardley	58	0.77%	0.56%
Sparkbrook & Balsall Heath East	141	1.87%	1.36%
Sparkhill	142	1.88%	1.37%
Stirchley	153	2.03%	1.47%
Stockland Green	103	1.37%	0.99%
Sutton Four Oaks	52	0.69%	0.50%
Sutton Mere Green	69	0.92%	0.66%
Sutton Reddicap	44	0.58%	0.42%
Sutton Roughley	61	0.81%	0.59%
Sutton Trinity	72	0.96%	0.69%
Sutton Vesey	207	2.75%	1.99%
Sutton Walmley & Minworth	111	1.47%	1.07%
Sutton Wylde Green	84	1.11%	0.81%
Tyseley & Hay Mills	53	0.70%	0.51%
Ward End	52	0.69%	0.50%
Weoley & Selly Oak	210	2.79%	2.02%
Yardley East	71	0.94%	0.68%
Yardley West & Stechford	54	0.72%	0.52%
<b>TOTAL</b>	<b>7,538</b>	<b>100.00%</b>	<b>72.54%</b>

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR EWAN MACKEY**

**J9      CAZ Engagement Opportunity at Mela**

**Question:**

**Was any consultation or more general awareness raising on the proposed Clean Air Zone carried out at the Big Johns Birmingham Mela where over 70,000 people were in attendance?**

**Answer:**

We did not use the Big John's Birmingham Mela for consultation or more general awareness raising on the Clean Air Zone.

In putting together our consultation strategy we sought to identify how we could best reach and engage with as many people as possible within the available budget and capacity. This included stakeholder workshops, public drop-in sessions, printed flyers, roadside signage, bus-stop advertising, traditional media and social media, as well as promotion through existing stakeholders and community networks.

This Mela is a fantastic event which attracts a large audience from across the city and wider region, and we should look at how we can utilise this and similar events to communicate and publicise activity in relation to the introduction of the proposed Clean Air Zone for Birmingham in future.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR ADAM HIGGS**

**J10     CAZ Engagement Opportunities**

**Question:**

**Were any sporting/leisure events (e.g. football home games at Villa Park or St Andrews) used to promote awareness of the consultation on the charging clean air zone? (if so please specify which and when)**

**Answer:**

Information was distributed to existing contacts (from the Birmingham Connected stakeholder database) at Aston Villa Football Club, Birmingham City Football Club, Edgbaston Cricket Ground and the Alexander Stadium. These people were sent information on what was happening as part of the consultation on a number of occasions, were invited to stakeholder workshops, and were encouraged to disseminate relevant information through their own communication channels.

Such organisations are well placed to help us in reaching large audiences and we will look to build on existing relationships and identify how they can support our efforts to communicate and publicise activity in relation to the introduction of the proposed Clean Air Zone for Birmingham over the coming year.

**WRITTEN QUESTION TO THE CABINET MEMBER FOR TRANSPORT  
AND ENVIRONMENT FROM COUNCILLOR ROBERT ALDEN**

**J11     Charging more vehicles**

**Question:**

**Does the Council rule out extending the proposed clean air charge to Euro 4 petrol and Euro 6 diesel cars if and when new standards come out (i.e. Euro 7) or otherwise extending the charge to vehicles not currently included within the proposals?**

**Answer:**

The standards which are proposed are set out in the Government's Clean Air Zone Framework document. The Council has no plans to change this at this stage and would look to further guidance from Government with regard to any future changes to the standards.

It should be noted that the Council must continue to review and monitor its air quality plans. How the CAZ operates in practice will need to be reviewed to ensure that predicted behaviours occur in practice to achieve the outcomes required by the Government.

**WRITTEN QUESTION TO THE ACTING CHAIR OF PLANNING FROM  
COUNCILLOR SUZANNE WEBB**

**K1      Pype Hayes Hall Enforcement**

**Question:**

**Since the Council sold Pype Hayes Hall, how many Enforcement Notices or other formal demands for actions have been made by the council to the new owners of the Hall?**

**Answer:**

Up to and including the 5 September 2018, there have not been any requests for enforcement investigations or subsequent action in relation to Pype Hayes Hall.

**WRITTEN QUESTION TO THE ACTING CHAIR OF PLANNING FROM  
COUNCILLOR EDDIE FREEMAN**

**K2     Pype Hayes Hall**

**Question:**

**On how many occasions did the previous Chair of Planning,  
Councillor Mike Sharpe, meet with the Developers who purchased  
Pype Hayes Hall?**

**Answer:**

Officers from Planning and Regeneration have met with the developer/agents on a number of occasions and the previous Chair of Planning (Mike Sharpe) was not present at any of these meetings. I am not aware of any meetings that the previous Chair of Planning had with the developer directly.



**APPOINTMENTS BY THE COUNCIL**

Set out below for approval are appointments to be made by the City Council.

**RECOMMENDED:-**

That the appointments be made to serve on the Committees and other bodies set out below:-

**Standards Committee**

City Council on 11 September 2018 made a decision to amend the composition of the Standards Committee (Minute No. 19090 refers) to the following:-

- 6 Councillors which will be made up of 2 Councillors from each of the 3 largest political parties represented on the City Council;
- 6 Independent lay members
- 1 Member of New Frankley in Birmingham Parish Council
- 1 Member of Sutton Coldfield Parish Council

City Council is to appoint the following Councillors in place of the Current Councillors for the period ending with the Annual Meeting of City Council in May 2019:-

Councillor Carl Rice (Lab)  
Councillor Julie Johnson (Lab)  
Councillor Deirdre Alden (Con)  
Councillor Adrian Delaney (Con)  
Councillor Paul Tilsley (Lib Dem)  
Councillor Neil Eustace (Lib Dem)

Arrangements for identifying 6 Independent lay members are underway and the 2 Parish Councillors remain the same.

**Economy and Skills Overview and Scrutiny Committee**

Councillor Lou Robson (Lab) to replace Councillor Karen McCarthy (Lab) for the period ending with the Annual Meeting of City Council in May 2019.

**Independent Remuneration Panel**

Appoint Honorary Alderman Fergus Robinson for the period 15 September 2018 -14 September 2022 as a co-opted member.



**DRAFT BIRMINGHAM AND SOLIHULL  
TRANSFORMATION PARTNERSHIP PLAN**

The Birmingham and Solihull Sustainability and Transformation Partnership (STP) was established in 2016. The partnership includes local councils and NHS organisations working alongside voluntary services with a collective ambition to tackle inequality, ensuring that patients and citizens get the same service and quality of care regardless of where they live.

The vision is to help everyone in Birmingham and Solihull to live the healthiest and happiest of lives possible.

An engagement session is being planned for all elected members next week as well as a wider half-day conference in December for partnership organisations that have a wider decision making and ratifying role.

**MOTION**

That the City Council:

- notes the draft Birmingham and Solihull Transformation Partnership Plan;
- welcomes the opportunity to shape the plan and the wider engagement within our communities; and
- notes that a final document reflecting feedback will be submitted for approval to the STP Board in April 2019.





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## Our Vision



“Helping everyone in Birmingham and Solihull to live the healthiest and happiest lives possible”

Our partnership represents a dynamic and diverse place at the centre of the nation. Birmingham, a vibrant city, the most youthful core city in Europe; the UK’s second biggest metro economy. Partnered with Solihull borough, a leading driver of economic growth in the region; ranked one of the best places to live in the country, with a green, high quality environment. Together, greater than the sum of our parts. A place that attracts talent from around the world, as well as developing our own. A place of creativity, connectivity and culture. A place of knowledge, know-how and education, with six universities in one city. A legacy and a future in sporting excellence. A place with fast new transport links and technological possibilities. A place that led the way in the industrial age and will do so again in the digital era. Innovative, inventive and international. A place for economic growth and social mobility.

A place of limitless ambition.



## Our challenges and opportunities

Health and social care are often and rightly regarded as amongst the jewels in the crown of our public services. We want to ensure that this remains the case for future generations. We recognise the essential need for our local public sector organisations across Birmingham and Solihull to work in closer partnership than ever before, in order to focus collectively on the challenges and opportunities ahead.

In recent years, health and social care have come under growing pressure in Birmingham and Solihull, as in the rest of the country. The funding for these services has not risen in step with demand.

As part of the national attempt to address the structural deficit, funding growth has slowed sharply for the NHS, and for social care it has actually reduced. However, the major underlying reasons that demand has outpaced affordability in our current model of care are driven by longer term, societal changes:

- **Our ageing society:** people are living longer, which is a great success, but it means we need a system that helps many more people to live well and independently in later life, and to meet their varied care needs.
- **A shifting burden of disease:** the last century has seen a major shift from death and illness being caused mainly by infectious diseases to non-infectious diseases, such as cancer, heart disease, diabetes, dementia and mental illness. This reduces somewhat the fear of sudden, catastrophic illness, but increases many-fold the chances of people living more years with ongoing, complex and expensive care needs.
- **Technological advances:** science and digital technologies are transforming every facet of modern life. We can introduce new treatments and innovations to improve clinical care and quality of life, but, whilst some may be cost saving, the net effect has been to add to the cost of care, especially in the most specialised services.

These far reaching, societal changes are not unique to our region or our country; they are the challenges of all developed health and care systems around the world.

We need to find the most safe, effective and compassionate ways to manage the health and care needs of our population within the available resources; **to make high quality health and care sustainable now, and for future generations.** This will require action at national and local levels. We believe it is both essential and possible to do this whilst making things better for patients and citizens because higher quality care is more cost effective than poor quality, inefficient care.

We seek a greater emphasis on the **promotion of health and wellbeing** to keep people active and productive for longer, with a particular focus on supporting the most disadvantaged in our communities; we want to continuously **improve the quality of care** that people experience; and we want to **maximise efficiency** in how we use public resources.

That is why, locally and nationally, health and social care geographies have been formed together as “sustainability and transformation partnerships” (STPs).<sup>i</sup> These are not new organisations, but important partnerships of the existing health and social care organisations. They have been established to focus collectively, rather than separately, on the needs of the local people they serve.

## Our Partnership

The map shows the geography of our local health and care system. It includes all of the Solihull Metropolitan Borough Council and much of Birmingham City Council. West Birmingham is included in a neighbouring STP, with which we work closely. In addition to the two local authorities, our partnership includes:

- 177 general practices, many of which are within one of four large GP groups: Midlands Medical Partnership, MyHealthcare, Our Health Partnership, General Practice Solihull Healthcare
- Birmingham Community Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- NHS Birmingham and Solihull Clinical Commissioning Group
- Birmingham Women’s and Children’s NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust



West Midlands Ambulance NHS Foundation Trust is an associate member. We also have close relationships with neighbouring areas, such as the Black Country, Staffordshire, and Coventry & Warwickshire, in some cases providing services for each other's citizens.

We serve a large and diverse population. The Birmingham area has a population of c.1 million, making it the largest local council in the country, and Solihull has c.210,000 residents. Over a hundred different languages are spoken in Birmingham and in some wards of the city up to 80% of residents are from Black, Asian and Minority Ethnic groups. We are, at once, young and ageing. Birmingham is a growing city that has the youngest average age of the core cities of Europe, with almost half of the population under 30 years of age. Some 90% of the adult population owns a smart phone, which is the highest coverage in Europe.

Solihull has an older population, on average, with 21% aged over 65.

In common with other developed countries, the overall structure of society is changing as people live longer lives. Ageing societies are one of the great challenges for health and care systems across the developed world, and we are no exception. In three decades, the number of people over 65 years of age is expected to increase by a third. The number over 85 years of age will double, as will the number living with cancer and dementia, diseases that are often associated with ageing. This will increase costs significantly because, on average, the healthcare costs for someone over 65 are four times higher than for a working age adult, and they are eight times higher for a person over 85.

Both Birmingham and Solihull have stark inequalities in terms of the health and wealth of their citizens. In Birmingham, 440,000 people, or 46% of the population, live in the 10% of most deprived areas in England, which accounts for some very poor health outcomes. The city has a level of homelessness that is more than three times the national average, long-term unemployment two and a half times higher, and one in three children live in poverty. One in four people live with a mental health condition that started in childhood.

Solihull has sharp contrasts in wealth and deprivation across different areas, although on average is more affluent than England as a whole. In the most northerly part of the borough, around one in three children live in a household without work or reliant on benefits. Whilst improving, there is a relatively high rate of homelessness.

People born in the most affluent parts of Birmingham and Solihull will live, on average, 9 - 11 years longer than those born in the most deprived wards. This unacceptable gap drives our relentless determination to put the reduction of inequalities in health and outcomes at the forefront of our strategy.

## Our progress so far

Our first task, after the STP was established in 2016, was to stabilise under-performance in the health and care economy. We had some strategically significant organisations providing variable quality of care and whose expenditure was far exceeding income. Unless we could stabilise these organisations, we would not have firm foundations for our ambitious transformation plans.

Notably, this has involved the successful mergers of Birmingham Women's and Children's hospitals, the three clinical commissioning groups (CCGs) coming together in a new, single commissioning organisation, and the merger by acquisition of Heart of England NHS Foundation Trust by University Hospitals Birmingham NHS Foundation Trust.

We are one of the most advanced places in the country for developing general practice at scale. Within the STP we have four substantial and formally constituted GP organisations offering opportunities locally that have not been available before. We are working hard to provide high quality primary care, with the ambition for all GP providers to achieve a Care Quality Commission rating of 'good' or above. We are also involved in the national programme to

recruit additional GPs from overseas to help fill gaps in the workforce.

Birmingham Community Healthcare has begun to develop community services to care for people at home, including local integrated multi-disciplinary teams, a rapid response nursing service and, most recently, 'virtual beds' to provide extra support in the most pressurised winter period.

We have made significant progress in mental health. Reach Out offers a new model for secure care. The MERIT programme aligns partners providing urgent care. We have also transformed access to community services for perinatal mental health. We have one of the few mental health trusts in the NHS which is a global digital exemplar.

The health and local authority partnership, Solihull Together, is helping people to retain their independence through 'SupportUHome', which provides more timely support for people leaving hospital. The partnership has achieved significant reductions in delayed transfers of care.

In its efforts to sustain and improve services, Birmingham City Council has set out a new vision for adult social care and health and the formation of a dedicated Children's Trust to lead services for some of our most vulnerable children.

In the first national ratings of STPs, Birmingham and Solihull was rated as 'Advanced', the second highest on a four point scale. This progress has laid the foundations for the next, more transformational, phase of our strategy.

## Our vision and aspirations

**Our renewed vision is to help everyone in Birmingham and Solihull to live the healthiest and happiest lives possible.**

We want to be the best place in the country for health and social care. We recognise that many of the factors that affect people's health and happiness are not within the direct responsibility of the NHS or social care, such as family life, employment, environment, transport and accommodation. But we define our ambition in terms that we believe matter to our citizens, rather than in terms of institutional responsibilities. We want to do everything that is within our considerable, collective power to contribute to our people's health and happiness.<sup>ii</sup> In particular, we

want to help address the stark gap between the outcomes of the most and the least advantaged.

We see our vision for Birmingham and Solihull in the context of a wider regional mission. We will work closely with our partners in the West Midlands Combined Authority (WMCA) whose stated aim is to 'build a healthier, happier, better connected and more prosperous West Midlands'.<sup>iii</sup>

We are entering a new phase in which our city and region will once again be at the forefront of technological innovation and economic growth. Health, research and the life sciences sector can be major contributors to regional economic growth and inward investment. We must make sure that our citizens connect with these opportunities, and that the benefits for individual health and wealth are shared more evenly in the future.

As a health and social care system, there are five aspirations that we stand for:

**1. Independence and resilience** – we want to play an enabling role that helps individuals and families to live long, fulfilling and independent lives, taking personal responsibility for their health and wellbeing, and with the physical and emotional resilience to cope with the stresses and strains of life and to recover from setbacks. Public services need to complement individual and community efforts, rather than substitute for them.

**2. Equity, equality and inclusion** – overall gains in health and prosperity have not been shared evenly, so we want to reduce the unacceptable gap between the health and wellbeing of the most and the least advantaged. We want parity of esteem between mental and physical health. And we want to promote inclusive communities, reducing social isolation.

**3. Integration and simplification** – many of the problems of health and social care exist at the misaligned joins between separate organisations, services or professionals. We want to integrate our services around the paths that people want or need to take, making best use of technology and personal health budgets to do so, rather than expecting them to navigate a complex and disjointed offer for their health and care. They should not have to tell their story many times over because the system should be joined up and enabled by technology.

**4. Promoting prosperity** – better health and life outcomes are closely correlated to prosperity for individuals and communities. We want to make our contribution to economic growth and stable employment by supporting people and communities to be active and productive.

**5. Social value** – when we use our scale and act collectively, we have the potential to deliver social and economic benefits that are far broader than health and social care alone. We recognise that our vision and aspirations are complex and multi-factorial, and we cannot achieve them alone. But we can and will be role models who provide leadership in some important areas, such as how we affect and interact with our environment, how we care for our many staff, how we tackle inequalities and the impact we have on people's diet and activity. We will hold ourselves to high standards in terms of the social value we create collectively.

### ***How will we operate differently to achieve our bold aspirations?***

#### **Our approach: born well, grow well, live well, age well and die well**

We know that people's social and economic circumstances substantially affect their health status and life chances, and that their course is often set very early in life, whether positively or negatively.<sup>iv</sup>

We want babies to have the best start in life; to have a healthy and happy transition through childhood and adolescence; to live well through adulthood and their working life; to age well; and, when the time comes, to reach the end of their life in a manner that meets their wishes and preferences.

For those people whose lives do not follow a smooth course because they are stuck in a cycle of disadvantage, we want to support them to break out of that cycle and to enjoy health and happiness.

We want to rediscover the benefits for society, education, health and happiness of different generations mixing together, which has become less common in an age when families may be dispersed for reasons of employment, migration or mobility, and in which loneliness has become sadly endemic.

All of this requires a much more joined up approach to health and care, as well as wider public services.

**The transformational change we propose is to work on the basis of ‘place’ rather than ‘institution’.**

In essence, this means understanding in detail the needs of the people in each of the parts of Birmingham and Solihull and marshalling our collective public and community assets in those localities to best meet those needs in a much more coordinated way. Those assets might be financial investment, professional time, the way we use public buildings, digital infrastructure, or knowledge and information. We can achieve more for our citizens, patients and staff, and their experiences of public services should feel more seamless, if we work together in much closer partnership to deliver place-based care.

This might sound obvious but it is not the way that public services have typically worked, so it represents a fundamental change in our ‘operating model’ as a health and social care system. It means we will focus primarily on what matters to people in the places where they live and work, rather than what may appear convenient for the public institutions with which they interact when they are unwell or in need of care.

It means our organisations, which are already under significant pressure to meet demands for care within the finances available, will have to be prepared to move resources to where patients and citizens most need them. In fact, precisely because we are under such pressure, now is the time to take bold and outward-looking decisions to transform our system of health and care to better meet demand, rather than to retreat into organisational or professional silos.

One of the examples of where we will take this approach is in **East Birmingham and North Solihull** which is the focus of major regeneration programmes involving both councils and under the auspices of the West Midlands Combined Authority. These will tackle some of the most entrenched socio-economic problems in our region, building on the successful regeneration work already completed in North Solihull. The focus will be on improving health, connectivity, education and skills for the people in that large urban area, in which some 300,000 people live. The new metro linking HS2 with the city centre, via the Eastern suburbs, will be a major catalyst for change, and we will play our full partnership role in addressing the health challenges as part of this place-based approach.

For Birmingham and Solihull as a whole, **we are completely committed to operating in partnership** with a sense of common purpose. We see this as part of the essential path towards sustainability of high quality health and care services now and for future generations. The leadership roles and professional behaviours we encourage in the future will be about working collaboratively as a system and a local community, not guarding organisational boundaries.

We will embrace innovation, particularly in the realm of digital technologies and capabilities. Almost all aspects of our daily lives are changing dramatically in the digital era, but health and social care have lagged behind some other sectors in harnessing the possibilities of new technologies. For everything we do, we will look at how **technology can support integration** of services, professional communication and how it can support individuals to be informed about and manage their own health and wellbeing.

We will move from operational to strategic commissioning for outcomes. Local government and NHS commissioners will set out the health and social care outcomes that we want for the population, and providers will work together to deliver the **highest standards of care**. We will optimise personal budgets and empower people to be in charge of their own care.

We will work with our local academic institutions, such as Birmingham Health Partners and the West Midlands Academic Health Sciences Network, and take decisions on the basis of the **best available evidence**. This will ensure that our actions are addressing the issues of greatest need in health and care, reducing inequalities in outcomes and variations in care, and delivering the best return on investment in both the short and long term. We will also examine rigorously the evidence base so that we support interventions that are most likely to be effective in addressing those issues. We will publish our evidence base and evaluate periodically our actions for their effectiveness. Where new evidence or evaluation shows we should change tack to deliver better outcomes or cost-effectiveness, we will do that rapidly and pragmatically.

The best form of evidence about where to focus our efforts will come from the citizens of Birmingham and Solihull themselves. We will carry out a programme of **open and inclusive public engagement** so that we hear from the people directly about what matters to them and



how we can best meet their needs. Details of how to have your say are included at the end of this document. Health and Wellbeing Boards will continue to have democratic, strategic oversight of our health and care system developments and the impact on the people we serve.

## Our resources

The overall intentions of this multi-year strategy are to improve the health and wellbeing of our population, reduce inequalities, maintain and improve the quality of care we provide, and to live within our means financially.

The NHS is a national service funded through general taxation. Social care is funded through a combination of general taxation, local taxation and individual payments according to means. A more sustainable model for social care funding, in the context of our ageing society, will be the subject of an HM Government Green Paper in 2019.<sup>v</sup>

For both services, therefore, the level of funding available is substantially affected by central Government decisions. Numerous Parliamentary and independent expert groups have now recognised that both the NHS and social care will need funding increases well above the levels of recent years, as soon as the economy can bear it.<sup>vi vii viii ix</sup> That will be an essential element of securing the long term sustainability of high quality health and social care for future generations. It is particularly significant for Birmingham's and Solihull's health services, which are in the lowest ten per cent of areas in England for the fairness of their funding according to the national, objective assessment of the population's needs.<sup>x</sup>

Nevertheless, we also have an important role to maximise our potential and productivity in Birmingham and Solihull. Local authorities are expected to fund many services through the retention of business rates, so economic growth is integral to our strategy.

Benchmarking data shows that we have some opportunities to deliver high quality care, more efficiently, if we achieve the best practice amongst our peers.<sup>xi</sup> We can also take a more proactive approach in certain areas to moderate the demand for our services, such as preventing people from becoming acutely unwell. These opportunities include:

- **Health promotion** – a system that supports people to maintain their health and wellbeing can reduce substantially the costs of treating preventable diseases, such as Type 2 diabetes, lung cancer and many other

conditions linked to unhealthy lifestyles. Benchmarking shows that if we achieved best practice in the NHS we could save around 70 lives per year that are lost to cancer or respiratory illnesses. We could also save around 8% of the £46m we spend per year on treating respiratory conditions. There will also be multiple wider benefits for economic productivity in supporting people to stay health and active.

- **Independence and work** – as the structure of society is changing, so is the dependency ratio, which is the number of people in work relative to those who require support from public services. We want to support people to maintain their health, independence and productivity for as long as possible. We will be active in supporting local skills and employment opportunities to tackle the anomaly that we have pockets of high unemployment in Birmingham and Solihull, whilst also having vacancies at most skill levels in our health and care organisations.
- **Right care, right place** – the current model of care too often defaults to hospitalisation. In many cases, more preventative care in the community, or swifter discharge from hospital supported by a package of community support or social care, would be better for patients and more economical. This is particularly relevant for the care of older people and for those at the end of their life. Analysis has shown that we could save around £40m per year locally by caring for older people in the most appropriate settings, with enablement support, and by reducing clinically unnecessary stays in hospital. There are also opportunities for stable patients to have more of their follow up care in primary or community settings, or online, rather than in hospital outpatients.
- **Reducing variation** – we want citizens to receive the best quality care wherever they live, but there is too much variation in care and outcomes. There is ample evidence that higher quality care, with fewer errors, is both better for patients and more cost effective. Benchmarking data shows that if we achieved best practice in the NHS we could save each year £20-27m on non-elective admissions, £14-16m on elective admissions and £15m through more consistent primary care prescribing.<sup>xii</sup>
- **Harnessing technology** – whilst the net effect of technological advances in healthcare has been to increase costs, especially for new medicines and in specialised services, technology can also reduce costs in other ways, for example by delivering services virtually, removing

inefficiencies and automating repetitive tasks. We will seek out the potential productivity gains from new technologies, so that they support, rather than threaten, the sustainability of high quality care.

- **Economies of scale** – we can deliver substantial efficiencies by working together to merge some corporate and back office functions, and by using our considerable purchasing power to make procurement savings and to deliver social value.<sup>xiii</sup> This will be one of the major advantages of using our scale to work in partnership, and it will release significant savings to reinvest in direct care.

In other parts of the country, some STPs have become associated with potential closures of Emergency Departments or large scale reductions in hospital beds. We are clear that is not what we are proposing for the NHS in Birmingham and Solihull. As demand for our services grows, we will work continuously to provide high quality, responsive care to local people within available resources. For the most specialised services, it will often be the case that they are best delivered at scale in order to concentrate specialist clinical skills and equipment. Less specialised clinical or care services, however, can be delivered more locally to people and communities.

Our most important resource is of course our many thousands of staff. Their skills, expertise and commitment to public service are the lifeblood of high quality health and care services. We want Birmingham and Solihull to be a great place to live and work.

But the funding squeeze in health and social care of recent years has taken its toll on staff. Their workload has increased due to rising demand for services. This is damaging to the wellbeing of our staff, with too many suffering from burnout and considering leaving their professional vocation. The lack of a long term national plan for the workforce has been described as the greatest threat to the NHS<sup>xiv</sup> and the same could be said equally for social care.

There are shortages in all parts of the sector: from GPs and other primary care practitioners who deliver the great majority of patient contacts; to nurses, midwives and allied health professionals who are integral to all parts of the sector; to psychiatrists, psychologists and therapists providing comprehensive mental health services; to hospital specialists delivering advanced and specialised care; and to carers and social workers who support people's

independence and quality of life at home or in residential settings. We understand these very real pressures, which is why many of our priority actions will be about supporting current staff and encouraging the future supply of our workforce.

The other crucial contribution we will seek is the energy, knowledge and resourcefulness of our citizens, patients and carers. We know that individuals have the greatest motivation to look after their own health and many become experts by experience, especially when they have long term conditions. We will increase the availability of personal health budgets, across all age groups, to help people to manage complex, chronic and terminal conditions more effectively and efficiently.

## Our priorities for action

We have identified below a number of high priority, evidence-based areas for action. We now want to hear the views of our citizens and those who use our services about whether these feel like the right ones based on their knowledge and experience.

These are by no means the only things we will be doing across health and social care in the months and years ahead. We will of course continue to pursue numerous other goals and initiatives within our own organisations and services to meet national and local priorities as part of business as usual.

However, the proposals listed in this strategy are those things where there is the greatest gap between how things are now and where we aspire to be in terms of people's outcomes and our services. They are also the things where we believe we can deliver the greatest benefit by working together in partnership as a health and social care system, rather than those things that should happen within a single organisation.

### 1. MATERNITY, CHILDHOOD AND ADOLESCENCE

**A healthy start in life** – Birmingham and Solihull is home to one of the youngest urban populations in Europe. There are 330,000 children and young people here, nearly 20% of the total population. One in ten mothers suffer mental health problems in the first years after giving birth. One third of children are deemed to be living in poverty and one in ten have a mental health problem. The impact of a difficult start in life can be very harmful to children's chances in life. In Birmingham, on average, children's overall health and wellbeing, development at the end of reception, levels of obesity and rates of emergency hospitalisation, are all worse than the national average. By contrast, the average in Solihull is better than the national picture for childhood health and wellbeing, poverty and obesity. However, that average masks stark inequalities within Solihull. There are some unacceptably poor health outcomes, particularly in the north of the borough, and the rate of children in care is higher than the national average. We want all of our children to have the best start in life, from birth through to adolescence. To deliver this priority, we will:

- Implement a single Local Maternity System (LMS) for Birmingham and Solihull that will increase choice,

enhance maternity care and support, and improve the experience for mothers. This will help to reduce neonatal mortality rates and adverse childhood experiences, and will give babies the best start in life.

- Roll out community perinatal mental health support for mothers through multi-disciplinary teams.
- Integrate health visiting services, children's centres' offerings and other support services, creating local early years hubs where families can access the help they need from pregnancy until their child starts school.
- Develop an integrated, strategic commissioning plan for children's and young people's services across Birmingham and Solihull, involving schools, public health, NHS services and social care. Priorities for action will be delivered through place-based plans and will include Special Educational Needs and Disability services.
- Pilot a transformed model of healthcare for children through community-based, multi-disciplinary teams (virtual and physical) across primary and social care. These will have a clear focus on the prevention of key risk factors and will provide support for self-management from an early age, including diet, exercise, mental wellbeing and school readiness.
- Promote opportunities in our schools, youth centres, workplaces, and other services for which we are responsible, for increasing daily exercise, such as 2,000 step routes and the 'run a mile' schools programme, and post and pre-natal exercise programmes. In this we will harness the unique opportunity of Birmingham hosting the 2022 Commonwealth Games to build a legacy of physical activity and sporting participation, especially for our children and young people.
- Increase access to children's and young people's mental health services to 35% of those experiencing mental ill health by 2020/ 21, in line with the national ambition; and reduce the number who have to go out of the area to be admitted to hospital for psychiatric care, saving in the region of £2.7m per year and providing a better experience for our young patients and their parents or carers.
- Address variation in access and clinical provision across our urgent and emergency care pathways for children by implementing a single integrated clinical advice and



guidance service, and rolling out a standardised pathway of care for the most common conditions.

## 2. ADULTHOOD AND WORK

### Promoting health and wellbeing, and managing chronic disease

– we know that modern lifestyles are contributing to an increase in chronic and non-communicable diseases, such as Type 2 diabetes, cardiovascular disease, cancer and dementia. Many of the risk factors are similar or linked for these diseases, including social isolation, smoking, excess alcohol consumption, high calorie diets and low exercise leading to overweight and obesity. These unhealthy behaviours are quite often established early in life. There are close correlations between these risk factors and socio-economic status – with the least advantaged being at most risk – and between people's physical and mental health. People with a severe mental illness have a life expectancy 20 years below the average. We want to ensure that everyone has a fair chance to enjoy good health and wellbeing. We will take a proactive approach to identifying and preventing illness, and to supporting people to manage their chronic conditions. To deliver this priority, we will:

- Put GP social prescribing at the heart of our support for citizens to access health and wellbeing initiatives, such as exercise and diet and opportunities to reduce isolation, and ensure our staff have the skills to support behavioural change.
- Utilise the skills of GPs and their teams to manage patients holistically, developing a consistent offer from general practice for enhanced services for patients across multiple chronic diseases.
- Work with our partners, including the West Midlands Academic Health Science Network (AHSN), to analyse large datasets (with appropriate and statutory safeguards for how identifiable data is used) to identify those people at greatest risk of major diseases, including Type 2 diabetes, cardiovascular disease and cancer. We will then target screening programmes according to risk.
- Offer targeted services, such as health checks and other preventative services, to promote wellbeing and early identification of symptoms for high risk groups, such as people with diabetes, mental illness or learning disabilities.
- Implement the 2015 NICE cancer referral guidelines <sup>xv</sup> and

redesign access and referral pathways, increasing the use of digital access points, to reduce unnecessary steps or delays in the pathway.

- Set a 'zero suicide' ambition, supported by evidence-based, preventative actions and high quality crisis support. Reduce stigma around mental health and improve access through early intervention services.

**Staff health and wellbeing** – as the health and social care organisations of Birmingham and Solihull, we are major regional employers, with some 40,000 NHS staff between us, and thousands more in social care and local government. The ways in which we support and care for staff, and recruit and retain them, will be shaped strategically by the Local Workforce Advisory Board (LWAB). There is certainly room for improvement in terms of our staff health and wellbeing. The most common reasons for sickness absence are stress, musculoskeletal conditions and cold and flu (the latter predominantly in the winter). We lose an average of 6.6 days each year in sickness absence per member of staff, 40% of which is related to mental health. The health and wellbeing of our staff is extremely important for its own sake, and to support those for whom they care. Most of our staff have families and dependents, so our ability through them to influence lives for the better extends to many thousands more people. A healthy and happy workforce is also more productive. We want to play our part in Birmingham and Solihull being an attractive place to work and live. To deliver this priority, we will:

- Work together to scale up an overall staff health and wellbeing offer to support each other's staff as if they were our own, making full use of the resources we have available, such as clinical services, gyms, leisure facilities, online resources and support forums. This will apply to all staff directly employed in the NHS, general practice and council run social care (including volunteer staff).
- Extend progressively the scope of staff clinics by pooling the specialist expertise across our organisations and encouraging staff to have check ups.
- Identify innovative and inclusive practices for promoting staff health and wellbeing within our organisations and spread them more widely across our partnership.
- Adopt a common engagement standard to promote best practice in how we engage with staff and respond to their wishes and feedback.

- Make mental health first aid widely available within workforce training and ensure our managers have the skills to support staff with mental health problems.
- Put in place structured schemes to support employees who may have money worries to manage their financial wellbeing.
- Ensure that canteens and food available to staff encourage healthy choices and cut down on high fat, sugar and salt content, and that we make available a range of structured exercise options for staff.
- Aim for best practice levels of uptake of the seasonal flu vaccine for all staff, and undertake local research into the most effective methods of encouraging uptake.
- Support our staff to volunteer and mentor within approved schemes that have social value in our local community.

**Promoting skills and prosperity** – nationally and locally there is a significant shortfall in the number of health and social care professionals required to meet the demand for our services. This can impact on the wellbeing of existing staff, the quality of care we are able to provide and can raise costs when we have to hire locums or from agencies rather than directly employed staff. Our organisations provide secure jobs for all skill levels in the formal economy and with long term career prospects. The majority of our staff live in, or near to, Birmingham or Solihull, as well as working here, and they contribute positively to the local economy. We will invest in recruitment and retention locally, from entry level posts supported by the Apprenticeship Levy, through to the highest skilled posts, so that we, as major local employers, can support a virtuous cycle of employment and economic growth. We will target this effort to areas that have greatest scope for economic regeneration, such as (but not limited to) East Birmingham and North Solihull. To deliver on this priority, we will:

- Develop a staff training passport so that staff who undertake core induction and training can have that experience recognised and not repeated unnecessarily when they move between our organisations.
- Take a collaborative approach to recruitment and appointments: using our collective scale and reputation to attract candidates to Birmingham and Solihull who are representative of the diverse communities they serve,

for instance through careers fairs; making more joint appointments to promote system working; and deploying staff more flexibly across our organisations, for example to address critical shortages or skills gaps.

- Maximise the possibilities for new professional roles, such as nursing and physician associates, to meet the service needs of the future.
- Improve significantly the retention rates of GPs each year by developing a workforce plan for general practice, including training hubs and opportunities for flexible working.
- Support our staff to gain experience in different parts of the sector through work shadowing and placements, including in primary care centres, where the majority of patients contacts happen.
- Develop a joint staff bank and agency protocol, building on work that is already taking place.
- Develop and enact an STP social value policy, building on the good work of Birmingham City Council; increase social value weightings in our contracts for procurement, in line with best practice, and include common indicators on apprenticeships and inclusive recruitment from vulnerable or minority groups.
- Provide mentoring, coaching and work experience, and offer apprenticeships and entry level employment opportunities, to people with mental health conditions, young people in the care system and other vulnerable people within our communities, so that they are supported to find work. This will build on initiatives such as the University Hospitals Birmingham Learning Hub and Birmingham and Solihull Mental Health Trust's Integrated Placement Support for new routes to employment.
- Commission a workforce economic analysis of traditionally lower paid roles (e.g. care workers) to assess the potential of systematic pay progression to deliver off-setting savings through better retention and development of people and skills, reduced agency spending and improved quality of care.

**Breaking the cycle of deprivation** – whilst there is quite widespread economic and social disadvantage in Birmingham and areas of Solihull, there is a relatively small number of people who are stuck in a cycle of chronic and

severe disadvantage.

Often the cycle starts before birth because their parents were in the same cycle, and they may have had one or more of the recognised Adverse Childhood Experiences (ACEs). They may have dysfunctional families, poor educational outcomes, low employment prospects, and suffer poverty, unhappiness and poor mental and physical health as a result. Some may have been traumatised through exploitation or people trafficking. There are about 2,500 people with at least three markers of extreme disadvantage, including homelessness, severe mental illness, substance misuse, or having been in the justice system as offenders.

Approximately 750 looked after children leave care every year, 60% of whom have emotional and mental health problems. Nine out of ten people in prison have a mental health or drug problem. About 1,500 supported adults with a learning disability live in unsettled accommodation and their life expectancy is lower than the average by 19.2 years for men and 14.9 years for women. We will take a targeted approach to support people in severe disadvantage to break out of the pernicious cycle. To deliver on this priority, we will:

- Commit our full support as partners to delivering the aims of the Changing Futures and Fulfilling Lives initiative, led by the voluntary and third sector in Birmingham, for people with the most entrenched and severe problems.
- Work in partnership with the voluntary and community sector in Solihull on a joint investment strategy to make the best use of our resources and target them to specific challenges in Solihull.
- Support local social enterprises that share our aim of helping people to break out of the cycle of disadvantage by building skills, independence and resilience and finding work.
- Expand our efforts to help people in severe need get back on their feet through our hospital-based food and clothing banks.
- Roll out the *Red Thread* programme across our hospital A&E departments to help prevent gang-related and other serious youth violence and to support young victims of violent crime.<sup>xvi</sup>

- Commit to the delivery of the Transforming Care Programme by 2020 to support people with learning disabilities as close to home as possible, in the least restrictive environment.
- Increase significantly the proportion of people with learning disabilities who receive their annual health check from the current low level of 28%.
- Implement the WMCA Mental Health Commission concordat and deliver the Thrive West Midlands action plan across our organisations to improve mental health and wellbeing. We will also work with the NHS England Health and Justice Service to meet the needs of patients in the justice system.
- Support the MERIT programme to reduce the number of people who are placed out of their area for acute psychiatric care, and to improve their recovery and outcomes.

### 3. AGEING AND LATER LIFE

#### **Ageing well and improving health and care services for older people**

– better healthcare and living standards mean more people are living longer. The number living beyond 85 will double over the next generation, and there will be a three-fold increase in those reaching 100. People over 85 account for 11% of our NHS budget, despite only representing 1.8% of the population locally. When the NHS was founded 70 years ago, people lived an average of only five years beyond the state retirement age. Even with a higher pensionable age, that average is now 15 years. Longer lives are a major success overall, but they present challenges too. Many people reach older age in relatively good health, but with an ageing population there will be more people living with dementia, musculoskeletal problems and frailty. We need to enable older people to stay healthy, active, independent and with meaningful engagement for as long as possible. When people do need assistance and support, they should be able to access it easily and promptly, from skilled and caring teams and professionals, and receive help as close to their own home and support networks as possible. To deliver on this priority, we will:

- Develop and implement an Ageing Well strategy. This will support people to manage their own health, wellbeing and social participation. It will signpost community opportunities and activities to citizens and carers and to GPs as social prescribers. It will establish the concept of 'supportive communities', involving businesses, educational institutions and the voluntary and community sector. It will support people to remain healthy, engaged in society and reduce loneliness and isolation. It will take a life course perspective to educate children about how living well in earlier life can help with good ageing, and to support inter-generational opportunities.
- Promote awareness so that our community becomes more dementia friendly.
- Coordinate health and social care into a locality framework, aligning mental health, and primary, secondary and community care with the local authorities, independent social care providers and third sector.
- Establish multi-disciplinary teams to remove barriers in the care system that cause delays when people need care urgently. When a person is unwell they will receive a comprehensive assessment by an expert team of professionals to make an accurate diagnosis, and

a plan will be made for treatment and care, including their physical, mental and social needs. This will be accessible at the front door of hospitals seven days a week to avoid unnecessary hospitalisation and promote the 'home first' ethos, building on developments such as SupportUHome.

- Establish specialist care centres for older people in Birmingham to bridge the gap between hospital and home. These community-based centres will provide enablement beds, therapies, mental health support and specialist clinics, as well as wider services from voluntary and community groups.
- Revise local authority contracts for home care services over a phased period to incorporate the need for care staff to deliver an enabling approach, supporting people to maximise their abilities and remain as mobile as possible.
- Take a joint approach to commissioning and supporting high quality residential and nursing home provision and associated services, so that people in residential care have the same access to multi-disciplinary teams as those who remain in their own homes.
- Test and take up current and emerging assistive technologies, especially in settings where they have the most potential to enhance care, such as care homes and extra care housing.
- Recognise the vital role that 135,000 unpaid carers play across Birmingham and Solihull, by establishing a Carers' Commitment to help them access the support that they need (this applies equally to carers of young people, younger adults with core needs and older people).

#### **Creating a better experience at the end of life**

– When most people reach the end of their life, they would prefer to die in their own home with their family and loved ones around them, rather than in unfamiliar or overly medicalised surroundings. Yet hospital remains the most common place of death, and people spend an average of six weeks there in the last year of their life. The amount of time people at the end of life spend in hospital in their last year of life is greater in Birmingham and Solihull than the national average. Emergency attendance and admission to hospital often peaks in the month before death. This is rarely what people want and is a costly use of resources. We will support choices for

those at the end of their life to achieve what for them is a good death and to make sure this period reflects their wishes. We will create a centrally co-ordinated system for all end of life services that will ensure better and more timely identification of needs, as well as a greater focus on patient centred care, designed according to people's priorities and choices. This system will reduce unwanted hospital admissions that add little clinical benefit, offer equitable access to services with fewer gaps in provision and ensure more robust information sharing. To deliver on this priority, we will:

- Focus at all times on the person and their wishes, promoting advance care planning, including advance directives, lasting powers of attorney, 'living wills' and Respect Forms.
- Use technology and other mechanisms to ensure those wishes are known and adhered to wherever an individual enters the health and care system. Agree effective systems to transfer data (including health records where appropriate), share intelligence and remove duplication.
- Support those caring for people at the end of their lives, whether they are professionals or family members, so that they can do so confidently, with the ability to access practical and emotional support when needed.
- Embody the Compassionate Community<sup>xvii</sup> ethos of working in broad and varied partnerships with our diverse communities, rather than simply delivering services to those communities.
- Support open and honest conversations about death across the diverse communities we serve through engagement, education and communication, leading to a significant increase in the number of people actively articulating their wishes for end of life care.<sup>xviii</sup>

#### 4. ENABLING PRIORITIES

##### **Improving air quality for a healthier environment –**

air pollution has a harmful impact on health throughout life,<sup>xix xx</sup> from before birth to later life. It is the fourth greatest risk to public health, after cancer, obesity and cardiovascular disease, and is a significant cause of premature mortality. Children, pregnant women, older people and those with chronic health conditions are among the most vulnerable. Each year air pollution costs the city economy an estimated £1bn and a 4% loss in productivity. Tackling it is a priority for Birmingham<sup>xxi</sup> and Solihull<sup>xxii</sup> councils and for the WMCA. As with so many other things, air pollution disproportionately affects those who live in more deprived and congested parts of the city. As health and social care organisations, we cannot transform air quality on our own, but we can make an important contribution. Five per cent of all the traffic on the roads in England is related to the NHS.<sup>xxiii</sup> We can provide leadership on this vital issue, create social value through our scale, and avoid or mitigate pollution hot spots around our estates. We will also advocate for clean air and green transport policies with other partners. To deliver this priority, we will:

- Assess ourselves using the Sustainable Development Unit's Health Outcomes of Travel Tool<sup>xxiv</sup> to measure our environmental impact and to support prioritisation.
- Champion the development of Green Travel Districts to improve air quality, transport safety and physical exercise.
- Operate 'green fleets' across our organisations, ensuring that any new vehicles that we purchase or lease are electric or hybrid, where those options are available and practical, and that we phase out diesel engines in our fleets.<sup>xxv</sup>
- Initiate a 'no idling' policy for vehicles outside all of our premises to reduce emissions in the vicinity of our patients, visitors and staff.
- Set progressively lower emissions standards for any external suppliers from whom we procure services, such as non-emergency patient transport, and buy products locally where possible to shorten supply chains and promote the local economy and social value.
- Remove unnecessary physical journeys by using digital technologies, such as virtual consultations for some primary care or outpatient appointments.

Support flexible or home working and cycling to work, where practical, to prevent unnecessary journeys and emissions and to improve staff productivity and wellbeing.

**Broadening access to urgent care** – in recent years, the demand for hospital based urgent and emergency care has increased substantially.<sup>xxvi</sup> A significant factor has been the increase in people living longer with more complex needs, many of whom are so ill by the time they reach hospital that they need to be admitted for treatment. However, more proactive management of their care needs in primary, community or social care settings may be able to prevent the need for hospitalisation in many cases. That will be a major area of focus for our work with children, people experiencing severe disadvantage, older people and people at the end of life, as described above. There are also many people who attend a hospital Emergency Department for conditions that could have been treated more appropriately in another setting. Estimates suggest that between 1.5 million and 3 million people nationally who attend A&E each year could have had their needs met in other parts of the urgent care system; in Birmingham and Solihull that would equate to between 75,000 and 150,000 attendances. Patients often see urgent care services outside hospital as fragmented and confusing, so, understandably, they default to A&E. By working as a system across our hospitals, primary care, community and care services, we will set out a much clearer, stratified system for urgent care with a greater focus on keeping people out of hospital when their clinical needs do not require them to be there. To deliver on this priority, we will:

- Increase access to general practice, including more evening and weekend appointments.
- Work with local people and communities to ensure that everyone understands the importance of registering with a local general practice, particularly for those people who are not currently registered.
- Use technology in ways that are clear and simple so that people can obtain advice and support from the NHS through apps and online consultations at times that are convenient for them.
- Develop a wider network of primary urgent care, including urgent treatment centres with access to diagnostics out of normal business hours.



- Analyse large datasets, combined with local knowledge, to understand demand and plan capacity for urgent care, both at a strategic level for the whole of Birmingham and Solihull and at a detailed level in localised places.

**Digital innovation and integration** – the pace of change in digital technologies has been phenomenal in recent years. Just a generation ago, smartphones seemed like a work of science fiction; now 90% of the adults in Birmingham own one and people manage much of their daily lives through them. We live in a world of genomic sequencing, big data analytics, artificial intelligence and autonomous vehicles. We have some centres of excellence in Birmingham and Solihull, with two NHS Global Digital Exemplars in our partnership. However, in general, health and social care has not yet been at the forefront of the digital revolution. Systems have developed in a fragmented way, which makes it hard for professionals to communicate smoothly with each other, and means patients have to tell their story many times to different organisations. This is both frustrating and inefficient. Many of the opportunities that lie ahead for better services, more convenience for citizens and patients and greater efficiency will depend on our ability to lead the way in the digital era, just as we did in the industrial era. We will harness digital technologies in ways that improve the experience for patients and the workflow of clinicians and social workers, and all of our developments will be driven by clinical engagement and patient and citizen participation. Our digital platforms and use of data (with appropriate safeguards) will exemplify our aspiration for integration and simplification, and our major commitment to working in partnership. To deliver on this priority, we will:

- Create a single electronic entry point (a 'digital front door') to make it easier for citizens and patients to access the right care, in the right place and at the right time.
- Empower people to be active partners in managing their care through secure online access to health advice, their records, test results and prescription and appointment details.
- Roll out the same leading edge and locally developed clinical information system to all of our acute hospitals, so that there will be a single, electronic patient record for all hospital based care. We will also work towards interoperability with patient records in primary and community care, social care and in mental health.

- Support the development of real time communication platforms between primary and secondary care clinicians, and other professionals, so that patients can be managed in the most appropriate setting by virtual multi-disciplinary teams.
- Extend the availability of video consultations for some outpatient or primary care appointments when patients do not need to be physically present.
- Move towards secure electronic document transfer for communications between GPs and hospitals.
- Explore the potential application of artificial intelligence to provide reliable and efficient diagnostics, such as reading scans, and for the analysis of large data sets to inform business intelligence on local services and utilisation.
- Pilot a ground-breaking approach to using digital signs around the city for health campaigns and information.

**Making the best use of the public estate** – there are hundreds of separate health and social care sites across Birmingham and Solihull, ranging from large hospitals to localised clinics and care homes. Our NHS sites alone cover nearly 725,000m<sup>2</sup> of land. These sites have been built, acquired or leased over many decades, sometimes in a rather patchwork manner. Fifty six per cent of the NHS buildings are at least 25 years old and several are over 50 years old. Many are ill suited to the requirements of modern care and are in need of substantial maintenance. The way we plan, manage and use our public estates will be pivotal to our transformation from working as separate institutions to working as a single place in the best interests of our citizens and patients. The spread of our buildings give us huge reach across our geography and into our many communities. We need to use these public assets efficiently and in the collective interest. We will be much more innovative in how we use our estates, as well as other assets such as technology and our workforce, to make co-location of services the norm, so that citizens and patients do not have to trek from A to B, when they could have multiple needs met in a 'one stop shop'. To deliver on this priority, we will:

- Develop a single estates strategy for health and social care in Birmingham and Solihull.

- Use that strategy to prioritise the finite major capital investment that will be available in the coming years, both for new builds and the maintenance and redevelopment of existing sites.
- Compile a single, comprehensive dataset on our health and care estates, so that we take decisions based on the best available evidence.
- Make best use of void or unoccupied space on our estate, where it is financially practical to do so, whilst recognising that we have relatively little unused space compared to other parts of the country.
- Increase the proportion of our major NHS sites that are used for clinical purposes, as opposed to non-clinical, making best use of shared back office arrangements and technological solutions.
- Develop the care centres in the community for older people to provide enablement support and a broad range of other services, as described above.
- Promote innovative and flexible practices in delivering services out of our current buildings and co-locating services around the needs and convenience of our citizens and patients, following the ethos of 'one public estate' and multi-disciplinary working.
- Ensure energy efficiency is a key design criterion in new build and major renovations.

We will hold a series of public engagement events across Birmingham and Solihull. Further information will be available on our website.

We will also approach directly representatives of some of the groups in our community who have been harder to reach by traditional consultation methods, so that we ensure everyone's voice is heard and so that we act on our commitment to tackle inequalities in health outcomes.

Once we have heard from as many people as possible and collated their views, we will publish revisions to this strategy based on that feedback in early 2019.

This strategy is about the health and happiness of everyone in Birmingham and Solihull. Please help us by having your say.

**Live healthy Live happy  
Partnership  
Birmingham and Solihull**

## Have your say

This updated strategy sets out our main proposals for how we will work together in a health and social care partnership across Birmingham and Solihull to meet the challenges and seize the opportunities ahead. Versions of this document will be made available in other languages, or as an audio version on request.

It is most important now that we hear from everyone with an interest, including citizens, patients, carers, staff and community and stakeholder groups. There are a number of ways that you can comment on these proposals: face to face, in writing and online at the Partnership website:

[www.livehealthylivehappy.org.uk](http://www.livehealthylivehappy.org.uk).



## END NOTES

- i <https://www.england.nhs.uk/systemchange/>
- ii There is a growing body of academic literature that promotes the measurement of subjective wellbeing, or 'happiness' in more recognisable terminology (for example, <http://www.pursuit-of-happiness.org/science-of-happiness/measuring-happiness/> and <http://www.happycity.org.uk/measurement-policy/about-measurement-policy/>)
- iii <https://www.wmca.org.uk/>
- iv Fair Society Health Lives. Sir Michael Marmot. February 2010.
- v <https://www.gov.uk/government/news/government-to-set-out-proposals-to-reform-care-and-support>
- vi The Office for Budget Responsibility (OBR) estimates that spending on the NHS and long term care will need to increase from a combined 8.3% of GDP now to 10.7% of GDP in 20 years' time and 14.6% in 50 years' time. Office for Budget Responsibility. Fiscal Sustainability Report. January 2017.
- vii Nuffield Trust, the Health Foundation and the King's Fund. The Autumn Budget: Joint Statement on Health and Social Care. November 2017.
- viii House of Lords, Report of Session 2016-17. The Long-term Sustainability of the NHS and Adult Social Care.
- ix House of Commons, Communities and Local Government Committee. Adult Social Care: Ninth Report of Session 2016-17. March 2017.
- x Source: 2017/18 CCG Allocations, NHS England. April 2017.
- xii <https://www.england.nhs.uk/rightcare/>
- xiii NHS RightCare
- xiii Best practice suggests that large procurements can deliver additional social value of at least 20% of contract value. <https://socialvalueportal.com/>
- xiv House of Lords, Report of Session 2016-17. The Long-term Sustainability of the NHS and Adult Social Care.
- xv <https://www.nice.org.uk/guidance/ng12>
- xvi <http://www.redthread.org.uk/>
- xvii <http://www.dyingmatters.org/sites/default/files/user/documents/Resources/Community%20Pack/1-Introduction-1.pdf>
- xviii [https://www.ageuk.org.uk/globalassets/age-uk/documents/booklets/talking\\_about\\_death\\_booklet\\_final\\_version.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/booklets/talking_about_death_booklet_final_version.pdf)
- xix Prof. Dame Sally Davies. Annual Report of the Chief Medical Officer 2017, Health Impacts of All Pollution - what do we know? February 2018.
- xx NICE Air pollution: outdoor air quality and health. NICE guidance. 30 June 2017
- xxi <http://www.makingbirminghamgreener.com/>
- xxii [http://webtest.solihull.gov.uk/Portals/0/Planning/Green\\_Prospectus\\_2017-18.pdf](http://webtest.solihull.gov.uk/Portals/0/Planning/Green_Prospectus_2017-18.pdf)
- xxiii <https://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx>
- xxiv <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>
- xxv For ambulances and emergency vehicles, speed of response and turnaround will remain paramount, although this will become less of a barrier as battery technology advances.
- xxvi <https://www.kingsfund.org.uk/publications/hospital-activity-funding-changes>





## **Birmingham and Solihull Sustainability and Transformation Partnership (STP) Draft Strategy Stakeholder Engagement Report – Phase 1.**

### **1. Introduction**

Birmingham and Solihull Sustainability and Transformation Partnership (STP) was established in 2016. Our partnership of local NHS organisations and councils working alongside voluntary services, have a collective ambition to tackle inequality, ensuring that every patient and citizen gets the same service and quality of care regardless of where they live.

Our task throughout 2016 and 2017 was to stabilise under-performance in the health and care economy.

Then in May 2018 we revised our vision and produced a draft strategy outlining the high-level action priorities necessary to ensure every citizen is born well, grows well, lives well, ages well and dies well.

Our vision is to help everyone in Birmingham and Solihull to live the healthiest and happiest lives possible.

Our priorities – maternity, childhood and adolescence; adulthood and work; ageing and later life – are, for the first time, organised around people's life stages, not sectors, organisations or diseases.

They will be enabled by improving air quality for a healthier environment, broadening access to urgent care, integrating and developing digital solutions.

We want Birmingham and Solihull to be a great place for our staff to work and for our citizens to live.

We want Birmingham and Solihull to be the best place in the country for health and social care.

But we can't achieve our vision without the help and support of our partners, wider stakeholders and our citizens.

### **2. Purpose of this report**

While the draft strategy has been approved by the STP Board, it is vital to get wider input from other key stakeholders.

The first phase of this stakeholder engagement process was to encourage feedback from senior leaders in the STP partnership organisations, before going out to talk to a wider, more public, audience.

The purpose of this report is to summarise that first phase of stakeholder engagement. It outlines the process undertaken, gives a themed summary of the feedback received as well as what was done with it, and the report details the next steps in a wider stakeholder engagement programme that will take place between November 2018 and March 2019.

### **3. Engagement methodology**

This initial engagement with key stakeholders ran from May-September 2018 and was undertaken using a number of channels.

- Members of the STP Board attended meetings, including presentations to both Birmingham and Solihull Health and Wellbeing Boards/Health Overview and Scrutiny Committees, to present the draft strategy, answer questions and receive feedback
- Directors of Strategy attended meetings, including presentations to Health and Wellbeing Boards/Health Overview and Scrutiny Committees, to present the draft strategy, answer questions and receive feedback
- Stakeholders received a copy of the draft strategy
- A copy of the draft strategy was posted on both the Birmingham and Solihull Health and Wellbeing Boards websites.

### **4. Stakeholders engaged**

The stakeholders engaged during this initial stage were as follows:

- Ageing Well Portfolio Board
- Birmingham Health and Wellbeing Board
- Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)
- Birmingham City Council senior leadership team
- Birmingham Community Healthcare NHS Foundation Trust executive team
- Birmingham Health Overview and Scrutiny Committee
- Birmingham Women's and Children's NHS Foundation Trust executive team
- Birmingham United Maternity Partnership (BUMP)
- BSOL Clinical Commissioning Group (CCG) executive team and Governing Body
- BSOL Clinical Leadership
- Child and Health Improvement Programme (CHIP) Board
- Directors of HR group
- Directors of Strategy
- GP Transformation Group
- Healthwatch Birmingham

- Healthwatch Solihull
- Local Digital Roadmap (LDR) Group
- Local Workforce Advisory Board (LWAB)
- Mental Health System Strategy Board
- Partner organizations' Senior Teams/Senior Clinical Teams
- Public Health - Health and Wellbeing Group
- Royal Orthopaedic Hospital NHS Foundation Trust executive team
- Solihull Metropolitan Borough Council Corporate Leadership Team and Cabinet
- Solihull Metropolitan Borough Council Senior Leadership Team
- STP Estates Forum
- STP Finance Directors
- STP Communications Group
- Solihull Health Overview and Scrutiny Committee
- Solihull Health and Wellbeing Board
- Staff Health and Wellbeing group
- Keep Our NHS Public
- STP Board
- STP Development & Delivery Group (DDG)
- University Hospitals Birmingham Foundation Trust executive
- University Hospitals Birmingham Foundation Trust UHB senior team
- University Hospitals Birmingham Foundation Trust staff forum

The STP has also received comments from individual stakeholders.

## 5. Feedback from partners - Key themes

The draft strategy was received extremely positively all round, with stakeholders reiterating their genuine commitment to partnership working.

The STP's aims have been received as clear, engaging and following strategic priorities that partners recognize.

The importance of being inclusive employers in order to better serve our diverse population has also been highlighted positively with some additional recommendations to be considered and the strategy has been revised to reflect these and other issues raised by partners.

There was feedback on the STP priorities, how to evaluate the potential impact of the STP strategy, comments on staff wellbeing, recruitment and retention, how best to recognize existing work being done by partners and identifying potential opportunities for collaboration.

For example, the Local Workforce Action Board (LWAB) has prepared a detailed offer of support to assist with the Adulthood and Work STP priority.

Solihull and Birmingham councils have said they will develop a joint public health proposal to support the STP.

The Health and Well Being Boards, along with a number of proposed initiatives, were very positive about the importance of place in the strategy's proposals.

### **5.1 STP priorities**

- The Birmingham and Solihull Health Overview and Scrutiny Committees in June 2018 welcomed the strategy's emphasis on life cycle and place rather than disease or institution.
- The Birmingham and Solihull Health and Wellbeing Boards welcomed the shift to focus on inequities, wider public sector involvement, concentrating on wider determinants of health as well as staff wellbeing and encouraging new careers through apprenticeships.
- The Mental Health Strategy Board has proposed how to link current mental health work into the STP strategy.
- The Solihull Metropolitan Borough Council Public Health Group welcomed the approach addressing health in its wider perspective and not only in the context of health and social care services. The Group felt the life course approach ensures a focus on the early years' prevention, which has long term benefits.
- The group has requested synergy between the STP strategy, Solihull Together and the Health and Wellbeing Board strategy (which also uses a 'life course' approach).

### **5.2 Staff health and wellbeing; recruitment and retention**

- The Equality and Health Inequalities (EHI Project) Co-ordinator at the NHSE Equality and Health Inequalities Unit has suggested that the workforce section of the STP strategy is stronger in its intention to recruit and retain a workforce which represents the diverse community it serves. There also needs to be a commitment to being inclusive employers across the health and social care system.
- The Birmingham and Solihull Local Workforce Action Board (LWAB) welcomed the strategy's focus on staff health and wellbeing and how this enables recruitment and retention.
- LWAB have identified 18/19 priorities and proposed how those will support delivery of the STP priorities. Oversight of these will be through the Adulthood and Work Portfolio Board.

### 5.3 Digital

- The Local Digital Roadmap (LDR) Group agreed the STP strategy was about what needed to be done collectively, rather than detailing issues that are 'business as usual'. There was significant support for a single digital platform and care record and promoting interoperability across systems.
- The Group also welcomed the opportunity for its members to be embedded in portfolios in order to retain a 'digital lens' on STP issues, as well as being part of the specific affiliated group supporting the 'enabling' priorities for digital.

### 5.4 Equality and Health Inequalities

- The Public Health Group, Solihull Metropolitan Borough Council welcomed the approach to address health in its wider perspective and not only in terms of health and social care services. The Group felt in order to address inequalities in health, there needs to be focus in the strategy and action on the wider determinants like air quality, community resilience, access to services and targeted resources. It acknowledged some of this will be addressed within Health and Wellbeing Boards.
- The Group also supported the inclusion of social value across the system.
- Feedback on specific points in the STP strategy was also received from the 0-25 Mental Health Programmed Lead, NHS Birmingham and Solihull Clinical Commissioning Group and NHSE's Health and Justice STP Programmed Manager (North Midlands) respectively.

### 5.5 Impact and evaluation

- The LWAB felt the STP strategy would be strengthened by the addition of a section on impact and evaluation, i.e., how success will be measured, demonstrating benefits realization to the population and setting out how the overall strategy and initiatives within the strategy will be assessed.
- The Public Health Group, Solihull Metropolitan Borough Council and Health and Wellbeing Boards requested consideration of how the STP engages more widely with the public to drive behavior change and improve social mobility and ensuring alignment with the Health and Wellbeing Board.



- It was felt the STP aspirations are clear but not so the outcomes.

## 6. Actions taken as result of the feedback

- All feedback has been gratefully received and, almost in its entirety, has been incorporated into the latest draft of the strategy.
- This draft will be considered by the STP Board on 1 October 2018 and once agreed, will form the basis of the next stage of stakeholder engagement – a half-day conference on December 5, for all governors, non-executive directors, elected members as well as other agreed individuals from partnership organisations that have a decision-making, or ratifying role.
- During February 2019 a series of events will take place in communities across Birmingham and Solihull engaging a wider audience of expert service users, carers and voluntary organisations.
- Feedback from those events will then be incorporated in to a final document which will be tabled for STP Board sign-off in April 2019 followed by publication thereafter.
- A programme of continued engagement is being developed and we are working with Healthwatch Birmingham and Healthwatch Solihull to agree a set of principles and a code of practice to ensure the voice of the people who use our services are at the heart of everything we do.



**CITY COUNCIL**

**6 NOVEMBER 2018**

**MOTIONS FOR DEBATE FROM INDIVIDUAL MEMBERS**

To consider the following Motions of which notice has been given in accordance with Standing Order 4 (i)

**A. Councillors Simon Morrall and Alex Yip have given notice of the following Notice of Motion:-**

“This Council welcomes the Government announcement of a new campaign to tackle Mental Health – Every Mind Matters – which will be piloted first in the West Midlands, alongside new funding for the Samaritan’s Helpline, the appointment of the first UK Minister for Suicide Prevention and plans for an annual ‘State of the Nation’ report on young people’s mental wellbeing.

This Council notes that

- In England one person dies every two hours as a result of suicide
- Despite some significant reductions over the last 35 years, suicide still claimed 5,688 lives in 2016. In Birmingham around 70 people take their own life each year
- Suicide is currently the biggest killer of men under the age of 50 and men are three times more likely than women to be a victim of suicide with this gender gap growing over the last 35 years
- Men working in the lowest skilled occupations have a 44% higher risk of suicide than men as a whole
- Carers, both men and women, have a higher risk of suicide than average
- For a coroner to conclude that a suicide has taken place, a strict standard of proof – “beyond reasonable doubt” – must be met. This means that statistics on suicide are likely to be significantly underreported.

The Council also notes that the government’s third progress report on its cross-departmental strategy ‘Preventing Suicide in England’ required every local area to put in place a multi-agency suicide prevention plan by the end of 2017. In Birmingham, an action plan led by the Birmingham and Solihull CCG is in place but the Council believes that given the importance of the matter, this should be reviewed and formally adopted by Full Council to give it greater visibility as well as parity with other partnership led strategies and plans.

This Council therefore calls on the Executive to:

- Update local plans to reflect new opportunities arising from recent Government policy announcements

- Bring the area action plan back to full Council for formal adoption and debate
- Once adopted, ask Scrutiny to track progress against the Action Plan, reporting back to Full Council if the committee believes it necessary to update."

**B. Councillors Jon Hunt and Mike Ward have given notice of the following Notice of Motion:-**

"Council notes with concern the continuing and growing confusion surrounding the Brexit talks and their impact on business, training and research in the West Midlands.

Council reiterates its statement, agreed in Council, from July 2016 that it wishes to retain "as close ties as possible" with our friends, colleagues, cities and regions across Europe and continue to gain mutual benefit from sharing knowledge and expertise with each other.

It also believes it is timely to celebrate the continued peace, democratic strength and relative prosperity of our city alongside other cities of the European Union following the devastating wars of the last century.

It also continues to celebrate the huge contribution of citizens of other European countries to our city, including in the provision of social and health care.

Council recognises the concerns and hopes expressed by citizens who voted both ways in 2016 and notes that there is now a great deal more information about the options available and the risks to Birmingham of the UK leaving the EU than there was during the 2016 referendum.

It notes with particular alarm the evidence of dis-investment and delayed investment in major industries within our region as a result of uncertainty and the threat of restrictions on trade and movement of labour arising from some of the Brexit options.

Council recognises that the citizens of Birmingham voted narrowly to leave the EU in 2016 but notes they were not given any choice about or much information on the range of options involved in departing the EU and the impact of these options on the development of the city and its ability to provide services.

It, therefore, calls on the executive to press the government to ensure that the present electorate is satisfied with whatever arrangements are proposed for the UK's future relationship with the EU and the impact on Birmingham, re-affirming the Council's policy that those above the age of 16 should be entitled to vote.

Council further, therefore, re-affirms its desire to continue to be a member of Eurocities to maintain our city's links and influence with our European neighbours."

**C. Councillors Ian Ward and Sharon Thompson have given notice of the following Notice of Motion:-**

“The Council notes the UK Government's commitment to the delivery of the UN Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development.

The 17 SDGs have substantial cross-party support and the council commits to supporting the delivery of the SDGs in partnership with the UK Government.

**Overview of UN Sustainable Development Goals**

The SDGs recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.

The goals are:

- End poverty in all its forms everywhere
- End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Ensure healthy lives and promote well-being for all at all ages
- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Achieve gender equality and empower all women and girls
- Ensure availability and sustainable management of water and sanitation for all
- Ensure access to affordable, reliable, sustainable and modern energy for all
- Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Reduce inequality within and among countries
- Make cities and human settlements inclusive, safe, resilient and sustainable
- Ensure sustainable consumption and production patterns
- Take urgent action to combat climate change and its impacts\*

- Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Strengthen the means of implementation and revitalize the global partnership for sustainable development.”